

FILED FOR RECORD AT REQUEST OF:

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

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20241755
Date 08/15/2024

WHEN RECORDED RETURN TO:

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

**AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT**

GRANTOR: SHIRLEY F. NORDGULEN
GRANTEE: VIRGIL J. NORDGULEN
PARCEL NUMBER: P116359
LEGAL DESCRIPTION: Lot(s) 10 Eaglemont Phase 1C (Additional legal found on page 2)
REFERENCE NUMBERS: 201609120032 (Deed)
202408140088 (CPA)

STATE OF WASHINGTON)
) ss.
COUNTY OF WHATCOM)

VIRGIL J. NORDGULEN (“Affiant”), being first duly sworn on oath, deposes and says:

1. The Community Property Agreement, recorded under the Skagit County Auditor’s recording number referenced above, was executed by SHIRLEY F. NORDGULEN (“Decedent”) and VIRGIL J. NORDGULEN (“spouse”), dated September 30th, 2016. The Community Property Agreement and this Affidavit have been recorded for the estate of the Decedent. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties.

2. The Decedent died on May 20th, 2024, in Mount Vernon, Skagit County, Washington, and was at the time of their death a resident of Mount Vernon, Skagit County, Washington, as evidenced by 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 3810 Dogwood Place, Mount Vernon, Skagit County, Washington, which is legally described as follows:

Lot 10, "PLAT OF EAGLEMONT, PHASE 1C" recorded February 1, 2000 as Skagit County Auditor's File No. 200002010036.

SUBJECT TO matters of record.

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

7. The Decedent is survived by their spouse, VIRGIL J. NORDGULEN, who resides at 3810 Dogwood Place, Mount Vernon, Skagit County, Washington.

8. No inheritance tax or estate tax is due to either the State of Washington or to the United States of America as a result of the Decedent's death.

9. This affidavit is made, in part, to induce a title company to issue its policies of title insurance on real property passing to the spouse in reliance upon the representations set forth above. Affiant agrees to indemnify and hold the title company harmless from loss or damage which may be suffered as a result of said reliance. The transfer of real property by this affidavit is made pursuant to WAC 458-61A-202(6)(a).

Dated this 14th day of August, 2024.



VIRGIL J. NORDGULEN, by and through his
Attorney-in-Fact, LORI NORDGULEN.

Subscribed and sworn before me on this 14th day of August, 2024 by VIRGIL J. NORDGULEN, by and through his Attorney-in-Fact, LORI NORDGULEN.



Mahalia McNeely-Surgeon
MAHALIA MCNEELY-SURGEON
Notary Public in and for the
State of Washington
Residing in Bellingham
My commission expires: 07/05/2026

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
EXHIBIT A



DATE ISSUED: 05/21/2024
FEE NUMBER:

CERTIFICATE NUMBER: 2024-024389

FIRST AND MIDDLE NAME(S): **SHIRLEY FAY**
LAST NAME(S): **NORDGULEN**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **MAY 20, 2024**
HOUR OF DEATH: **05:05 AM**
SEX: **FEMALE** AGE: **87 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: **GLASGOW, PA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **VIRGIL JOSEPH NORDGULEN**

OCCUPATION: **ACCOUNTANT/AUDITOR**
INDUSTRY: **GOVERNMENT**
EDUCATION: **BACHELOR'S DEGREE**
US ARMED FORCES: **YES**

INFORMANT: **LORI LYN NORDGULEN**
RELATIONSHIP: **DAUGHTER**
ADDRESS: **1718 LINDSAY LOOP MOUNT VERNON, WA 98274**

CAUSE OF DEATH:
A: **SMALL CELL LUNG CANCER**
INTERVAL: **2 MONTHS**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **MALIGNANT PLEURAL EFFUSION, CONGESTIVE HEART FAILURE.**

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: **3810 DOGWOOD PL**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274-8749**

RESIDENCE STREET: **3810 DOGWOOD PL**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98274-8749**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **24 YEARS**

FATHER: **CLYDE HOBART WESLEY HESCOX**
MOTHER: **CATHERINE MALINDA** [REDACTED]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **HAWTHORNE MEMORIAL PARK CREMATORY**

CITY, STATE: **MOUNT VERNON, WASHINGTON**
DISPOSITION DATE: **MAY 21, 2024**

FUNERAL FACILITY: **ALPHA-OMEGA BURIAL AND CREMATION**

ADDRESS: **PO BOX 398**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
FUNERAL DIRECTOR: **THOMAS CUFLEY**

MANNER OF DEATH: **NATURAL**
AUTOPSY: **NO**
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: **NOT APPLICABLE**
DID TOBACCO USE CONTRIBUTE TO DEATH: **UNKNOWN**
PREGNANCY STATUS IF FEMALE: **NOT APPLICABLE**

CERTIFIER NAME: **ANITA M. MEYER, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
DATE SIGNED: **MAY 21, 2024**

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

LOCAL DEPUTY REGISTRAR: **MARIA VIVANCO**
DATE RECEIVED: **MAY 21, 2024**



Affidavit for Correction

08/15/2024 08:38 AM
Affidavit for Health Statistics
P.O. Box 47874
Olympia, WA 98504-7814
360-236-4300

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

DOH 422-034 August 2019

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: <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: _____ <small>(City, State, County)</small>
4. Father/Parent Full Birth 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 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: _____ 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 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.

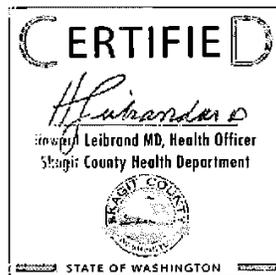
Death Certificates

- 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.

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



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