



202501290184

01/29/2025 01:25 PM Pages: 1 of 4 Fees: \$306.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2025 0235  
JAN 29 2025

Amount Paid \$ 0  
By Skagit Co. Treasurer  
Deputy

Document Title:  
COMMUNITY PROPERTY AGREEMENT

Reference Number :

Grantor(s):  additional grantor names on page \_\_\_\_.

1. LYNDA J MCDUGLE SURVIVING SPOUSE OF DONALD BRUCE MCDUGLE, DECEASED
- 2.

Grantee(s):  additional grantee names on page \_\_\_\_.

1. LYNDA J MCDUGLE
- 2.

Abbreviated legal description:  full legal on page(s) \_\_\_\_.

LOTS 9 & 10, BLK 92, MAP OF THE CITY OF ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGES 4 THROUGH 7, RECORDS OF SKAGIT COUNTY, WASHINGTON

Assessor Parcel / Tax ID Number:  additional tax parcel number(s) on page \_\_\_\_.

P55559

UNOFFICIAL DOCUMENT

AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY

After Death of One of the Spouses

KNOW ALL MEN BY THESE PRESENTS:

That this agreement, made and entered into this 1st day of August, 1980, by and between BRUCE MC DUGLE and LYNDA MC DUGLE, husband and wife, of Anacortes, Skagit County, Washington,

WITNESSETH: That whereas the said parties are owners of certain property, all of which, regardless of method of acquisition or source, they hereby declare to be community property, constituting all of the property now owned by said parties, and said parties are desirous that said property, together with all other property of whatsoever nature, either real or personal, which may be hereafter acquired or received by either or both of them, whether by gift, inheritance, purchase, or otherwise, shall be deemed to be community property, and in the event either party now owns or hereafter acquires any property which might otherwise be the separate property of that party, said party herewith conveys and quit claims to the other party a community interest in said property, so that the same will be community property, and that the same shall pass without delays or undue expense upon the death of either to the survivor.

NOW, THEREFORE, for and in consideration of the sum of ONE DOLLAR (\$1.00), the receipt of which is hereby acknowledged by each party here to, and also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of Bruce McDugle while said Lynda McDugle survives, then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said Lynda McDugle in fee simple; and in the event of the death of the said Lynda McDugle while the said Bruce McDugle survives, then the whole of said community property now owned together with all other community property, real and personal, that may hereafter be acquired shall at once vest in said Bruce McDugle in fee simple; and each party conveys and quit claims to the surviving party all said community property and all other property which were it not for this agreement might be the separate estate of the conveying party, in compliance herewith.

IN WITNESS WHEREOF, the said BRUCE MC DUGLE and LYNDA MC DUGLE have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered )  
in the Presence of: )

Barbara B Wells ) D. Bruce McDugle (SEAL)  
W. V. Wells ) Lynda J. McDugle (SEAL)

STATE OF WASHINGTON )  
:SS  
COUNTY OF SKAGIT )

THIS IS TO CERTIFY that on this 1st day of August, 1980, before me, W. V. Wells, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally came BRUCE MC DUGLE and LYNDA MC DUGLE, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal the day and year in this certificate first above written.

W. V. Wells  
Notary Public in and for the State of  
Washington, residing at Anacortes

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 975-10 Washington State Certificate of Death State File Number

1. Legal Name (Include initials if any) - First Middle LAST Suffix  
Donald Bruce McDugle 2. Death Date  
Nov 20, 2010

3. Sex (M/F) M 4a. Age - Last Birthday 64 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. Social Security Number [REDACTED] 6. County of Death  
Skagit

7. Birthdate [REDACTED] 8a. Birthplace (City, Town, or County) Anacortes Washington 8b. (State or Foreign Country) Washington 8. Decedent's Education  
Some college credit, no degree

9. Decedent's Hispanic Origin? (Yes or No) If yes, specify. No 11. Decedent's Race(s) Caucasian 12. Was Decedent ever in U.S. Armed Forces? Yes

13a. Residence: Number and Street (e.g., 624 SE 5<sup>th</sup> St.) (Include Apt. No.) 1319 - 15th Street 13b. City or Town: Anacortes

13c. Residence: County Skagit 13d. Tribal Reservation Name (if applicable) Washington 13e. State or Foreign Country Washington 13f. Zip Code + 4 98221 13g. Inside City Limits?  Yes  No  Unk

14. Estimated length of time at residence. 30 Years 15. Marital Status at Time of Death Married 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)  
Lynda Jeanette Benwell

17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED)) Builder 18. Kind of Business/Industry (Do not use Company Name)  
Boating Industry

19. Father's Name (First, Middle, Last, Suffix) Donald Harold McDugle 20. Mother's Name Before First Marriage (First, Middle, Last)  
Marjorie [REDACTED]

21. Informant's Name Lynda Jeanette McDugle 22. Relationship to Decedent Wife 23. Mailing Address: Number Street City or Town State Zip  
1319 - 15th Street Anacortes WA 98221

24. Place of Death, if Death Occurred in a Hospital: ER/Outpatient Place of Death, if Death Occurred Somewhere Other than a Hospital:

25. Facility Name (if not a facility, give number & street or location) Island Hospital 26a. City, Town, or Location of Death Anacortes 26b. State WA 27. Zip Code 98221

28. Method of Disposition Cremation 29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory 30. Location-City/Town, and State  
Anacortes, Washington

31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221 32. Date of Disposition  
November 22, 2010

33. Funeral Director Signature Leanne Shellon

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute MI Interval between Onset & Death 3 hrs

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Ruptured A's Donald Anomaly Interval between Onset & Death 3 hrs

c. [REDACTED] Interval between Onset & Death

d. [REDACTED] Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy?  Yes  No 37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death  Natural  Homicide  Accident  Undetermined  Suicide  Pending 39. If female  Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  Unknown if pregnant within the past year

40. Did tobacco use contribute to death?  Yes  Probably  No  Unknown

41. Date of Injury (mm/dd/yyyy) 11-19-2010 42. Hour of Injury (24hrs) 9 pm 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Home 44. Injury at Work?  Yes  No  Unk

45. Location of Injury: Number & Street City or Town State Zip Code + 4

46. Describe how injury occurred Ruptured Aneurysm of Aorta. Full arrest on arrival of ER 3 hours 47. If transportation injury, specify:  Driver/Operator  Pedestrian  Passenger  Other (Specify)

48a. Certifying Physician - (To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.) Kristine E. Schmaltz 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Kristine E. Schmaltz, MD 1213-24th St., Suite 700 Anacortes, WA 98221 50. Hour of Death (24hrs) 0042

51. Name and Title of Attending Physician if other than Certifier (Type or Print) Kristine E. Schmaltz 52. Date Signed (mm/dd/yyyy) Nov 22, 2010

53. Title of Certifier Dr. 54. License Number MD00026417 55. ME/Coroner File Number NJA #564 56. Was case referred to ME/Coroner?  Yes  No

57. Registrar Signature Carrie Anderson Deputy 58. Date Received (mm/dd/yyyy) NOV 22 2010

59. Amendments





### Affidavit for Correction

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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Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) Telephone Number:

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

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.  
**All changes must be established by documentary proof submitted with the affidavit**  
 Examples of documentary proof: Certificate of Naturalization, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, Passport, School Transcripts, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back).  
 We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

**Birth Certificates:**

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution (Divorce) Certificates:**

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a 6/11/10

# \*CERTIFIED\*

NOV 29 2010

Skagit County Health Department  
Howard Leibrand M.D., Health Officer

UU00006861