

RETURN TO  
Patrick Hayden  
PO Box 454  
Sedro-Woolley, WA  
98284



202506200115

06/20/2025 03:29 PM Pages: 1 of 8 Fees: \$310.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2025 1924  
JUN 20 2025

Amount Paid \$ 0  
Skagit Co. Treasurer  
By Deputy

LT

DOCUMENT TITLE(S) (or transactions contained herein):

**COMMUNITY PROPERTY AFFIDAVIT FOR RECORDATION**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S) (Last name, first name and initials):

1. JOHNSON, JAMES L.

GRANTEE(S) (Last name, first name and initials):

1. KENNEY, MARILYN J.  
2. PUBLIC

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

LOTS 14 AND 15, "KNOWLTON'S FIRST ADDITION", as per Plat recorded in Volume 7 of Plats, Page 59, Records of Skagit County, Washington.

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

P66274 / 3936-000-016-0013

**COMMUNITY PROPERTY AFFIDAVIT  
for RECORDATION**

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

Marilyn J. Kenney, being first duly sworn, upon oath, declares as follows:

1. Status. I am the surviving spouse of James L. Johnson, who died on March 25, 2025, at Bellingham, Whatcom County, Washington. A certified copy of his/her Certificate of Death is attached to this Affidavit.
2. Community Property Agreement. On June 1, 2024, Decedent and I, as husband and wife, validly executed a written Community Property Agreement (the "Agreement"), which has remained valid and in full force since its execution. The original Agreement is attached to this Affidavit.
3. Purpose of Affidavit. I am making this Affidavit for recordation regarding the Agreement. The statements I make in this Affidavit are representations of fact that all parties dealing with the real property located in Skagit County, Washington, and more fully described herein may rely upon.

At the time of the death of my spouse we owned real property located at 587 Carter Street, Sedro-Woolley, Skagit County, Washington described as follows:

Lots 15 and 16, KNOWLTON'S FIRST ADDITION", as per plat recorded in Volume 7 of Plats, Page 59, Records of Skagit County, Washington. Situated in Skagit County, State of Washington.

Tax Parcel/Acct # P66274 / 3936-000-016-0013

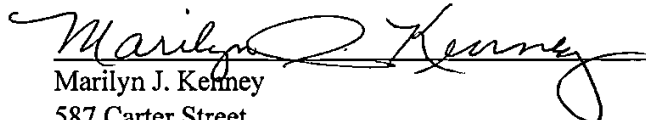
4. Community Property Subject to the Agreement. All of the Decedent's and my property is Community Property. All of the Community Property is subject to the Agreement, all of its disposition is controlled by the Agreement, and all of it passed to me upon Decedent's death. Decedent owned no separate property at death.

5. Decedent's Will & Probate. No proceedings have begun or are anticipated:

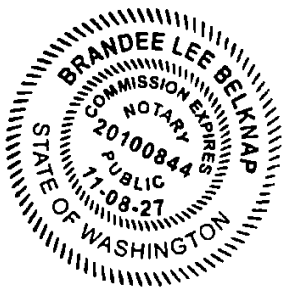
- To have a Will of Decedent admitted to probate,
- To have a Personal Representative for Decedent appointed, or
- To set aside, cancel, or revoke the Agreement.

6. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full.

Dated: 06/20/25

  
Marilyn J. Kenney  
587 Carter Street  
Sedro-Woolley, WA. 98284

SUBSCRIBED & SWORN TO before me on: 6/20/25



  
Signature of Notary

Brandee Belknap  
Printed Name of Notary

NOTARY PUBLIC in and for the State of  
Washington, residing at: NCCU

My appointment expires on: 11/8/27

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-015370

DATE ISSUED: 04/09/2025

FEE NUMBER: 08SC0205

FIRST AND MIDDLE NAME(S): JAMES LAURENCE

LAST NAME(S): JOHNSON

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: MARCH 25, 2025

HOUR OF DEATH: 08:54 AM

SEX: MALE

AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: EVERETT, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARILYN KENNEY

OCCUPATION: TEACHER

INDUSTRY: EDUCATION - ELEMENTARY AND SECONDARY

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: MARILYN KENNEY

RELATIONSHIP: SPOUSE

ADDRESS: 2901 CONNELLY AVE BELLINGHAM WA 98225

CAUSE OF DEATH:

