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05/06/2025 10:49 AM Pages: 1 of 5 Fees: \$307.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2025 1357  
MAY 06 2025

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

Document Title:

COMMUNITY PROPERTY AGREEMENT

Reference Number :

Grantor(s):

☐ additional grantor names on page \_\_\_\_

1. ROSS ALAN MONCRIEF

2.

Grantee(s):

☐ additional grantee names on page \_\_\_\_

1. ELIZABETH S MONCRIEF

2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_

PORTION OF LOT 6, KABALO HEIGHTS, RECORDED UNDER AF#200005250077

PORTION LOT 6, KABALO HEIGHTS, RECORDED UNDER AF#200005250077

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page \_\_\_\_

116814

116815

COMMUNITY PROPERTY AGREEMENT  
OF  
ROSS A. MONCRIEF AND ELIZABETH S. MONCRIEF

THIS AGREEMENT, is made on the date set forth below, between **Ross A. Moncrief** and **Elizabeth S. Moncrief**, Husband and Wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

1. Property Covered. This agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both or may have been registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is regarded to in this Agreement as the "subject property."

2. Vesting at Death. On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

3. Disclaimer. Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed 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 statutes of the State of Washington then in effect.

4. Automatic Revocation. In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

*Ram*

5. Optional Revocation by One Party. 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 the 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 this paragraph.

6. Survivorship. As used herein, the term "survivor", "survive", or "survivorship" shall mean living for a period of thirty days following the death of the first of the aforementioned parties to die.

DATED this 8 day of October, 2015.

Ross A. Moncrief  
Ross A. Moncrief

Elizabeth S. Moncrief  
Elizabeth S. Moncrief

STATE OF WASHINGTON )  
: ss.  
COUNTY OF SKAGIT )

This is to certify that on the date set forth below, before me, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally came **Ross A. Moncrief** and **Elizabeth S. Moncrief**, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Witness my hand and official seal this 8 day of October, 2015.

Robert W. Hayden  
Notary Public in and for the State of  
Washington residing at Sedro-Woolley  
My Commission Expires: 4.27.17  
Print Name Robert W. Hayden



# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-012746

DATE ISSUED: 03/13/2025

FEE NUMBER: 310325

FIRST AND MIDDLE NAME(S): ROSS ALAN  
LAST NAME(S): MONCRIEF

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 06, 2025

HOUR OF DEATH: 03:00 AM

SEX: MALE

AGE: 72 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: ABERDEEN, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ELIZABETH SHAW

OCCUPATION: FORESTER

INDUSTRY: TIMBER AND FIRE MANAGEMENT

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: ELIZABETH MONCRIEF

RELATIONSHIP: SPOUSE

ADDRESS: 11276 MICHAEL PLACE, BURLINGTON, WA 98233

CAUSE OF DEATH:

A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: 11276 MICHAEL PLACE

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 11276 MICHAEL PLACE

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER: RALPH WESLEY MONCRIEF

MOTHER: MAYBELLE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: AMERICAN CREMATION SERVICES

CITY, STATE: STANWOOD, WASHINGTON

DISPOSITION DATE: MARCH 18, 2025

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 8808 271ST ST NW

CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292

FUNERAL DIRECTOR: AMY H. BERMAN

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: NOT APPLICABLE

CERTIFIER NAME: LISSA ANDERSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: MARCH 07, 2025

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: MARCH 13, 2025

**Affidavit for Correction**

Mail to: Center for 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
<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: 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:

<b>The record currently shows:</b>	<b>The true fact is:</b>
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 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

- 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**

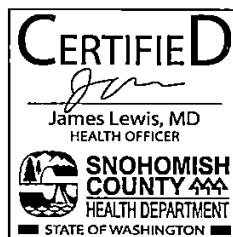
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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