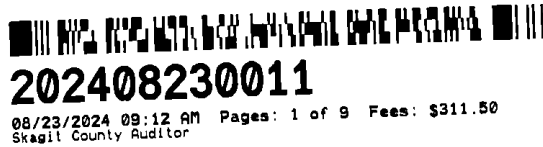


JONES BUTLER DOLAN, PS  
P.O. Box 458  
Stanwood, WA 98292  
360-629-3833



SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

202418SL  
AUG 22 2024

Amount Paid \$0  
Skagit Co. Treasurer  
By *[Signature]* Deputy

**COMMUNITY PROPERTY AFFIDAVIT  
OF SURVIVING SPOUSE**

**Document Title:** Community Property Affidavit of Surviving Spouse

**Grantor:** Robert George Lundquist

**Grantee:** Ann Irene Lundquist

**PARCEL A**

**Assessor Parcel No:** P57464 (3795-005-028-0117)

**Abbreviated Legal:** Lots 27 and 28, Block 5, HENSLER'S SECOND  
ADDITION TO ANACORTES

**Reference Number:** 200609080102

**PARCEL B**

**Assessor Parcel No:** P57462 (3795-005-028-0000)

**Abbreviated Legal:** HENSLER'S 2ND TO ANA. E 15' OF LT 28 BLK 5

**Reference Number:** 201510010065

**PARCEL C**

**Assessor Parcel No:** P55948 (3772-144-020-0002)

**Abbreviated Legal:** Lots 18,19 and 20 block 144 "MAP OF THE CITY OF  
ANACORTES, SKAGIT COUNTY WASHINGTON"

**Reference Number:** 201106300068

Ann I. Lundquist, being first duly sworn, on oath deposes and says:

I am a resident of Skagit County, Washington, and I am the surviving spouse of Robert G. Lundquist, deceased, who died on June 9, 2024, in Skagit County, Washington. A certified copy of Robert G. Lundquist's Certificate of Death is attached hereto as Exhibit A.

On August 24, 2021, Decedent and I, as husband and wife, validly executed a written Community Property Agreement, which has remained valid and in full force since its execution, pursuant to RCW 26.16.120. The Community Property Agreement is attached hereto as Exhibit B.

The statements set forth in this affidavit are representations of facts that may be relied upon by all parties dealing with the real property located in Skagit County, Washington, more fully described below, as well as any personal property or financial assets owned by Robert G. Lundquist at the time of his death.

Decedent and I acquired the real property (Parcel A - P57464) described below by Quit Claim Deed, dated September 1, 2006, and recorded pursuant to Skagit County AFN 200609080102.

Lots 27 and 28, Block 5, HENSLER'S SECOND ADDITION TO ANACORTES, as per plat recorded in Volume 3 of Plats, page 55, Records of Skagit County, Washington. Except the East 15 feet of said Lot 28.

Decedent and I acquired the real property (Parcel B - P57462) described below by Quit Claim Deed, dated October 1, 2015, and recorded pursuant to Skagit County AFN 201510010065.

The East 15 feet of Lot 28, Block 5, HENSLER'S SECOND ADDITION TO ANACORTES, as per plat recorded in Volume 3 of Plats, page 55, Records of Skagit County, Washington.

Decedent and I acquired the real property (Parcel C - P55948) described below by Statutory Warranty Deed, dated June 28, 2011, and recorded pursuant to Skagit County AFN 201106300068.

Lots 18, 19 and 20, Block 144, "MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY WASHINGTON", according to the plat thereof recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington.

**5. Community Property Subject to the Agreement**

All of the Decedent's community property is subject to the Community Property Agreement. In addition to the real property described above, the Decedent held a community property interest in the following financial accounts:

Charles Schwab One Community Property Account ending in 1197, and

Edward Jones Community Property Account ending in 3984.

*MetLife / Compustore Account ending in 0032999794*

The disposition of all such property is controlled by the Agreement, and all of the community property passed to Ann I. Lundquist upon Decedent's death.

**6. Probate**

No proceedings have occurred or are anticipated to have a Will of Decedent admitted to probate, to have a Personal Representative appointed for Decedent, or to set aside, cancel, or revoke the Community Property Agreement.

///

///

///

///

///

///

///

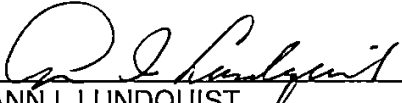
///

///

**7. Decedent's Debts, Expenses, Taxes**

All debts and expenses of Decedent, and any liabilities or obligations of the marital community have been paid in full, and no estate taxes are due.

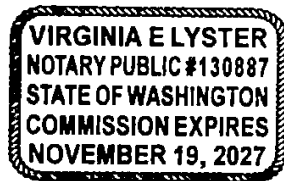
Signed in Stanwood, Washington, this 12 day of August, 2024.


  
ANN I. LUNDQUIST

STATE OF WASHINGTON    )  
  ) ss.  
COUNTY OF SNOHOMISH    )

I certify that I know or have satisfactory evidence that Ann I. Lundquist is the person who appeared before me, and she acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 12 day of August, 2024.



