



202407150070

07/15/2024 01:43 PM Pages: 1 of 8 Fees: \$310.50  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY *Dena Thompson*  
DATE *7.15.24*

DOCUMENT TITLE(S):

AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR:

TRACY ANNE MEYER QUIGLEY, AS  
SURVIVING SPOUSE OF GREGORY LYNN  
QUIGLEY (DECEASED)

GRANTEE:

TRACY ANNE MEYER QUIGLEY

ASSESSOR'S PARCEL NUMBER:

P75872 (4150-047-013-0006)

LEGAL DESCRIPTION:

Lots 11, 12 and 13, Block 47, FIRST  
ADDITION TO SEDRO, according to the  
plat thereof, recorded in Volume 3 of  
Plats, page 29, records of Skagit County,  
Washington.

Situated in Skagit County, Washington.



6. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
TRACY ANNE MEYER QUIGLEY 1020 4th Street Sedro Woolley, WA 98284	Spouse	Legal
CASEY L. QUIGLEY P.O. Box 502 Lakebay, WA 98349	Son	Legal
WHITNEY F. FRAZIER P.O. Box 502 Lakebay, WA 98349	Stepdaughter	Legal
RACHAEL A. LYON 1020 4th Street Sedro Woolley, WA 98284	Stepdaughter	Legal
SOPHIE R. LYON 1006 Crestview Lane Mount Vernon, WA 98273	Stepdaughter	Legal
JARED S. LYON 1020 4th Street Sedro Woolley, WA 98284	Stepson	Legal

8. I, TRACY ANNE MEYER QUIGLEY, affirm that I am the sole and rightful heir to the property legally described above.

9. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(a).

DATED this 9 day of July, 2024.

Tracy M Quigley  
TRACY ANNE MEYER QUIGLEY

SIGNED AND SWORN to before me this 9<sup>th</sup> day of July, 2024.



LAWRENCE A. PIRKLE

A handwritten signature in black ink, appearing to read "L. Pirkle", written over a horizontal line.

NOTARY PUBLIC in and for the  
State of Washington,  
Residing at Mount Vernon  
My Commission Expires: 5/7/27

## COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 21st day of August, 2018, between GREGORY LYNN QUIGLEY and TRACY ANNE MEYER QUIGLEY, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

C. *Vesting at Death.* On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

F. *Optional Revocation by One Party.* This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the Skagit County, Washington, Recorder's Office where real property transactions in Skagit County, Washington are recorded.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as agent to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of



# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-014486

DATE ISSUED: 03/27/2024  
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): GREGORY LYNN  
LAST NAME(S): QUIGLEY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 10, 2024  
HOUR OF DEATH: 11:30 AM FOUND  
SEX: MALE AGE: 73 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 1020 4TH ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284-1656

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

RESIDENCE STREET: 1020 4TH ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-1656  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 17 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: CLARKSTON, WA

FATHER: LOUIS LEROY QUIGLEY JR  
MOTHER: EMMALENE ELIZABETH [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: TRACY ANNE MEYER

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMATORY

OCCUPATION: PUBLIC SCHOOL COUNSELOR  
INDUSTRY: PUBLIC SCHOOLS  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: FERNDALE, WASHINGTON  
DISPOSITION DATE: MARCH 29, 2024

INFORMANT: TRACY ANNE QUIGLEY  
RELATIONSHIP: WIFE  
ADDRESS: 1020 4TH ST. SEDRO-WOOLLEY, WA, 98284

FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - GREENACRES

ADDRESS: 5700 NORTHWEST DR  
CITY, STATE, ZIP: FERNDALE, WASHINGTON 98248  
FUNERAL DIRECTOR: JOHN W. MOLES

CAUSE OF DEATH:  
A: SEVERE PROTEIN CALORY MALNUTRITION  
INTERVAL: 9/2023  
B: UNKNOWN  
INTERVAL: 9/2023  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER 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 APPLICABLE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: RACHEL A. TANGARO, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 901 S 5TH ST  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: MARCH 26, 2024

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 240310471  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: MARCH 26, 2024



# Affidavit for Correction

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Mailed to: Washington State Department of Health  
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 information must match current information on record

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First: Last:		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) Middle: Last/Maiden:		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First: Middle: Last/Maiden:	
	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:

<b>The record currently shows:</b>		<b>The true fact is:</b>	
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 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)**

- 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.

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.



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



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