

After recording return to:

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20241056
Date 06/21/2024

Grantor: SUSAN E. SISK

Grantee: WARREN D. SISK

Reference Numbers: AF# 202406100058- CPA;
AF# 200209180100 - Deed P58144

Legal Description: N P TO ANACORTES, TRACT A OF SAID BLOCK 1002 OF REVISED SURVEY RECORDED IN VOLUME 16 OF SURVEYS, PAGES 4 THROUGH 6, UNDER AF#9406230072. AKA ALL OF LOTS 1 AND 2 AND THE EAST HALF OF LOT 3 ALL IN BLOCK 1002 OF THE PLAT OF NORTHERN PACIFIC ADDITION TO ANACORTES.

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

The undersigned, Warren D. Sisk, being first duly sworn, upon oath, deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated March 12, 2004, and executed by Warren D. Sisk and Susan E. Sisk, husband and wife, (the 'Agreement'). The Agreement was recorded in the Skagit County Auditor's Office under AF# 202406100058 on June 10, 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:

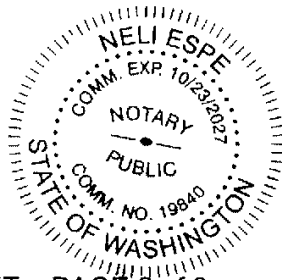
P58144 - TRACT A OF SAID BLOCK 1002 OF REVISED SURVEY RECORDED IN VOLUME 16 OF SURVEYS, PAGES 4 THROUGH 6, UNDER AF#9406230072. AKA ALL OF LOTS 1 AND 2 AND THE EAST HALF OF LOT 3, BLOCK 1002, NORTHERN PACIFIC ADDITON TO ANACORTES, RECORDED IN VOLUME 2 OF PLATS, PAGES 9 TO 11, RECORDS OF SKAGIT COUNTY, WASHINGTON.

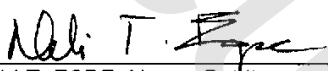
3. Susan E. Sisk was one of the parties to the Agreement and died on September 11, 2017 in Anacortes, Skagit County, Washington. See attached Certificate of Death.
4. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreements that would have the effect of abrogating or nullifying the Agreement.
5. Susan E. Sisk 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 Susan E. Sisk 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. Susan E. Sisk is survived by her husband, Warren D. Sisk, who resides at 3504 Oakes View Lane, Anacortes, WA 98221.

Dated this 19th day of June, 2024.


Warren D. Sisk

Subscribed and sworn to before me this 19th day of June, 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



CERTIFICATE NUMBER: 2017-039203

DATE ISSUED: 09/12/2017
FEE NUMBER:FIRST AND MIDDLE NAME(S): SUSAN ELIZABETH
LAST NAME(S): SISKCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 11, 2017
HOUR OF DEATH: 04:00 AM
SEX: FEMALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: ~~XXXXXXXXXX~~HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: JULY 22, 1937
BIRTHPLACE: SEATTLE, KING COUNTY, WAMARITAL STATUS: MARRIED
SPOUSE: WARREN DAVID SISKOCCUPATION: MEDICAL TRANSCRIPTIONIST
INDUSTRY: MEDICAL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: WARREN DAVID SISK
RELATIONSHIP: HUSBAND
ADDRESS: 3504 OAKES VIEW LANE, ANACORTES, WA 98221CAUSE OF DEATH:
A: ~~XXXXXXXXXX~~
INTERVAL: 1 MONTH
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: UNKNOWN
PLACE OF INJURY:LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3504 OAKES VIEW LANE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 3504 OAKES VIEW LANE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARSFATHER/PARENT: OWEN GALICK THOMAS
MOTHER/PARENT: FLORENTINE MARCELLE CONNORMETHOD OF DISPOSITION: ~~XXXXXXXXXX~~
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: SEPTEMBER 12, 2017

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOHN HAASMANNER 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, WA 98273
DATE SIGNED: SEPTEMBER 11, 2017CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: SEPTEMBER 12, 2017



Affidavit for Correction

202406210060

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
-------------------	------------	----------	------	------------------

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:
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
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:		
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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

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

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

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

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

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

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

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015

CERTIFIED

SEP 12 2017

Skagit County Health Department
Howard Leibrand M.D., Health Officer

0 1 5 1 7 6 5 7

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