



202505010029

05/01/2025 09:29 AM Pages: 1 of 7 Fees: \$613.00
Skagit County Auditor

After recording please return to:
The Law Office of Justin Rothboeck
1008 5th Street
Anacortes, Washington 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 1266
APR 29 2025

Amount Paid \$ 0
Skagit Co. Treasurer
By *GT* Deputy

**COVERSHEET FOR COMMUNITY PROPERTY AGREEMENT AND
AFFIDAVIT OF COMMUNITY PROPERTY**

GRANTOR: Gary O. A. Molyneaux, as surviving spouse per the
Community Property Agreement.

GRANTEE: Gary O. A. Molyneaux, a single man.

Abbreviated
Legal: Lot 3, City of Anacortes Short Plat No. SPL-2015-0006, rec.
July 6, 2017, aud. file no. 201707060062, a portion of NW 1/4
of SE 1/4 of Sec. 25, township 35 N, Range 1 E., W.M.

Parcel Number: P133759

XRefID: 350125-0-075-0010

COMMUNITY PROPERTY AGREEMENT

FOR GARY O.A. MOLYNEAUX AND MARY ELLEN MOLYNEAUX

This agreement is made and entered into this 21st day of April 2022, by and between Gary O.A. Molyneaux and Mary Ellen Molyneaux, husband and wife, of Skagit County, in the State of Washington, pursuant to RCW 26.16.120, permitting such agreements between a husband and wife regarding the status and disposition of community property to take effect upon the death of either;

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

That upon the death of either of us, title to all community and separate property of whatsoever nature or description whether real, personal or mixed and wheresoever situated, at the time of the death of either of us, owned by both of us or either of us, shall immediately transfer as community property to the survivor and vest in fee simple in the survivor.

Immediately upon the filing of a Petition for Dissolution by either party, or upon the entry of a valid Decree of Dissolution, whichever occurs first, this Agreement shall cease to have any force or effect and shall be fully rescinded without further action from the parties.

This directive shall not be interpreted to disallow or prevent the surviving spouse from disclaiming any interest in property that would otherwise pass hereunder.

IN WITNESS WHEREOF, we, Gary O.A. Molyneaux, and Mary Ellen Molyneaux, have hereunto set our hands this 21st day of April 2022.

Gary O.A. Molyneaux
Gary O.A. Molyneaux

Mary E Molyneaux
Mary Ellen Molyneaux

Witness 1:

Signature

Print Name

Stephane Tauxe

Stephane Tauxe

Witness 2:

Signature

Print Name

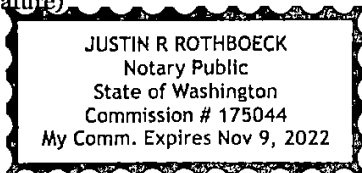
Sarah Christensen

Sarah Christensen

STATE OF WASHINGTON)
)SS
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that on this 21st day of April 2022, Gary O.A. Molyneaux and Mary Ellen Molyneaux both appeared before me and each acknowledged that they signed this instrument, and each acknowledged it to be his and her free and voluntary act for the uses and purposes mentioned in the instrument.

Justin R Rothboeck
(Signature)



Justin Rothboeck
Notary Public in and for the State of Washington
Residing at Anacortes, Washington
My appointment expires November 9, 2022

After recording please return to:
The Law office of Justin Rothboeck
1008 5th Street
Anacortes, Washington 98221

**AFFIDAVIT REGARDING
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

Gary O.A. Molyneaux, being first duly sworn, upon oath, declares as follows:


1. On April 21, 2022, my wife Mary Ellen Molyneaux and I executed a valid written Community Property Agreement (“the CPA” herein) which was never revoked or otherwise invalidated. A true and correct copy of the CPA is attached to this Affidavit as **Exhibit A**. When my wife passed away we were both residents of Skagit County, Washington.
2. In executing the CPA, my wife and I agreed that upon the death of either of us, all our property, of whatsoever nature and wheresoever situated, and whether separate property or community property, would immediately and completely vest in the survivor.
3. On December 31, 2024, Mary Ellen Molyneaux passed away. A true and correct copy of her certificate of death is attached to this Affidavit as **Exhibit B**.
4. I make and record this Affidavit so that any individual who may be charged with the transfer of title or possession of any property, real or personal, owned by our marital community or with title in the name of Mary Ellen Molyneaux individually, can rely on this Affidavit and its attachments to transfer title or possession of that property to me. Per our agreement, all property owned by both of us and either of us passed to me.

