



202410160044

10/16/2024 02:44 PM Pages: 1 of 7 Fees: \$309.50
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 *Bern Thompson*
DATE *10.16.24*

DOCUMENT TITLE(S):

AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR:

SHARON MAXINE ATKINSON, AS
SURVIVING SPOUSE OF WILLARD
THOMAS ATKINSON (DECEASED)

GRANTEE:

SHARON MAXINE ATKINSON

ASSESSOR'S PARCEL NUMBER:

P119349 (4775-000-034-0000)

LEGAL DESCRIPTION:

Unit 34, STONEBRIDGE CONDOMINIUM,
according to the declaration thereof, recorded
under Auditor's File No. 200104030061, and
any amendments thereto, records of Skagit
County, Washington.

Situate in Skagit County, Washington.

**AFFIDAVIT IN SUPPORT
OF
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

SHARON MAXINE ATKINSON, being first duly sworn, on oath, deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated the 15th day of May, 2023, executed by WILLARD THOMAS ATKINSON and SHARON MAXINE ATKINSON, husband and wife (the "Agreement"), which is attached hereto as Exhibit "A" and incorporated herein by this reference. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the property commonly known as 515 Shady Lane, Mount Vernon, Washington, and legally described as follows:

Assessor's Parcel Number: P119349 (4775-000-034-0000)

Unit 34, STONEBRIDGE CONDOMINIUM, according to the declaration thereof, recorded under Auditor's File No. 200104030061, and any amendments thereto, records of Skagit County, Washington.

Situate in Skagit County, Washington.

2. WILLARD THOMAS ATKINSON (the "Decedent") was one of the parties to the Agreement and died on August 14, 2024, as a resident of Skagit County, Washington. A copy of the Decedent's Death Certificate is attached hereto as Exhibit "B" and incorporated herein by this reference.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreement which would have the effect of abrogating or nullifying the Agreement.

4. The Decedent left no separate property.

5. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

6. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
SHARON MAXINE ATKINSON 515 Shady Lane Mount Vernon, WA 98273	Spouse	Legal
KEVIN THOMAS ATKINSON 3014 Cedarwood Ave. Bellingham, WA 98225	Son	Legal
HEATHER NICOLE BREWER P.O. Box 182 Sedro Woolley, WA 98284	Daughter	Legal

7. I, SHARON MAXINE ATKINSON, affirm that I am the sole and rightful heir to the property legally described above.

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

DATED this 10th day of October, 2024.

Sharon Maxine Atkinson
SHARON MAXINE ATKINSON

SIGNED AND SWORN to before me this 10th day of October, 2024.



LAWRENCE A. PIRKLE

[Signature]
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 15th day of May, 2023, between WILLARD THOMAS ATKINSON and SHARON MAXINE ATKINSON, 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 County where the parties are currently residing.

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

ORIGINAL

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-039707

DATE ISSUED: 08/16/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILLARD THOMAS
LAST NAME(S): ATKINSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 14, 2024
HOUR OF DEATH: 12:50 PM
SEX: MALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-4190

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

RESIDENCE STREET: 515 SHADY LN
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-3630
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: KIMBALL, NE

FATHER: JOHN W ATKINSON
MOTHER: AVIS [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SHARON BRUSH

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

OCCUPATION: SUPERVISOR
INDUSTRY: AEROSPACE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 16, 2024

INFORMANT: SHARON ATKINSON
RELATIONSHIP: WIFE
ADDRESS: 515 SHADY LN, MOUNT VERNON, WA 98273

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

- CAUSE OF DEATH:
- A: ACUTE KIDNEY INJURY
INTERVAL: 2 DAYS
 - B: CHRONIC STAGE 4 KIDNEY DISEASE
INTERVAL: 6 MONTHS
 - C: CHRONIC HYPOXIC RESPIRATORY FAILURE
INTERVAL: 3 YEARS
 - D: INTERSTITIAL LUNG DISEASE
INTERVAL: 3 YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: FAILURE TO THRIVE

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: AMREEN KAUR, DO
TITLE: DO
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: AUGUST 16, 2024

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: AUGUST 16, 2024



Affidavit for Correction

10/16/2024 02:44 PM Page 1 of 1
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
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Required information must match current information on record

Required

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First Middle 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) First 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: Self Parent(s) Guardian Funeral Director Informant Other (specify) Hospital

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 forgoing is true and correct.

14a. Signature: Printed name: Date:

14b. Signature of 2nd parent (if required): 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 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.
- *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.

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.

Death Certificates

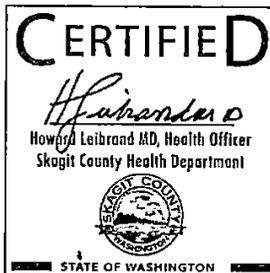
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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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