



202503210054

03/21/2025 03:39 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025-0806

MAR 21 2025

Amount Paid \$ 0

Skagit Co. Treasurer

By CC Deputy

Recorded by and return to:

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

Legal: BUCHANAN'S AC E1/2 VAC ALLEY ADJ & LESS S 110FT LT 3

Tax Parcel # P62242 / 3866-000-003-0004

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Loretta M. Boston, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of William L. Boston, who died at County of Skagit, State of Washington, on January 13, 2025, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated May 3, 1989, which agreement has been recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit, 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 was the following described real estate:

Address: 13115 Beaver Lake Road, Mount Vernon, WA 98273
Parcel ID: P62242
Xref ID: 3866-000-003-0004

Tract 3, "Buchanan Acreage Plat 1" As Per Plat Recorded in Volume 4 of Plats, Page 6, Records of Skagit County, Washington; Except the South 110 Feet thereof Conveyed to Donald Ringhouse, Et Ux, by Deed Recorded August 28, 1963, Under Auditor's File No. 640138, Records of Skagit County Washington. Together with the East 1/2 of the Vacated Alley Adjacent thereto which reverted to said Property by Operation of Law. 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.

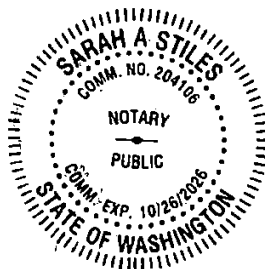
DATE: March 13, 2025

Loretta M Boston
Loretta M. Boston

State of Washington) ss.
County of Skagit)

On this day personally appeared before me Loretta M. Boston, 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 March 13, 2025.



Sedra Woolley
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedra Woolley
Commission Expires: 10-26-26

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT made and entered into this 3rd day of May, 1989, by and between WILLIAM L. BOSTON and LORETTA M. BOSTON, husband and wife, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for fixing of the status and disposition of community property to take effect upon the death of either...

W I T N E S S E T H :

That, in consideration of the love and affection that each of the parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all property of whatsoever nature and description whether real, personal or mixed, and wheresoever situated now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceeding paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said WILLIAM L. BOSTON and LORETTA M. BOSTON, husband and wife, have hereunto set their hands and seals this 3rd day of May, 1989.

William L. Boston
WILLIAM L. BOSTON

Loretta M. Boston
LORETTA M. BOSTON

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

This certifies that on the 3rd day of May, 1989, personally appeared before me WILLIAM L. BOSTON and LORETTA M. BOSTON, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument and acknowledged the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

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

Ernest A. Allen
NOTARY PUBLIC in and for the
State of Washington, residing
at Acacia Way
Commission expires 9-1-89

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2025-001399

DATE ISSUED: 01/15/2025
FEE NUMBER:FIRST AND MIDDLE NAME(S): WILLIAM LEROY
LAST NAME(S): BOSTONCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 13, 2025
HOUR OF DEATH: 01:00 PM
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: LORETTA MAY CLARKOCCUPATION: SAW MILL WORKER
INDUSTRY: LOGGING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YESINFORMANT: LORETTA BOSTON
RELATIONSHIP: WIFE
ADDRESS: P.O. BOX 117, CLEAR LAKE, WA 98235CAUSE OF DEATH:
A: PROSTATE CANCER
INTERVAL: 22 YEARSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: ANEMIA, LEFT PATHOLOGICAL
HUMERUS FRACTURE WITH REPAIR, CLOSTRIDIUM DIFFICILE COLITIS,
HYDRONEPHROSIS, METASTASES TO LIVER, KIDNEY, AND BONE.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: 13115 BEAVER LAKE ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273RESIDENCE STREET: 13115 BEAVER LAKE ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 41 YEARSFATHER: CHARLES LEONARD BOSTON
MOTHER: PHYLLIS [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 16, 2025

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTERMANNER 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 APPLICABLECERTIFIER NAME: ERIKA POPE, DO
TITLE: DO
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JANUARY 14, 2025CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NJA
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: JANUARY 15, 2025

Affidavit for Correction

03/21/2025 03:39 PM
 Washington State Department of 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 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: |
| First | Middle | Last | MM/DD/YYYY | (City or County) |
| 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) | | | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) | |
| First | Middle | Last/Maiden | 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: | Printed name: |
| Date: | 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:

- 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

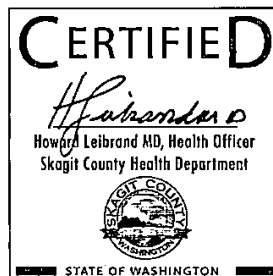
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



0 7 1 8 3 6 2 2