

ELDER LAW OFFICES OF  
MEYERS, NEUBECK & HULFORD, P.S.  
2828 Northwest Avenue  
Bellingham, WA 98225-2335

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2828 Northwest Ave, Bellingham, WA 98225  
T: 360.647.8846 F: 360.647.8854

2. DOUGLAS J. ROSETTA died on June 3, 2023, in Skagit County, Washington, and was at the time of his death a resident of Mount Vernon, Skagit County, Washington, as evidenced by the Certified Copy of the Death Certificate attached hereto as Exhibit A.

3. The parties to the Community Property Agreement entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above mentioned Community Property Agreement.

4. The decedent left no separate estate.

5. Among other items of community property is the real property commonly known as 4624 Parkview Lane, Mount Vernon, Washington, and legally described as follows:

LOTS 131 AND 131A, REPLAT OF LOT 131 OF EAGLEMONT, PHASE 1BA  
DIVISION 3, ACCORDING TO THE PLAT THEREOF RECORDED  
DECEMBER 18, 2007, UNDER AUDITOR'S FILE NO. 200712180117,  
RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

SUBJECT TO:


SEE EXHIBIT "B" ATTACHED HERETO AND MADE A PART HEREOF.

6. All obligations of the community owing at the date of death of decedent have been paid in full or provided for, and all expenses of last illness and for funeral and burial services have been paid or provided for.

7. The decedent is survived by his spouse, PATRICIA J. ROSETTA, who resides at 4624 Parkview Lane, Mount Vernon, Washington.


8. No inheritance tax or estate tax is due to either the State of Washington or to the United States.

Dated this 20<sup>th</sup> day of June, 2024.

  
PATRICIA J. ROSETTA

Subscribed and sworn before me on this 20<sup>th</sup> day of June, 2024 by PATRICIA J. ROSETTA.



  
DARELENA DH CHAFE  
Notary Public in and for the  
State of Washington  
Residing in Burlington  
My commission expires: 07/23/2026

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-028449

DATE ISSUED: 06/20/2024  
FEE NUMBER:FIRST AND MIDDLE NAME(S): DOUGLAS JON  
LAST NAME(S): ROSETTACOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 03, 2023  
HOUR OF DEATH: UNKNOWN  
SEX: MALE AGE: 75 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: HONOLULU, HIMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: PATRICIA MANNINGOCCUPATION: FINANCIAL AUDITOR  
INDUSTRY: AEROSPACE  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: YESINFORMANT: PATRICIA ROSETTA  
RELATIONSHIP: WIFE  
ADDRESS: 4624 PARKVIEW LANE, MOUNT VERNON, WA 98274CAUSE OF DEATH:  
A: RECTAL CANCER  
INTERVAL: 3 YEARSB:  
INTERVAL:  
C:  
INTERVAL:  
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: 4624 PARKVIEW LANE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 4624 PARKVIEW LANE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 YEARSFATHER: STEPHEN JOSEPH ROSETTA  
MOTHER: BERMA [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JUNE 19, 2023

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: DANIEL G LA PLAUNTMANNER 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: NO RESPONSECERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JUNE 06, 2023CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANÇO  
DATE RECEIVED: JUNE 12, 2023

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



## Affidavit for Correction

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 Information must match current information on record**

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)

1. Name on Record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_  
(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

6. Name of Person Requesting Correction: \_\_\_\_\_ Relationship to ☐ Self ☐ Guardian ☐ Informant ☐ Hospital  
Person on Record: ☐ Parent(s) ☐ Funeral Director ☐ Other (specify) \_\_\_\_\_

7. Return Mailing Address: \_\_\_\_\_  
PO Box or Street Address \_\_\_\_\_

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<sup>nd</sup> parent (if required): \_\_\_\_\_  
Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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 form 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 Acknowledgement 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)**

- 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.

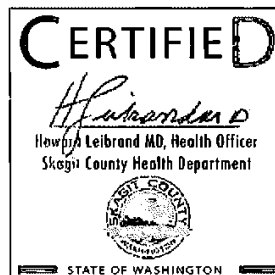
\*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**Death Certificates**

- 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.



