202505050046
05/05/2025 01:44 PM Pages: 1 of 7 Fees: $309.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2025 1340
MAY 05 2025
Amount Paid $ -0-
Skagit Co. Treasurer
By LT Deputy

AFTER RECORDING RETURN TO
PAUL S. MCCONNELL
1636 THIRD STREET
MARYSVILLE, WA 98270

AFFIDAVIT RE: AGREEMENT AS TO STATUS OF PROPERTY
RCW 11.02.120, 30A.22.190

STATE OF WASHINGTON)
)ss
COUNTY OF SKAGIT)

I, MICHAEL G. SEA, being first duly sworn, on oath, do hereby depose and say:

1. I am the surviving spouse of PATRICIA L. SEA who died on October 17, 2020, in Skagit County, Washington. The decedent and I provided for the disposition of all our community property under that certain Community Property Agreement dated June 4, 2001, the original of which is attached hereto as Exhibit A.

2. There are no unpaid creditors of the decedent or of our former marital community which have not been provided for, nor are there unpaid funeral expenses or expenses of last illness.

3. Under the terms of the Community Property Agreement, title to all property of the community vests immediately in the survivor upon the death of either party to the Agreement. Among other items of community property controlled by the Agreement was the following:

1. Real Estate Tax Parcel #: P104317

Address: 1216 Alpine View Drive, Mount Vernon, WA 98274

Legally described as: Lot 50, plat of Eaglemont phase 1A, as per plat recorded in Volume 15 of Plats, pages 130 through 146, inclusive, records of Skagit County, Washington.

4. No inheritance or estate taxes, whether state or federal, are due either the State of Washington or the United States.

5. The parties to the Community Property Agreement referred to herein entered into no subsequent wills or agreements, which would have the effect of abrogating or nullifying the above-mentioned Agreement as to Status of Property, nor have any proceedings been instituted to contest, cancel or set aside the Agreement.

6. It is intended that the statements set forth herein shall be considered representations of fact, which may be relied upon by all parties including parties dealing with the real estate described herein.

Dated this 29 day of April, 2025.

Michael G. Sea

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

This certifies that on this 29 day of April, 2025, personally appeared before me, Kenneth G. Trowbridge, to me known to be the individual who executed the foregoing instrument and acknowledged the same as his/her 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.

REGINA L ZUMWALT 20118528 NOTARY PUBLIC COMMISSION EXPIRES 10-27-24 STATE OF WASHINGTON

Regina L. Zumwalt
Notary Public in and for the State of Washington, residing at: Marysville
My Commission expires: 10-27-2024

COMMUNITY PROPERTY AGREEMENT

This Agreement, made and entered into between MICHAEL G. SEA and PATRICIA L. SEA, husband and wife, residents of Snohomish County, Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife and fixing the status and disposition of community property then owned by them or afterward to be acquired to take effect upon the death of either;

WITNESSETH:

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, it is hereby agreed:

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

2. That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them. Either party hereto shall have the power during his or her lifetime to unilaterally revoke or disclaim all or any part of any property passing to said party under this provision, and the disclaimed interest shall pass under the terms and conditions of any validly executed will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the laws of the State of Washington then in effect.

3. That upon the marriage of the parties becoming defunct or the filing of a petition for dissolution of the marriage by either party, this Community Property Agreement shall be automatically rescinded.

4. If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of their person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have

adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of the paragraph.

5. Nothing contained herein shall restrict or restrain the right of either party, acting with the consent of the other, to make a separate beneficiary designation, other than by will, as to any asset for which such designation is available, now or hereafter, and such property shall not be subject to this agreement and shall pass according to the terms of such designation.

6. As used herein, the terms "survivor", "survive" or "survivorship" shall mean living for a period of thirty (30) days following the death of the first to die of the parties hereto.

IN WITNESS WHEREOF, the parties have hereunto set their hands this 4 day of June, 2001.

Michael G. Sea
MICHAEL G. SEA

Patricia L. Sea
PATRICIA L. SEA

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

This certifies that on this 4th day of June, 2001, personally appeared before me MICHAEL G. SEA and PATRICIA L. SEA, husband and wife, to me known to be the individuals 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.

Patricia J McConnell
Printed Name: Patricia J. McConnell
Notary Public in and for the State of Washington residing at: Arlington, WA
My commission expires: 10-21-03

202505050046

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2020-048691

DATE ISSUED: 10/22/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PATRICIA LOUISE
LAST NAME(S): SEA

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 17, 2020
HOUR OF DEATH: 05:00 AM
SEX: FEMALE AGE: 70 YEARS
SOCIAL SECURITY NUMBE [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: MUNICH GERMANY

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MICHAEL G SEA

OCCUPATION: SECRETARY
INDUSTRY: PUBLIC SCHOOLS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: MICHAEL G SEA
RELATIONSHIP: HUSBAND
ADDRESS: 1216 ALPINE VIEW DR., MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: COMPLICATIONS OF PELVIC FRACTURE
INTERVAL: 2 1/2 MONTHS
B: OSTEOPOROSIS OF UNCERTAIN TYPE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LONGSTANDING HEMIPLEGIA WITH POOR BALANCE, DYSPHAGIA WITH ASPIRATION, HISTORY OF RENAL AND THYROID CANCER WHICH INCLUDE BONY METASTASES WITHOUT KNOWN RECURRENCE

DATE OF INJURY: AUGUST 03, 2020
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S HOME

LOCATION OF INJURY: 1216 ALPINE VIEW DRIVE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1216 ALPINE VIEW DR.
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1216 ALPINE VIEW DR.
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: FRANKLIN RADLIFF
MOTHER: BESSIE [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: OCTOBER 23, 2020

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: DAVID LUKOV

MANNER OF DEATH: ACCIDENT
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 RESPONSE

CERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: OCTOBER 21, 2020

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 201021-376
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: OCTOBER 22, 2020

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

202505050046

Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

05/05/2025 01:44 PM Page 1 of 7

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

Required information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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 Person on Record: ☐ Self ☐ Parent(s) ☐ Guardian ☐ Funeral Director ☐ Informant ☐ Other (specify) ☐ Hospital	

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 2nd 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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Copy of Passport / Enhanced ID
- Social Security Numident Report
- 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

- 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.

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

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.

THE SEAL OF THE STATE OF WASHINGTON 1889

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

CERTIFIED

OCT 2 2 2020

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

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