  
VIRGINIA E. LYSTER  
Notary Public  
In and for the State of Washington  
My appointment expires: 11-19-2027

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-028249

DATE ISSUED: 06/14/2024

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): ROBERT GEORGE  
LAST NAME(S): LUNDQUISTCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 09, 2024  
HOUR OF DEATH: 02:27 PM  
SEX: MALE AGE: 92 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WAMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: ANN IRENE THORPEOCCUPATION: BUSINESS OWNER  
INDUSTRY: FURNITURE RETAIL  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: YESINFORMANT: ANN IRENE LUNDQUIST  
RELATIONSHIP: SPOUSE  
ADDRESS: 1602 11TH STREET ANACORTES, WA 98221CAUSE OF DEATH:  
A: SYSTOLIC HEART FAILURE  
INTERVAL: 2 MONTHS  
B: SEVERE AORTIC STENOSIS  
INTERVAL: 3 YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE  
PULMONARY DISEASE, HYPERLIPIDEMIA, CEREBRAL VASCULAR ACCIDENTDATE 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: 1602 11TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 1602 11TH STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 11 YEARSFATHER: ROBERT THEODOR LUNDQUIST  
MOTHER: OPAL GRACE [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYCITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: JUNE 15, 2024

FUNERAL FACILITY: NEPTUNE SOCIETY - BELLINGHAM

ADDRESS: 118 WEST STUART RD  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226  
FUNERAL DIRECTOR: LORI B. BANESMANNER 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 APPLICABLECERTIFIER NAME: STEPHEN M. HORRAS, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1211 24TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
DATE SIGNED: JUNE 11, 2024CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NJA 240609-597  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: JUNE 13, 2024

		<b>Affidavit for Correction</b>		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.					
<b>STATE OFFICE USE ONLY</b>					
State File Number		Fee Number		Initials	Date
Affidavit Number					
<b>Required</b>	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 _____			Month Day Year _____	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 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: PO 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 foregoing is true and correct.					
14a. Signature:			14b. Signature of 2 <sup>nd</sup> parent (if required):		
Printed name: Date:			Printed name: Date:		
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>					
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.					
<b>Birth Certificates</b>					
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).					
<b>Child under 18</b>					
• 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. *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.					
<b>Adult (18 years or older)</b>					
• 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.					
<b>Death Certificates</b>					
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.					
<b>Marriage/Dissolution (Divorce) Certificates</b>					
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 Amy Harley, Health Officer.

*Amy Harley*

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



0 6 6 5 3 0 2 3

**COMMUNITY PROPERTY AGREEMENT**  
**OF**  
**ROBERT GEORGE LUNDQUIST & ANN IRENE LUNDQUIST**

This Agreement made this 24<sup>th</sup> day of August, 2021, between Robert G. Lundquist ("Husband" or "Spouse") and Ann I. Lundquist, ("Wife" or "Spouse"), husband and wife, married March 5, 1976, both of whom are domiciled in the State of Washington, pursuant to Section 26.16.120 of the Revised Code of Washington.

In consideration of the mutual love and affection that we have for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted and promised as follows:

**1. Property Covered**

This Agreement shall apply to all community or 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 and 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 declared to be community property of Husband and Wife and 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 by thirty (30) days, all of the described community property shall vest in Wife as of the moment of Husband's death. Otherwise, said community property shall be distributed pursuant to Husband's Last Will and Testament. If Wife dies and Husband survives her by thirty (30) days, all of the described community property shall vest in Husband as of the moment of Wife's death. Otherwise, said community property shall be distributed pursuant to Wife's Last Will and Testament.

### **3. Disclaimer**

Upon the death of either Spouse, the surviving Spouse may disclaim any interest passing under this 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 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

### **4. Powers of Appointment**

This Agreement shall not affect any power of appointment that is now held or is hereafter given to Husband, Wife, or either of them, nor shall it obligate Husband, Wife, or either of them, to exercise any such power of appointment in any way.

### **5. Revocation of Inconsistent Agreements**

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

### **6. Automatic Revocation**

The provisions of Paragraph 2 shall be automatically revoked:

- (a) Upon the establishment of a domicile outside the State of Washington by either Spouse;
- (b) Upon the filing by either Spouse of a petition, complaint or other pleading for separation, dissolution or divorce;
- (c) Immediately prior to death of both spouses, if the order of death cannot be ascertained; or,
- (d) If a Spouse has applied for federal or state benefits for the benefit of a disabled spouse and the non-disabled spouse dies first.

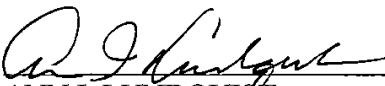


## 7. Optional Revocation by One Spouse Due to Incapacity of Other

If either Spouse becomes incapacitated or disabled, the other Spouse shall have the power to terminate the provisions of Paragraph 2 and each Spouse designates the other as Attorney-in-Fact to become effective upon incapacity or disability thereof to the disabled Spouse and to the guardian(s), if any, of the person and estate of the incapacitated or disabled person. For the purposes of this paragraph, a Spouse shall be deemed incapacitated or disabled if: (a) a physician who has treated the Spouse for at least two (2) years certifies that the Spouse is unable to manage his or her own affairs; or (b) two (2) independent physicians so certify.

August 24, 2021.

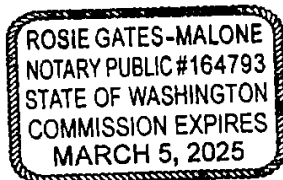
  
ROBERT G. LUNDQUIST


  
ANN I. LUNDQUIST

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me Robert G. Lundquist and Ann I. Lundquist to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 24<sup>th</sup> day of August, 2021.



  
ROSIE GATES-MALONE  
Notary Public  
In and for the State of Washington  
My appointment expires: 03-05-2025