



202501240046

01/24/2025 01:41 PM Pages: 1 of 7 Fees: \$309.50
Skagit County Auditor

**SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX**

2024 0193
JAN 24 2025

Amount Paid \$ 0
By Skagit Co. Treasurer
Deputy

After Recording Return To:

Chuckanut Law Group, PLLC
300 N. Commercial Street, Suite 2
Bellingham, WA 98225

DOCUMENT TITLE: **AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT**

REFERENCE NUMBER OF RELATED DOCUMENT: **N/A**

GRANTOR: **ESTATE OF SUSAN MARIE LAMB, BY ROBERT CHARLES ROSS,
SURVIVING SPOUSE**

GRANTEE(S): **ROBERT CHARLES ROSS, A SINGLE MAN, AS HIS SOLE AND SEPARATE
PROPERTY**

ABBREVIATED LEGAL DESCRIPTION: **NE S25 T35 R01**

ASSESSOR'S TAX PARCEL NUMBER(S): **PARCEL NO. P109547, XrefID 350125-1-065-1000**

**AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT**

ESTATE OF SUSAN MARIE LAMB

STATE OF WASHINGTON)
) ss.
COUNTY OF WHATCOM)

ROBERT CHARLES ROSS, after being first duly sworn upon oath, deposes and says:

1. Agreement as to Status of Community Property. This Affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement dated May 28, 2024, by ROBERT CHARLES ROSS and SUSAN MARIE LAMB, husband and wife. Such agreement was recorded in the

Office of the Skagit County Auditor at Skagit County, Washington, on January 15, 2025, as Auditor's File No. 202501150011.

2. Decedent. SUSAN MARIE LAMB died on October 23, 2024, in Anacortes, Skagit County, Washington. Attached as **Exhibit A** is a true and correct copy of her death certificate.

3. No Subsequent Agreements. The parties to the Community Property Agreement referred to above entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement. The above-mentioned Community Property Agreement was in full force and effect at the time of Decedent's death.

4. Community Property. Among other items of community property was the following described real estate and personal property:

a) Residence located at 1610 34th Street, Anacortes, Skagit County, Washington, legally described as follows:

(0.2300 AC) LOT 7 OF CITY OF ANACORTES SHORT PLAT NO. ANA-95-006 AS APPROVED AUGUST 19, 1996, AND RECORDED AUGUST 20, 1996, IN VOLUME 12 OF SHORT PLATS, PAGES 132 AND 133, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 25, TOWNSHIP 35 NORTH, RANGE 1 EAST, W.M.

Skagit County Tax Parcel No. P109547, XrefID 350125-1-065-1000

b) All Checking, Savings, Investment, and Retirement and Annuity Accounts.

c) All Motor Vehicles.

d) All Household Furniture, Furnishings, Jewelry, Clothing, and Other Items of Personal Property.

5. Separate Property. The Decedent left no separate estate.

6. Debts. All obligations of the community owing at the date of death of Decedent have been paid in full, and all expenses of last illness and for funeral and burial services have been paid. The Decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS), including nursing facility services, home or community-based services, hospital, prescription drugs, or any other services.

7. Estate Tax Return. No federal or state estate tax return was required to be filed.

8. Heirs. Decedent was survived by the following persons:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
Robert Charles Ross	Surviving Spouse	1610 34 th Street Anacortes, WA 98221
Michael Leroy Ross	Son	241 Murdock Court Sedro Wooley, WA 98284
Barbara Jean Ross	Daughter	1610 34 th Street Anacortes, WA 98221

9. Reliance. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties dealing with the real estate described herein.

DATED this 10th day of January, 2025.




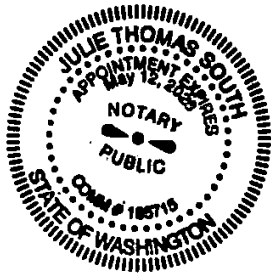
ROBERT CHARLES ROSS

STATE OF WASHINGTON)
) ss:
COUNTY OF WHATCOM)

I certify that I know or have satisfactory evidence that **ROBERT CHARLES ROSS** is the person who appeared before me, and said person acknowledged that he signed this **AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT** and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 10th day of January, 2025.

(SEAL/STAMP)



NOTARY PUBLIC
Residing in: Bellingham
My Commission Expires: 05/12/28

EXHIBIT A

COPY OF DEATH CERTIFICATE OF SUSAN MARIE LAMB

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-051961

DATE ISSUED: 10/25/2024

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): SUSAN MARIE
LAST NAME(S): LAMB

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 23, 2024

HOUR OF DEATH: 02:40 PM

SEX: FEMALE

AGE: 73 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: DETROIT, MI

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ROBERT C ROSS

OCCUPATION: POSTMASTER

INDUSTRY: USPS

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: ROBERT C ROSS

RELATIONSHIP: SPOUSE

ADDRESS: 1610 34TH STREET ANACORTES, WA 98221

CAUSE OF DEATH:

A: PROGRESSIVE NEUROMUSCULAR DEGENERATION RELATED TO GENETIC DISORDER OF THE MITOCHONDRIA

INTERVAL: 10 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: SMALL VESSEL DISEASE OF
CORONARY AND CEREBRAL ARTERIES

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: 1610 34TH STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1610 34TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: ROY FRANK LAMB

MOTHER: MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: OCTOBER 28, 2024

FUNERAL FACILITY: NEPTUNE SOCIETY - BELLINGHAM

ADDRESS: 118 WEST STUART RD

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

FUNERAL DIRECTOR: LORI B. BANES

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

CERTIFIER NAME: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: OCTOBER 23, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: OCTOBER 25, 2024

Affidavit for Correction

01/24/2025 01:41 PM Page 7 of 7
 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		
Required	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: 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 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:						
<ul style="list-style-type: none"> • 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).						
<table border="0" style="width:100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Child under 18 <ul style="list-style-type: none"> • 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. </td> <td style="width: 50%; vertical-align: top;"> Adult (18 years or older) <ul style="list-style-type: none"> • 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. </td> </tr> </table>					Child under 18 <ul style="list-style-type: none"> • 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. 	Adult (18 years or older) <ul style="list-style-type: none"> • 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.
Child under 18 <ul style="list-style-type: none"> • 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. 	Adult (18 years or older) <ul style="list-style-type: none"> • 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.

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



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