



202410220045

10/22/2024 01:40 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

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2024 2653  
OCT 22 2024

Amount Paid \$ 0  
Skagit Co. Treasurer  
By *LT* Deputy

DOCUMENT TITLE(S):

AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR:

KATHERINE M. GRIMM, AS SURVIVING  
SPOUSE OF JACK L. GRIMM (aka JACK  
LAMARR GRIMM) (DECEASED)

GRANTEE:

KATHERINE M. GRIMM

ASSESSOR'S PARCEL NUMBER:

P41813 (350621-3-006-0006)

ABBREVIATED LEGAL:

Portion of the Southeast Quarter of the  
Southwest Quarter of Section 21, Township 35  
North, Range 6 East of the Willamette  
Meridian.

Situate in the County of Skagit, State of  
Washington.

**AFFIDAVIT IN SUPPORT  
OF  
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON       )  
  ) ss.  
COUNTY OF SKAGIT       )

KATHERINE M. GRIMM, 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 August, 1996, executed by JACK L. GRIMM and KATHERINE M. GRIMM, 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 32254 South Lyman Ferry Road, Sedro Woolley, Washington, and legally described as set forth on Exhibit "B" attached hereto and incorporated herein by this reference.

2. JACK L. GRIMM (aka JACK LAMARR GRIMM) (the "Decedent") was one of the parties to the Agreement and died on March 26, 2024, as a resident of Skagit County, Washington. A copy of the Decedent's Death Certificate is attached hereto as Exhibit "C" 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>
KATHERINE M. GRIMM 32254 South Lyman Ferry Road Sedro Woolley, WA 98284	Spouse	Legal
EVELYN M. HAGERTY 7140 Bartlett Lane Lynden, WA 98264	Daughter	Legal

CHRISTINA A. PARKER  
27902 W. Gilligan Creek Road  
Sedro Woolley, WA 98284

Daughter

Legal

CHRISTOPHER B. GRIMM  
1261 Arrezo Drive  
Sedro Woolley, WA 98284

Son

Legal

7. I, KATHERINE M. GRIMM, 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 21<sup>st</sup> day of October, 2024.

Katherine M. Grimm  
KATHERINE M. GRIMM

SIGNED AND SWORN to before me this 21<sup>st</sup> 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  
of  
Jack L. Grimm and Katherine M. Grimm

THIS AGREEMENT, is made on the date set forth below, between Jack L. Grimm and Katherine M. Grimm, 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:

1. Property Covered. This agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or 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 or may have been registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is regarded to in this Agreement as the "subject property."
2. Vesting at Death. On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.
3. 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 them in effect.
4. 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.
5. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement

**EXHIBIT "B"**

**Assessor's Parcel Number: P41813 (350621-3-006-0006)**

That portion of the Southeast Quarter of the Southwest Quarter of Section 21, Township 35 North, Range 6 East of the Willamette Meridian, lying Northerly of South Skagit Highway as it existed on August 4, 1970,

EXCEPT County Road;

AND ALSO EXCEPT that portion, if any, conveyed to Skagit County for road purposes by Deed recorded February 21, 1962 under Auditor's File No. 618270, records of Skagit County, Washington;

AND EXCEPT the East 721 feet thereof;

AND EXCEPT the North 575 feet thereof;

ALSO EXCEPT the Southerly 320 feet, as measured along the West line of the Westerly 300 feet as measured along the Southerly line of the above described property.

TOGETHER WITH that portion of the Southwest Quarter of the Southwest Quarter of Section 21, Township 35 North, Range 6 East of the Willamette Meridian, lying Northerly of the North line of the New South Skagit Highway and Easterly of the Lyman Ferry Road all as delineated on the face of Skagit County Short Plat No. 12-79;

EXCEPT that portion thereof lying within 100 feet of the North line of the New South Skagit Highway. All of the above being an un-numbered and un-lettered tract of said Short Plat 12-79, approved February 23, 1979 and recorded February 27, 1979 in Volume 3 of Plats, page 80, under Auditor's File No. 7902270056, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, easements, provisions and assessments of record, if any.

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# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-015382

DATE ISSUED: 04/01/2024  
FEE NUMBER: 310424

FIRST AND MIDDLE NAME(S): JACK LAMARR  
LAST NAME(S): GRIMM

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 26, 2024  
HOUR OF DEATH: 02:15 PM  
SEX: MALE AGE: 94 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: WASHINGTON, PA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: KATHERINE MARIE SHAW

OCCUPATION: OWNER/OPERATOR  
INDUSTRY: MECHANIC  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: KATHERINE MARIE GRIMM  
RELATIONSHIP: SPOUSE  
ADDRESS: 32254 SOUTH LYMAN FERRY ROAD, SEDRO WOOLLEY, WA

CAUSE OF DEATH:  
A: ISCHEMIC CARDIOMYOPATHY  
INTERVAL: 12 YEARS  
B: HYPERTENSION, HYPERLIPIDEMIA  
INTERVAL: MANY YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: COMPLICATIONS OF ACUTE HIP  
FRACTURE FOLLOWING GROUND LEVEL FALL

DATE OF INJURY: MARCH 21, 2024 APPROXIMATE  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: NO  
PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 32254 SOUTH LYMAN FERRY ROAD  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284  
COUNTY: SKAGIT  
DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 32254 SOUTH LYMAN FERRY ROAD  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 32254 SOUTH LYMAN FERRY ROAD  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 45 YEARS

FATHER: BRADEN WILLIAM GRIMM  
MOTHER: EVELYN [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: APRIL 03, 2024

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: LORI B. BANES

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

CERTIFIER NAME: BRYCE M. ELDER, DEPUTY CORONER  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: MARCH 28, 2024

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 240326-1111  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: APRIL 01, 2024

NOT VALID IF PHOTOCOPIED OR ALTERED

DOI 422-132 Spokaneish (12/22)

**Affidavit for Correction**

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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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<b>Required information must match current information on record</b>				
<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 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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:

**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.

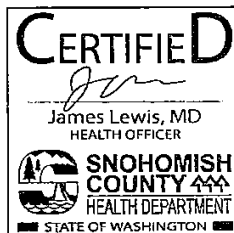
**Death Certificates**

- 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.

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



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