



**202503260065**

03/26/2025 01:54 PM Pages: 1 of 6 Fees: \$308.50  
Skagit County Auditor

When recorded return to:

Craig Sjostrom  
1204 Cleveland Ave.  
Mount Vernon, Washington 98273

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20250849  
MAR 26 2025

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

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### *Community Property Agreement*

**Grantor:** Howard James Wise

**Grantee:** Marcia Tody Wise

**Legal Description:** Lot 39, Montreaux Phase 1

**Assessor's Property Tax Parcel or Account No.:** P126432

**Reference Nos of Documents Assigned or Released:** N/A

## AFTER RECORDING RETURN TO:

Kristina C. Udall, Esq.  
Williams, Kastner & Gibbs, PLLC  
P.O. Box 21926  
Seattle WA 98111-3926

**COMMUNITY PROPERTY AGREEMENT**

**Grantors:** HOWARD JAMES WISE  
MARCIA TOBY WISE

**Grantees:** HOWARD JAMES WISE  
MARCIA TOBY WISE

**Legal Description:** Not applicable

**Tax Parcel No.:** Not applicable

**Reference No. Of  
Corresponding Document:** Not applicable

THIS AGREEMENT is entered into on this 17<sup>th</sup> day of Feb,

2003, between HOWARD JAMES WISE ("husband") and MARCIA TOBY WISE ("wife"),  
husband and wife, now residing and domiciled in Snohomish County, Washington.

In consideration of the love and affection, that each of the parties has for the other and in consideration of their mutual covenants herein, the parties each agrees as follows:

1. All property presently owned by either husband or wife (including each party's separate property) is now their community property, regardless of the manner in which title to the property is held.
2. All property acquired after the date of this Agreement by either husband or wife will be their community property when acquired, regardless of the manner in which title to the property is held.
3. Upon the death of either husband or wife, all community property, as defined in the preceding paragraphs, shall immediately vest in the survivor of them pursuant to RCW 26.16.120.
4. This Agreement will apply to both real estate and personal property, whether located in the State of Washington or elsewhere, to the extent permitted by law.
5. This Agreement may be amended or revoked only by a written agreement signed by both husband and wife or by a decree of legal separation, dissolution or divorce.
6. This Agreement will be automatically revoked by a decree of legal separation, dissolution or divorce, unless otherwise provided in such decree. This Agreement will not control the division of property in any such proceeding.
7. All prior community property agreements or similar agreements entered into by husband and wife are hereby revoked.

Howard James Wise  
HOWARD JAMES WISE

Marcia Toby Wise  
MARCIA TOBY WISE

STATE OF WASHINGTON )  
COUNTY OF ~~KING~~ SNOHOMISH ) SS.

I certify that I know or have satisfactory evidence that HOWARD JAMES WISE and MARCIA TOBY WISE, husband and wife, signed the foregoing Community Property Agreement as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 17 day of Feb., 2003.



*Cheryl Woollett*  
Cheryl J. Woollett  
(print notary's name)

Notary Public in and for the State of Washington,  
residing at Lynnwood  
My commission expires: 3/29/05

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-068578

DATE ISSUED: 02/04/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): HOWARD JAMES

LAST NAME(S): WISE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 31, 2021

HOUR OF DEATH: 11:50 PM

SEX: MALE

AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: RENTON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARCIA YONKOVITZ

OCCUPATION: ESTIMATOR/PROJECT MANAGER

INDUSTRY: CONSTRUCTION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: MARCIA WISE

RELATIONSHIP: SPOUSE

ADDRESS: 506 BRITTANY ST, MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: RIGHT LUNG SQUAMOUS CELL CARCINOMA

INTERVAL: 2 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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: 506 BRITTANY ST

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 506 BRITTANY ST

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: WILLIAM L WISE

MOTHER: EDITH C [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: ABBEY VIEW MEMORIAL PARK

CITY, STATE: BRIER, WASHINGTON

DISPOSITION DATE: JANUARY 13, 2022

FUNERAL FACILITY: EVERGREEN WASHELLI FUNERAL HOME

ADDRESS: 11111 AURORA AVE N

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98133

FUNERAL DIRECTOR: RACHAEL A. WALTERS

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: FEBRUARY 02, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: FEBRUARY 03, 2022

**Affidavit for Correction**

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 Marriage 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
<b>Required Information must match current information on record</b>				
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
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:				
PO Box or Street Address				
Telephone Number:		Email Address:		
( )				
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
The record currently shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>				
14a. Signature:		14b. Signature of 2 <sup>nd</sup> parent (if required):		
Printed name:		Printed name:		Date:
Date:		Date:		
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
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"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>				
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>				
<b>Birth Certificates</b>				
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. <b>The proof(s) must match the asserted fact(s).</b> 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).				
<b>Child under 18</b>				
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>				
<b>Adult (18 years or older)</b>				
<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>				
*To change any part of the name of a child using this form, <b>signatures from both parents listed on the certificate are required.</b> If one parent is deceased, submit a death certificate with request.				
<b>Death Certificates</b>				
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.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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.

**\*CERTIFIED\***

FEB 04 2022

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



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