



202406040047

06/04/2024 02:57 PM Pages: 1 of 8 Fees: \$328.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024-0846

JUN 04 2024

Amount Paid \$
Skagit Co. Treasurer
By *316* Deputy

Document Title:

Community Property Agreement

(with Death Certificate)

Reference Number :

Grantor(s):

☐ additional grantor names on page ____

1. Marilyn Chase

2. *Jean*

Grantee(s):

☐ additional grantee names on page ____

1. Donald Chase

2. *Orville*

Abbreviated legal description:

☒ full legal on page(s) *8, 2*

LOT 6, ALGER ACRES LONG CARD NO. PL05-0208

(TITLE ELIMINATION AF#202310090033 FOR MANUFACTURED HOME 2022 WEST RIDGE

VIN#245-000-H-A100864AB-SC)

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

4933-000-006-0000/P126347

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is made this 29th day of April, 1994, between **Donald Orville Chase** ("Husband") and **Marilyn Jean Chase** ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property Covered: This Agreement shall apply to all community and separate property now owned or hereafter acquired by Husband and Wife or either of them (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both, or may have been or may be registered in the name of one or the other or both. All such property is referred to in this Agreement as the "described community property."

2. Vesting at Death of a Spouse: If Husband dies and wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. Disclaimer: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this

COMMUNITY PROPERTY
AGREEMENT

ORIGINAL

Agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 3 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. Automatic Revocation: The provisions of paragraph 3 shall be automatically revoked:

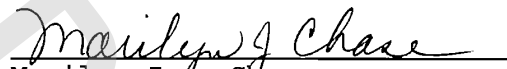
- (a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or
- (b) Upon the establishment of a domicile out of the State of Washington by either party; or
- (c) Immediately prior to death, if the order of death cannot be ascertained.

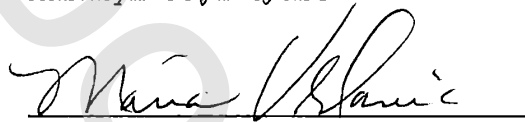
5. Optional Revocation by One Party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 3 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own affairs.


6. Powers of Appointment: This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

7. Revocation of Inconsistent Agreements: To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.


Donald Orville Chase


Marilyn Jean Chase



WITNESS:
c/o Crown Plaza Bldg., Ste 104
114 W. Magnolia Street
Bellingham, Wa 98225

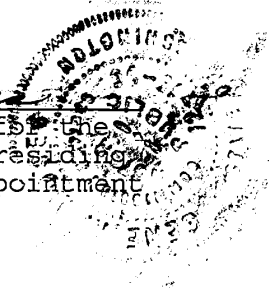

WITNESS:
c/o Crown Plaza Building
114 W. Magnolia Street
Bellingham, Wa 98225

State of Washington
County of Whatcom

I certify that I know or have satisfactory evidence that
Donald Orville Chase, Marilyn Jean Chase, ~~MARIA VERLANIC~~
and **~~Margaret Dykstra~~** signed this instrument and acknowledged
it to be their free and voluntary act for the uses and purposes
mentioned in the instrument.

DATED this 29th day of April, 1994.


NOTARY PUBLIC in and for the
State of Washington, residing
at Bellingham. My appointment
expires: 12-15-96



COMMUNITY PROPERTY
AGREEMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Exhibit

DATE ISSUED: 04/12/2024
FEE NUMBER: 31710

CERTIFICATE NUMBER: 2024-016063

FIRST AND MIDDLE NAME(S): MARILYN JEAN
LAST NAME(S): CHASECOUNTY OF DEATH: WHATCOM
DATE OF DEATH: APRIL 02, 2024
HOUR OF DEATH: 04:30 PM
SEX: FEMALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: MCKEES ROCKS, PAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: DONALD ORVILLE CHASEOCCUPATION: SECRETARY/ADMINISTRATIVE ASSISTANT
INDUSTRY: MEDICAL - HOSPITAL
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOINFORMANT: DONALD O CHASE
RELATIONSHIP: HUSBAND
ADDRESS: 1772 AZURE WAY BELLINGHAM, WA 98229CAUSE OF DEATH:
A: REFRACTORY THROMBOCYTOPENIA
INTERVAL: 1 MONTHS
B: MYELODYSPLASTIC SYNDROME
INTERVAL: 5 MONTHS
C: ACUTE MYELOID LEUKEMIA
INTERVAL: 6 MONTHS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: 1772 AZURE WAY
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98229RESIDENCE STREET: 1772 AZURE WAY
CITY, STATE, ZIP: BELLINGHAM, WA 98229-8228
INSIDE CITY LIMITS: YES COUNTY: WHATCOM
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARSFATHER: FRANCIS SCANGA
MOTHER: FRANCES [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: JERNS CREMATORYCITY, STATE: BELLINGHAM, WASHINGTON
DISPOSITION DATE: APRIL 04, 2024

FUNERAL FACILITY: SMART CREMATION

ADDRESS: 120 15TH STREET SE SUITE 201
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372
FUNERAL DIRECTOR: RENEE L. TORRESMANNER 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: KELLE BROGAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 316 E MCLEOD RD #101
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
DATE SIGNED: APRIL 03, 2024CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: DEBBIE HOLDEN
DATE RECEIVED: APRIL 04, 2024

Affidavit for Correction

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

This is a legal document. Complete in ink and do not alter.**STATE OFFICE USE ONLY**

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record				
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record:		2. Date of Event:	3. Place of Event:	
	First	Middle	Last	MM/DD/YYYY	(City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	First	Middle	Last/Maiden	First	Middle
				Last/Maiden	
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____					
7. Return Mailing Address: P.O. Box or Street 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 2 nd parent (if required):		
Printed name:			Printed name:		
Date:			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:					
<ul style="list-style-type: none"> 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					
1. 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.					
2. 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.					
3. Proof documentation must be five or more years old or established within five years of birth.					
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).					
Child under 18					
<ul style="list-style-type: none"> 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. 					
Adult (18 years or older)					
<ul style="list-style-type: none"> Only the adult can change his or her 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. 					
*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.					
Death Certificates					
1. 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.					
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.					
Marriage/Dissolution (Divorce) Certificates					
1. 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.					
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.					

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 70.58 RCW, and at the direction of Greg Thompson, Health Officer.




EXHIBIT
LEGAL DESCRIPTION

PARCEL "A":

LOT 6, "ALGER ACRES LONG CARD NO. PL05-0208," AS PER PLAT APPROVED ON JULY 2, 2007, AND RECORDED ON JULY 2, 2007 UNDER AUDITOR'S FILE NO. 200707020136, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

PARCEL "B":

TWENTY FOOT ACCESS AND UTILITY EASEMENT DELINEATED ON THE FACE OF "ALGER ACRES LONG CARD NO. PL05-0208," AS PER PLAT APPROVED ON JULY 2, 2007, AND RECORDED ON JULY 2, 2007 UNDER AUDITOR'S FILE NO. 200707020136, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.