



202412050111

12/05/2024 03:23 PM Pages: 1 of 5 Fees: \$307.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2024 3175  
DEC 05 2024

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

Recorded by and return to:

Stiles & Lehr Inc., P.S.  
P.O. Box 228  
Sedro-Woolley, WA 98284

Legals: LOT 1 SHORT PLAT 26-85 BEING A PORTION OF THE SW1/4  
NW1/4 NW1/4 NW1/4, SECTION 35, TOWNSHIP 35 NORTH,  
RANGE 5 EAST, W.M.

Tax Parcel #s P40703 / 350535-2-005-0004  
P131796 / 350535-2-005-1004

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON ) ss.  
COUNTY OF SKAGIT )

Wanda M. Hinds, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Daniel L. Hinds, who died at Sedro Woolley, County of Skagit, State of Washington, on September 9, 2024, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Survivorship Agreement dated June 21, 1979, which agreement was previously recorded under Skagit County Auditor's File No. 7906280003. A copy of the decedent's death certificate is recorded simultaneously with this affidavit under the records of the Auditor for Skagit County, Washington.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. That the value of the community estate as of the date of death, including all real and personal property, was over \$10,000.00, and the value of all separate property of said decedent was \$0.00 as of the date of his death. Among other items of community property were the following described real estate:

Address: 28031 Quarry Lane, Sedro Woolley, WA 98284  
28032 Quarry Lane, Sedro Woolley, WA 98284  
Parcel ID: P40703  
Xref ID: 350535-2-005-0004

Fee interest in the real property described below, together with all improvements thereon, including, but not limited to, residences, outbuildings, shops, water and septic systems, and the 97 Goldenwest 66'x14' manufactured home, Serial Number 0142707DDC80479;

Lot 1 of Short Plat 26-85, recorded under Skagit County Auditor's File No. 8602180005, being a portion of the Southwest  $\frac{1}{4}$  of the Northwest  $\frac{1}{4}$ , and the South 10 feet of the North half of the Southwest  $\frac{1}{4}$  of the Northwest  $\frac{1}{4}$ , of Section 35, Township 35 North, Range 5 East, W.M.

Situate in the County of Skagit, State of Washington.

Address: 28028 Quarry Lane, Sedro Woolley, WA 98284  
Parcel ID: P131796  
Xref ID: 350535-2-005-1004

Fee interest, together with the reversionary interest, in the real property described below, together with all improvements thereon, including, but not limited to, residences, outbuildings, shops, water and septic systems, and the BB188 Buddy 66'x47'x12' manufactured home:

The South Two Hundred (200) feet of the West Two Hundred Sixty (260) feet of the following described tract:

Lot 1 of Short Plat 26-85, recorded under Skagit County Auditor's File No. 8602180005, being a portion of the Southwest  $\frac{1}{4}$  of the Northwest  $\frac{1}{4}$ , and the South 10 feet of the North half of the Southwest  $\frac{1}{4}$  of the Northwest  $\frac{1}{4}$ , of Section 35, Township 35 North, Range 5 East, W.M.

Situate in the County of Skagit, State of Washington.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

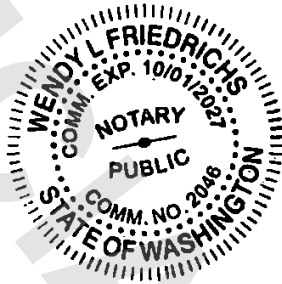
DATE: 12-5-2024

Wanda M Hinds  
Wanda M. Hinds

State of Washington ) ss.  
County of Skagit )

On this day personally appeared before me Wanda M. Hinds, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on December 5, 2024.



Wendy L Friedrichs  
NOTARY PUBLIC in and for the  
State of Washington, residing at  
Sedro Woolley  
Commission Expires: 10-1-27

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-043867

DATE ISSUED: 09/10/2024  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DANIEL LEE  
LAST NAME(S): HINDS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 09, 2024  
HOUR OF DEATH: 08:45 AM  
SEX: MALE AGE: 85 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 28032 QUARRY LANE  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 28032 QUARRY LANE  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 64 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ANACORTES, WA

FATHER: CLIFTON OLIVER HINDS  
MOTHER: CORA [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: WANDA MAE WYMAN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: OWNER/OPERATOR  
INDUSTRY: LOGGING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 10, 2024

INFORMANT: WANDA MAE HINDS  
RELATIONSHIP: WIFE  
ADDRESS: 28032 QUARRY LANE, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:  
A: CHRONIC ORGANIC BRAIN SYNDROME  
INTERVAL: 5 YEARS  
B: INTERVAL:  
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: PAUL C. CREELMAN, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 712 S. BURLINGTON BLVD,  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
DATE SIGNED: SEPTEMBER 09, 2024

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 240909-837  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: SEPTEMBER 10, 2024



# Affidavit for Correction

12/05/2024 03:23 PM Page 5 of 5  
Marital 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

<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 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

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).

#### 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

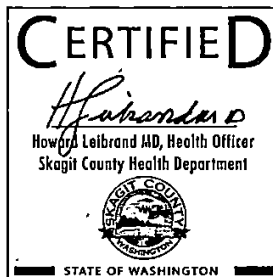
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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

#### Marriage/Dissolution (Divorce) Certificates

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.



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



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