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**EXHIBIT B**

1. EASEMENT, INCLUDING THE TERMS AND CONDITIONS THEREOF, GRANTED BY INSTRUMENT(S);

RECORDED: OCTOBER 11, 1993  
AUDITOR'S NO(S): 9310110127, RECORDS OF SKAGIT COUNTY, WASHINGTON  
IN FAVOR OF: CASCADE NATURAL GAS CORPORATION  
FOR: 10 FOOT RIGHT-OF-WAY CONTRACT

NOTE: EXACT LOCATION AND EXTENT OF EASEMENT IS UNDISCLOSED OF RECORD.

2. EASEMENT, INCLUDING THE TERMS AND CONDITIONS THEREOF, GRANTED BY INSTRUMENT;

RECORDED: NOVEMBER 2, 1993  
AUDITOR'S NO.: 9311020145, RECORDS OF SKAGIT COUNTY, WASHINGTON  
IN FAVOR OF: PUGET SOUND POWER AND LIGHT COMPANY  
FOR: ELECTRIC TRANSMISSION AND/OR DISTRIBUTION LINE,  
TOGETHER WITH NECESSARY APPURTENANCES  
AFFECTS: ALL STREETS AND ROADS WITHIN SAID PLAT, EXTERIOR 10  
FEET OF ALL LOTS PARALLEL WITH STREET FRONTAGE, AND  
20 FEET PARALLEL WITH WAUGH ROAD

3. EASEMENT, INCLUDING THE TERMS AND CONDITIONS THEREOF, DISCLOSED BY INSTRUMENT(S);

RECORDED: AUGUST 7, 2003  
AUDITOR'S NO(S): 200308070005, RECORDS OF SKAGIT COUNTY, WASHINGTON  
IN FAVOR OF: COMCAST OF WASHINGTON, IV, INC.  
FOR: INSTALLATION AND MAINTENANCE OF CABLE

4. COVENANTS, CONDITIONS, RESTRICTIONS, AND EASEMENTS CONTAINED IN DECLARATION(S) OF RESTRICTION, BUT OMITTING ANY COVENANTS OR RESTRICTIONS, IF ANY, BASED UPON RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, FAMILIAL STATUS, MARITAL STATUS, DISABILITY, HANDICAP, NATIONAL ORIGIN, ANCESTRY, OR SOURCE OF INCOME, AS SET FORTH IN APPLICABLE STATE OR FEDERAL LAWS, EXCEPT TO THE EXTENT THAT SAID COVENANT OR RESTRICTION IS PERMITTED BY APPLICABLE LAW;

RECORDED: JANUARY 25, 1994  
AUDITOR'S NO(S): 9401250030, RECORDS OF SKAGIT COUNTY, WASHINGTON  
EXECUTED BY: SEA-VAN INVESTMENTS ASSOCIATION

## AMENDED BY INSTRUMENT:

RECORDED: DECEMBER 11, 1995, MARCH 18, 1996, AND FEBRUARY 1, 2000  
AUDITOR'S NO.: 9512110030, 9603180110, 200002010099 AND 200002010100,  
RECORDS OF SKAGIT COUNTY, WASHINGTON

5. ASSESSMENTS OR CHARGES AND LIABILITY TO FURTHER ASSESSMENTS OR CHARGES, INCLUDING THE TERMS, COVENANTS, AND PROVISIONS THEREOF, DISCLOSED IN INSTRUMENT(S);

RECORDED: JANUARY 25, 1994  
AUDITOR'S NO(S): 9401250030, RECORDS OF SKAGIT COUNTY, WASHINGTON  
IMPOSED BY: SEA-VAN INVESTMENTS ASSOCIATION

## AMENDED BY INSTRUMENT(S):

RECORDED: DECEMBER 11, 1995  
AUDITOR'S NO(S): 9512110030, RECORDS OF SKAGIT COUNTY, WASHINGTON

6. COVENANTS, CONDITIONS, AND RESTRICTIONS CONTAINED IN INSTRUMENT(S), BUT OMITTING ANY COVENANT, CONDITION OR RESTRICTION BASED ON RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, OR NATIONAL ORIGIN UNLESS AND ONLY TO THE EXTENT THAT SAID COVENANT (A) IS EXEMPT UNDER CHAPTER 42, SECTION 3607 OF THE UNITED STATES CODE OR (B) RELATES TO HANDICAP BUT DOES NOT DISCRIMINATE AGAINST HANDICAP PERSONS:

