

After recording return to:

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20240664
Date 05/20/2024

Grantor: Bernice K. Santiago
Grantee: Gary R. Santiago
Reference Numbers: AF# 202405140042 - CPA;
AF# 202103190151 - Deed P108678;
AF# 200305010121 - Deed P108679
Legal Description: 108678 - Lot 1 of Anacortes S/P # ANA-94-003, as approved
02/15/1996, recorded 03/05/ 1996 in Vol. 12 of S/P, pp. 78-79,
AF#9603050070, Skagit Co., WA; portion of the NW 1/4 of the
NW 1/4 in Sec. 27, Township 35 N, Range 1 E
P108679 - Lot 2 S/P ANA-94-003 recorded under
AF#9603050070, portion of the NW 1/4 of the NW 1/4 in Sec.
27, Township 35 N, Range 1 E. Survey AF#200707130179.

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

The undersigned, Gary R. Santiago, being first duly sworn, upon oath, deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated July 12, 2022, and executed by Gary R. Santiago and Bernice K. Santiago, husband and wife, (the 'Agreement'). The Agreement was recorded in the Skagit County Auditor's Office under AF# 202405140042 on May 14, 2024.

2. The statements set forth in this Affidavit are representations of fact that may be relied upon by all parties dealing with the real estate located in Skagit County, Washington and more fully described below, which is owned by them and husband and wife:

P108678 - LOT 1 OF ANACORTES SHORT PLAT NO. ANA-94-003, AS APPROVED FEBRUARY 15, 1996, AND RECORDED MARCH 5, 1996 IN VOLUME 12 OF SHORT PLATS, PAGES 78 AND 79, UNDER AUDITORS FILE NO. 9603050070, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 IN SECTION 27, TOWNSHIP 35 NORTH, RANGE 1 EAST, W.M. (ALSO KNOWN AS MERIDIAN RIDGE)

P108679 - LOT 2 S/P ANA-94-003 RECORDED UNDER AF#9603050070 (AKA MERIDIAN RIDGE) BEING PORTION OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 27, TOWNSHIP 35 NORTH, RANGE 1 EAST. SURVEY RECORDED UNDER AF#200707130179.

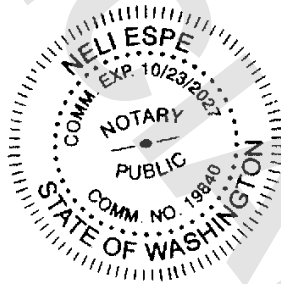
3. Bernice K. Santiago was one of the parties to the Agreement and died on March 9, 2024 in Anacortes, Skagit County, Washington. See attached Certificate of Death.
4. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreements that would have the effect of abrogating or nullifying the Agreement.
5. Bernice K. Santiago left no separate estate.
6. No estate or inheritance tax is due to the State of Washington or to the United States.
7. All obligations of the community owing at the date of death of Bernice K. Santiago have been paid in full or provided for, and all expenses of last illness and for funeral services have been paid or provided for.


8. Bernice K. Santiago is survived by her husband, Gary R. Santiago, who resides at 3006 Meridian Court, Anacortes, WA 98221.

Dated this 20th day of May, 2024.


Gary R. Santiago

Subscribed and sworn to before me this 20th day of May, 2024.




NELI T. ESPE, Notary Public
State of Washington, residing at Anacortes
My Appointment expires: Nov. 23, 2027

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 03/20/2024
FEE NUMBER: 178304422

CERTIFICATE NUMBER: 2024-012453

FIRST AND MIDDLE NAME(S): BERNICE KAY
LAST NAME(S): SANTIAGOCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 09, 2024
HOUR OF DEATH: 09:07 PM
SEX: FEMALE AGE: 60 YEARS
SOCIAL SECURITY NUMBER: ~~XXXXXXXXXX~~HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: ~~XXXXXXXXXX~~
BIRTHPLACE: DICKINSON, NDMARITAL STATUS: MARRIED
SURVIVING SPOUSE: GARY ROBERT SANTIAGOOCCUPATION: OWNER/OPERATOR
INDUSTRY: SALES/RETAIL - GENERAL
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NOINFORMANT: GARY ROBERT SANTIAGO
RELATIONSHIP: HUSBAND
ADDRESS: 3006 MERIDIAN COURT, ANACORTES, WA 98221CAUSE OF DEATH:
A: ~~XXXXXXXXXXXXXXXXXXXX~~
INTERVAL: 5 YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: ~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 3006 MERIDIAN COURT
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 3006 MERIDIAN CT
CITY, STATE, ZIP: ANACORTES, WA 98221-4803
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARSFATHER: GEORGE S KESSEL
MOTHER: ~~XXXXXXXXXX~~METHOD OF DISPOSITION: NATURAL ORGANIC REDUCTION
PLACE OF DISPOSITION: RECOMPOSE, PBCCITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: MARCH 19, 2024

FUNERAL FACILITY: RECOMPOSE PBC

ADDRESS: 4 SOUTH IDAHO ST.
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98134
FUNERAL DIRECTOR: CAITLIN M. ZELLERSMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MARCH 13, 2024CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: MARCH 14, 2024



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City and State
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last	
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			

7. Return Mailing Address:

City State Zip

Telephone Number: ()

Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature:

14b. Signature of 2nd parent (if required):

Printed name:

Date:

Printed name:

Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage from DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Adult (18 years or older)

- Only the adult can change their own birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58A RCW, and at the direction of Katherine Hutchinson, PhD, MSPH, State Registrar.

Katherine Hutchinson



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