



202501270062

01/27/2025 03:42 PM Pages: 1 of 9 Fees: \$311.50
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 <u>Dena Thompson</u>
DATE <u>1-27-25</u>

DOCUMENT TITLE(S):

AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR:

MARGARET CARPENTER ARNETT (aka
MARGARET N. L. CARPENTER ARNETT),
SURVIVING SPOUSE OF
BARRIE ARNETT (aka BARRIE CLEMENT
WOOTEN ARNETT) (DECEASED)

GRANTEE:

MARGARET CARPENTER ARNETT

ASSESSOR'S PARCEL NUMBER:

P128892 (5100-004-673-0000)

LEGAL DESCRIPTION:

Lot 673, "Survey of Shelter Bay Division 4,
tribal and allotted lands of Swinomish
Indian Reservation," according to the
survey recorded July 8, 1970, in Volume 48
of official records, pages 627 through 631,
inclusive, records of Skagit County,
Washington.

Situate in the County of Skagit, State of
Washington.

6. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
MARGARET CARPENTER ARNETT 673 Muckleshoot Circle La Conner, WA 98257	Spouse	Legal
ANDREW DEAN CARPENTER 619 Iolani Ave Honolulu, HI 96813	Son	Legal
JENNIFER SUSAN KOEHLER 9160 Kendall Road Sumas, WA 98295	Daughter	Legal
GEOFFREY PAUL CARPENTER c/o Margaret Carpenter Arnett 673 Muckleshoot Circle La Conner, WA 98257	Son	Legal
COLIN DAVID CARPENTER 11910 87th Ave. NE Kirkland, WA 98034	Son	Legal

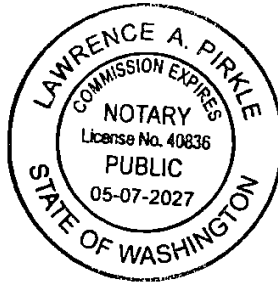
8. I, MARGARET CARPENTER ARNETT, affirm that I am the sole and rightful heir to the property legally described above.

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

DATED this 15th day of January, 2025.

Margaret Carpenter Arnett
MARGARET CARPENTER ARNETT

SIGNED AND SWORN to before me this 15th day of January, 2025.



LAWRENCE A. PIRKLE

[Signature]
NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My Commission Expires: 5/7/27

AGREEMENT REGARDING STATUS OF PROPERTY

This instrument evidences the agreement entered into on June 30, 1992, between Barrie Arnett and Margaret N. L. Carpenter Arnett.

A. RECITALS. The parties are husband and wife and residents of the State of Washington. They desire to enter into an agreement as to the status of their property.

B. STATUS OF PROPERTY. All property of whatever nature or description, whether real, personal or mixed, community or separate, and wherever located, now owned or hereafter acquired by the parties or either of them, shall be considered and hereby is declared to be community property.

C. DISPOSITION OF PROPERTY. Upon the death of one of the parties survived by the other party, all interest of the deceased party in the then existing (community) property of the parties shall become the sole property of the surviving party.

D. INDEPENDENT COUNSEL. Each party recognizes that he or she has a right to be represented by independent counsel in arriving at this agreement. Each party hereby waives said right

and states that each has had an adequate, fair and full disclosure of all assets now owned and the value of each.

E. **TERMINATION.** This agreement may be terminated by written mutual agreement of the parties. This agreement shall be deemed mutually terminated and of no further force or effect upon the occurrence of one or more of the following events:

(a) Upon the parties moving their domicile to another state.

(b) Upon both parties suffering death simultaneously or under circumstances where it is difficult to determine that they died other than simultaneously.

(c) Upon a court of competent jurisdiction adjudging one or the other party incompetent or insane.

(d) Upon: (1) Commencement of legal proceeding by either party to obtain a decree of dissolution of their marriage, a decree of legal separation or a decree declaring their marriage invalid where one of the parties dies survived by the other before dismissal or abandonment of such proceedings; or (2) Entry of a decree of dissolution or legal separation or a decree declaring their marriage invalid.

F. **REVOCATION OF CONTRARY PROVISIONS.** The provisions of any agreement regarding the status of property or community property agreement or any other arrangement made previously by the parties

or either of them affecting the property described in this agreement are hereby revoked to the extent of any inconsistency with this agreement.

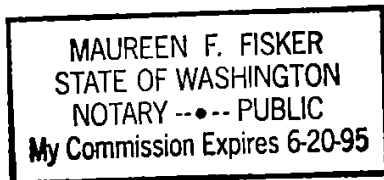
Barrie Arnett
Barrie Arnett

Margaret N. L. Carpenter Arnett
Margaret N. L. Carpenter Arnett

STATE OF WASHINGTON)
) ss
COUNTY OF KING)

On this 30th day of June, 1992, personally appeared before me Barrie Arnett and Margaret N. L. Carpenter Arnett, to me known to be the individuals who executed the foregoing document consisting of three pages, of which this is the last and acknowledged that they signed said document as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 30th day of June, 1992.



Maureen F. Fisker
NOTARY PUBLIC in and for the State
of Washington, residing at Spokane
My commission expires 6/20/95

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-036349

DATE ISSUED: 08/25/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): BARRIE CLEMENT WOOTEN
LAST NAME(S): ARNETTCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 21, 2017
HOUR OF DEATH: 11:50 PM
SEX: MALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WAMARITAL STATUS: MARRIED
SPOUSE: MARGARET TARRANTOCCUPATION: MARINE SURVEYOR
INDUSTRY: MARINE SURVEYING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YESINFORMANT: MARGARET CARPENTER ARNETT
RELATIONSHIP: WIFE
ADDRESS: 673 MUCKLESHOOT CIRCLE, LACONNER, WA 98257CAUSE OF DEATH:
A: COMPLICATIONS OF MYELOFIBROSIS
INTERVAL: YEARS
B: AGNOGENIC MYELOID DYSPLASIA
INTERVAL: 8 YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: UNKNOWN
PLACE OF INJURY:

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 673 MUCKLESHOOT CIRCLE
CITY, STATE, ZIP: LACONNER, WASHINGTON 98257RESIDENCE STREET: 673 MUCKLESHOOT CIRCLE
CITY, STATE, ZIP: LACONNER, WASHINGTON 98257
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: SWINOMISH
LENGTH OF TIME AT RESIDENCE: 14 YEARSFATHER/PARENT: NEIL WOOTEN ARNETT
MOTHER/PARENT: JOAN [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 23, 2017FUNERAL FACILITY: WHIDBEY MEMORIAL FUNERAL & CREMATION
SERVICE INC
ADDRESS: 746 NE MIDWAY BLVD
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277
FUNERAL DIRECTOR: PAUL E. KUZINAMANNER 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: NO RESPONSECERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: AUGUST 22, 2017CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: AUGUST 23, 2017



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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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:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	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:			

Telephone Number:	Email Address:
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Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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.
- Documentary proof must be five or more years old or established within five years of birth.

<p>Child under 18</p> <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, 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 documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required 	<p>Adult (18 years or older)</p> <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 documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof is required
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*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

AUG 25 2017

J. Brad Thomas, M.D., Health Officer
Island County Health Dept.



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