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06/04/2025 11:49 AM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

After recording return to:

North City Law
Alexis C. Oles
913 Seventh Street
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 1719
JUN 04 2025

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

DOCUMENT TITLE: **AFFIDAVIT REGARDING COMMUNITY PROPERTY**

GRANTOR: **KAREN JOAN MOE; ARNOLD MOE, JR., deceased**

GRANTEE: **THE PUBLIC**

ASSESSOR'S PARCEL/TAX NUMBERS: P57956; 3804-010-016-0003

LEGAL DESCRIPTION: LOTS 14, 15 and 16, BLOCK 10, J.M. MOORE'S ADDITION TO ANACORTES, as per plat recorded on Volume 1 of Plats, page 32, records of Skagit County

AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

Karen Joan Moe, being first duly sworn, upon oath, deposes and says:

That I am the surviving spouse of Arnold Moe Jr. (the Decedent), who died September 25, 2015, at Seattle, King County, Washington. At that time, Decedent and I were both residents of Anacortes, Skagit County, Washington.

This Affidavit is for the purpose of supplying information pertaining to the Estate of Arnold Moe Jr. and it is intended that the statements set forth herein shall be considered representations of fact, which may be relied upon by all persons dealing with the real property described herein and with any other community property.

That at the time of the death of Arnold Moe Jr., there was in full force and effect, a Community Property Agreement, executed by myself, Karen Joan Moe and Arnold Moe Jr., on March 28, 1979. The original signed and notarized copy of that Agreement is attached hereto. The Agreement specifies that all property of myself, and my late husband, whenever acquired from any source and including all property to be acquired after the date of the Agreement shall be considered to be community property. The Agreement further provided that in the event of the death of either spouse, all community property, whether real or otherwise, would immediately vest in and become the sole property of the survivor spouse.

The Decedent also executed a Last Will and Testament, but no probate is planned, in view of this Community Property Affidavit.

That all expenses of the Decedent's last illness, funeral and costs of administration have been paid and I know of no unpaid creditors of the Decedent or of our former marital community.

That among the property that the Decedent and I held as community property was the following described real estate:

LOTS 14, 15 and 16, BLOCK 10, J.M. MOORE'S ADDITION TO ANACORTES, as per plat recorded on Volume 1 of Plats, page 32, records of Skagit County

The Decedent's estate is not subject to estate tax for the federal government or the State of Washington, as the surviving spouse is a citizen of the United States, with an unlimited marital deduction.

Dated this 21 day of May, 2025.

Karen Joan Moe
Karen Joan Moe, surviving spouse

SUBSCRIBED AND SWORN to before me this 21st day of May, 2025.



[Signature]
Alexis C. Oles
NOTARY PUBLIC in and for the State of
Washington, residing at Anacortes, Washington.
My commission Expires June 19, 2027.

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT made and entered into this 28th day of March, 1979, by and between ARNOLD MOE, JR. and KAREN JOAN MOE, husband and wife, of Anacortes, Washington, pursuant to the provisions of RCW26.16.120, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either,

WITNESSETH:

For and 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 as follows:

1. All property of whatsoever nature or description whether real, personal or mixed and wheresoever situated, now owned or hereafter acquired by the parties or either of them including any separate property shall be considered and is hereby declared to be community property, and each hereby conveys and quit claims to the other his or her interest in any separate property he or she may now or hereafter acquire, so as to convert the same to community property.

2. 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 the parties hereto.

3. This agreement may be unilaterally revoked by either party at the option of either party upon; (a) notice given in writing to the other party ten (10) days in advance of such revocation, or (b) incompetency of either party whether declared by a court of competent jurisdiction or not, upon notice given in writing by the competent party to the incompetent party and to any

COMMUNITY PROPERTY AGREEMENT

LAW OFFICES OF
ANDERSON & ANDERSON
1011-BTH STREET
P. O. BOX 727
ANACORTES, WASHINGTON 98221
TELEPHONE 293-3177

guardian of said party if one has been appointed or to the supervisor of any institution or other hospital wherein said incompetent party is resident. .