RECORDED: JANUARY 5, 1999  
AUDITOR'S NO(S): 9901050007, RECORDS OF SKAGIT COUNTY, WASHINGTON  
EXECUTED BY: SEA-VAN INVESTMENTS ASSOCIATION  
AS FOLLOWS: GRANTEES HEREIN ACKNOWLEDGE THAT IN THE EVENT CONSTRUCTION SHALL NOT COMMENCE AS REQUIRED DURING THE TIMES STATED IN THE CC&R'S. THE GRANTOR HEREIN SHALL HAVE THE RIGHT TO REPURCHASE THE SUBJECT PROPERTY FOR A CASH PRICE EQUAL TO THE SELLING PRICE AGREED HEREIN, WHICH SHALL BE EXERCISED BY THE GRANTOR, AT GRANTOR'S SOLE DISCRETION, DURING A SIXTY (60) CALENDAR DAY PERIOD BEGINNING THE DAY AFTER THE FOURTH ANNIVERSARY OF THE CLOSING OF THIS TRANSACTION, PROVIDED HOWEVER, THAT THE GRANTOR'S OPTION TO REPURCHASE SHALL BE NULL AND VOID IF GRANTEE FULLY COMPLIES WITH ALL TERMS OF THE PURCHASE AND SALE AGREEMENT.

7. COVENANTS, CONDITIONS, RESTRICTIONS, RECITALS, RESERVATIONS, EASEMENTS, EASEMENT PROVISIONS, DEDICATIONS, BUILDING SETBACK LINES, NOTES, STATEMENTS, AND OTHER MATTERS, IF ANY BUT OMITTING ANY

COVENANTS OR RESTRICTIONS, IF ANY, INCLUDING BUT NOT LIMITED TO THOSE BASED UPON RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, FAMILIAL STATUS, MARITAL STATUS, DISABILITY, HANDICAP, NATIONAL ORIGIN, ANCESTRY, OR SOURCE OF INCOME, AS SET FORTH IN APPLICABLE STATE OR FEDERAL LAWS, EXCEPT TO THE EXTENT THAT SAID COVENANT OR RESTRICTION IS PERMITTED BY APPLICABLE LAW AS SET FORTH ON RE-PLAT OF LOT 131 OF EAGLEMONT PHASE 1B, DIV 3:

RECORDING NO.: 200712180117

8. COVENANTS, CONDITIONS, AND RESTRICTIONS CONTAINED IN INSTRUMENT(S), BUT OMITTING ANY COVENANT OR RESTRICTIONS, IF ANY, BASED UPON RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, FAMILIAL STATUS, MARITAL STATUS, DISABILITY, HANDICAP, NATIONAL ORIGIN, ANCESTRY, OR SOURCE OF INCOME, AS SET FORTH IN APPLICABLE STATE OR FEDERAL LAWS, EXCEPT TO THE EXTENT THAT SAID COVENANT OR RESTRICTION IS PERMITTED BY LAW;

RECORDED: DECEMBER 8, 2008

AUDITOR'S NO(S): 200812080048, RECORDS OF SKAGIT COUNTY, WASHINGTON

EXECUTED BY: EAGLEMONT HOMEOWNERS ASSOCIATION

AS FOLLOWS: THE HEREIN DESCRIBED PROPERTY WILL BE COMBINED OR AGGREGATED WITH CONTIGUOUS PROPERTY OWNED BY THE GRANTEE. THIS BOUNDARY LINE ADJUSTMENT IS NOT FOR THE PURPOSE OF CREATING AN ADDITIONAL BUILDING LOT.

9. DUES, CHARGES, AND ASSESSMENTS, IF ANY LEVIED BY EAGLEMONT HOMEOWNERS ASSOCIATION.
10. DUES, CHARGES, AND ASSESSMENTS, IF ANY LEVIED BY SEA VAN INVESTMENTS ASSOCIATION.
11. LIABILITY TO FUTURE ASSESSMENTS, IF ANY LEVIED BY THE CITY OF MOUNT VERNON.