5. No proceeding has begun or is anticipated to begin to admit Mary Ellen Molyneaux's Will to probate, to appoint a personal representative over her estate, to Administer her Estate, to file a small estate affidavit or to distribute or manage her estate in any manner other than pursuant to the terms of our CPA. However, her Will is going to be filed with the Skagit County Superior Court pursuant to RCW 11.20.010.
6. All of Mary Ellen Molyneaux's valid debts and expenses, including the expenses of her last illness, funeral and burial, either have been paid or will be duly paid, without waiving any defense to an improper claim and without forfeiting any rights to claims chargeable against only her estate or her share of the community property. Mary Ellen Molyneaux's estate is not subject to federal estate tax or Washington State estate tax.
7. This Affidavit is intended generally to effectuate the transfer of any and all property, of whatsoever nature and wheresoever situated, from Mary Ellen Molyneaux's estate to me alone. However, I specifically intend to use this affidavit to transfer ownership of our marital home and property to me alone. This property is identified by Skagit County Parcel number P133759 and commonly known as 3804 Deskin Court, Anacortes, Washington 98221 and which is legally described as follows:

Lot 3, City of Anacortes Short Plat No. SPL-2015-0006, approved June 27, 2017 and recorded July 6, 2017, under Auditor's File No. 201707060062, records of Skagit County, Washington, being a portion of the Northwest 1/4 of the Southeast 1/4 of Section 25, Township 35 North, Range 1 East, W.M.


Situate in the City of Anacortes, County of Skagit, State of Washington.

Dated this 27 day of March 2025.



 Gary O.A. Molyneaux

SUBSCRIBED AND SWORN TO before me on this 27th day of March 2025 by Gary O.A. Molyneaux.



 Justin Rothboeck
 Notary Public in and for the State of Washington
 Residing at Anacortes, Washington.
 My appointment expires September 9, 2026.

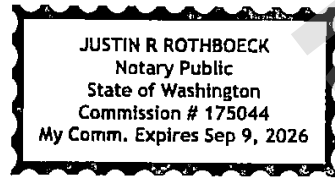


EXHIBIT A

COMMUNITY PROPERTY AGREEMENT

FOR GARY O.A. MOLYNEAUX AND MARY ELLEN MOLYNEAUX

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IN WITNESS WHEREOF, we, Gary O.A. Molyneaux, and Mary Ellen Molyneaux, have hereunto set our hands this 21st day of April 2022.

[Signature]
Gary O.A. Molyneaux

[Signature]
Mary Ellen Molyneaux

Witness 1:

Signature

Print Name

[Signature]

Stephane Tauxe

Witness 2:

Signature

Print Name

[Signature]

Sarah Christensen

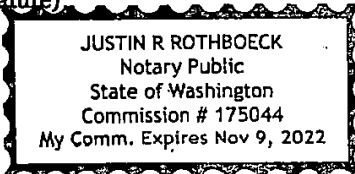
STATE OF WASHINGTON)

)SS

COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that on this 21st day of April 2022, Gary O.A. Molyneaux and Mary Ellen Molyneaux both appeared before me and each acknowledged that they signed this instrument, and each acknowledged it to be his and her free and voluntary act for the uses and purposes mentioned in the instrument.

(Signature)



Justin Rothboeck
Notary Public in and for the State of Washington
Residing at Anacortes, Washington
My appointment expires November 9, 2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



EXHIBIT B

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-064445

DATE ISSUED: 01/06/2025
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): MARY ELLEN
LAST NAME(S): MOLYNEAUX

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 31, 2024
HOUR OF DEATH: 03:28 PM
SEX: FEMALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 3804 DESKIN COURT
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 3804 DESKIN COURT
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: KANSAS CITY, KS

FATHER: JOHN JACKSON CORDER
MOTHER: MARY [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: GARY O. A. MOLYNEAUX

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: PROFESSIONAL ARTIST
INDUSTRY: ARTS & ENTERTAINMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JANUARY 07, 2025

INFORMANT: GARY O. A. MOLYNEAUX
RELATIONSHIP: SPOUSE
ADDRESS: 3804 DESKIN COURT ANACORTES, WA 98221

FUNERAL FACILITY: NEPTUNE SOCIETY - BELLINGHAM
ADDRESS: 118 WEST STUART RD
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
FUNERAL DIRECTOR: LORI B. BANES

CAUSE OF DEATH:
A: ADULT FAILURE TO THRIVE AND DEBILITY
INTERVAL: MONTHS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JANUARY 02, 2025

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: JANUARY 03, 2025



Affidavit for Correction

05/01/2025 09:29 AM Page 1 of 1
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
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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: 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 forgoing 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:

- 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).

Child under 18	Adult (18 years or older)
<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. 	<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

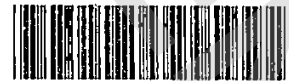
1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the 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.

AJH



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