A: HEART FAILURE WITH PRESERVED EJECTION FRACTION

INTERVAL: 7 YEARS

B: SEVERE AORTIC REGURGITATION, ENDOCARDITIS, HYPERTENSION, ATRIAL FIBRILLATION

INTERVAL: 5 YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: GRAVE'S DISEASE,  
OBSTRUCTIVE SLEEP APNEA, CEREBRAL INFARCTION

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: 2901 CONNELLY AVE

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 2901 CONNELLY AVE

CITY, STATE, ZIP: BELLINGHAM, WA 98225-8225

INSIDE CITY LIMITS: YES

COUNTY: WHATCOM

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 10 MONTHS

FATHER: LAURENCE FREEMAN JOHNSON

MOTHER: GRAYCE INEZ [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COUNTY CREMATION SERVICES

CITY, STATE: BELLINGHAM, WASHINGTON

DISPOSITION DATE: MARCH 27, 2025

FUNERAL FACILITY: SMART CREMATION

ADDRESS: 120 15TH STREET SE SUITE 201

CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372

FUNERAL DIRECTOR: ADAM L. HORTON

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

CERTIFIER NAME: LINDSAY D. NELSON, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 2800 AND 2806 DOUGLAS

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

DATE SIGNED: MARCH 26, 2025

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LORRI VINING

DATE RECEIVED: MARCH 27, 2025

**Affidavit for Correction**

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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>				
<b>Required</b> <div style="float: right;"> <input type="checkbox"/> Birth    <input type="checkbox"/> Death    <input type="checkbox"/> Marriage    <input type="checkbox"/> Dissolution (Divorce)         </div>				
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 Last/Maiden
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			City	State Zip
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>				
<b>The record currently shows:</b>			<b>The true fact is:</b>	
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:	
<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    • Military record (DD-214)    • School transcripts    • Social Security Numident Report</li> <li>• Certificate of Naturalization    • Hospital/medical record    • Copy of Passport / Enhanced ID    • 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</b> 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).				
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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 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.</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> </div> <div style="width: 48%;"> <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> </div> </div>				
*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.				
<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.				

**CERTIFIED**

Steven Krager, MD, MPH  
Health Officer/Registrar  
Cowlitz County Health Department  
Longview, WA

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



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COMMUNITY PROPERTY AGREEMENT  
OF  
JAMES LAURENCE JOHNSON AND MARILYN JEAN KENNEY

THIS AGREEMENT, is made on the date set forth below, between **James Laurence Johnson** and **Marilyn Jean Kenney**, 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 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.

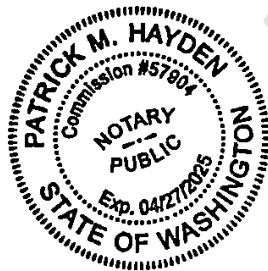
3. Disclaimer. Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

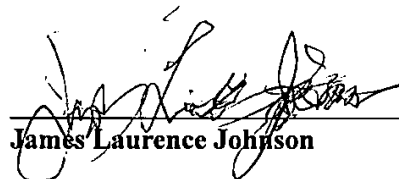
4. Automatic Revocation. In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage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

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 June 1, 2024.



  
James Laurence Johnson

  
Marilyn Jean Kenney

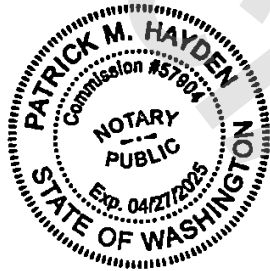
STATE OF WASHINGTON )

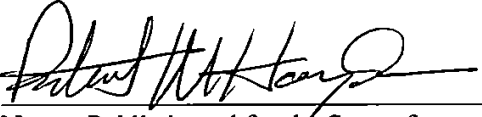
: ss.

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 **James Laurence Johnson** and **Marilyn Jean Kenney**, 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 1 day of June, 2024.



  
Notary Public in and for the State of  
Washington residing at Schro-Woolley  
My Commission Expires: 4.27.25  
Print Name: Patrick M. Hayden