WITNESS whereof the said ARNOLD MOE, JR. and
KAREN JOAN MOE have hereunto set their hands and
seal this 28th day of March, 1979.

Anna Moeh
Karen Joan Moeh

STATE OF WASHINGTON)
) SS.
COUNTY OF SKAGIT)

This certifies that on this 28th day of March, 1979, personally appeared before me ARNOLD MOE, JR. and KAREN JOAN MOE to me known to be the individuals who executed the within and foregoing instrument and acknowledged 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 the day and year in the certificate first written above.

Lela M. Wallen
Notary Public in and for the State of
Washington, residing at Anacortes.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics

CERTIFIED COPY OF DEATH CERTIFICATE

Date Issued : 10/5/2015

Local File Number 10239		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Arnold Middle MOE LAST Jr.			2. Death Date 09/25/2015		
3. Sex (M/F) Male	4a. Age - Last Birthday 80	4b. Under 1 Year Months Days 	4c. Under 1 Day Hours Minutes 	5. Social Security Number 	6. County of Death King
7. Birthdate 	8a. Birthplace (City, Town, or County) Anacortes	8b. (State or Foreign Country) Washington	8. Decedent's Education High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 824 SE 5 th St.) (Include Apt. No.) 1310-30th Street			13b. City or Town Anacortes		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) 	13e. State or Foreign Country Washington	13f. Zip Code + 4 98221	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 58 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Karen Joan Erholm	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use retired). Heavy Equipment Operator			18. Kind of Business/Industry (Do not use Company Name) Logging Industry		
19. Father's Name (First, Middle, Last, Suffix) Arnold Moe			20. Mother's Name Before First Marriage (First, Middle, Last) Dorothy		
21. Informant's Name Karen Moe		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1310-30th St., Anacortes, WA 98221		
24. Place of Death, if Death Occurred in a Hospital: Hospital Inpatient			Place of Death, if Death Occurred Somewhere Other than a Hospital: 		
25. Facility Name (if not a facility, give number & street or location) Harborview Medical Center			26a. City, Town, or Location of Death Seattle	26b. State WA	27. Zip Code 98104
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		30. Location-City/Town, and State Anacortes, WA	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, 1105-32nd St, Anacortes, WA			32. Date of Disposition 9/29/2015		
33. Funeral Director Signature X <i>Merlin Lane</i>					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Skull fracture with subdural, subarachnoid and intraparenchymal		Interval between Onset & Death Days	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. cerebral hemorrhage and vertebral artery injury		Interval between Onset & Death Days	
		c. Blunt force head injury		Interval between Onset & Death Days	
		d. 		Interval between Onset & Death Days	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) 09/23/2015	42. Hour of Injury (24hrs) 10:30	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Residence		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street 1310 30th Street		Apt. No. 			
City or Town: Anacortes		County: Skagit	State: WA	Zip Code + 4: 98221	
46. Describe how injury occurred Fell from roof while performing home maintenance.					
47a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.			47b. Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, (date of cert.) is the time, date, and place, and due to the cause(s) and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Timothy Williams, MD 325 Ninth Ave., Seattle, WA 98104			50. Hour of Death (24hrs) 21:21		
51. Name and Title of Attending Physician [if other than Certifier (Type or Print)] 			52. Date Signed (mm/dd/yyyy) 9/28/2015		
53. Title of Certifier Associate Medical Examiner	54. License Number 	55. ME/Coroner File Number 15-01608	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature <i>[Signature]</i>			58. Date Received (mm/dd/yyyy) SEP 29 2015		
59. Amendments 					



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Wash. State Dept. of 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
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Required information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify) _____

7. Return Mailing Address: _____

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 now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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
- Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

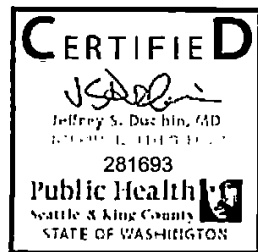
Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015



CC00281693