



202506270001

06/27/2025 08:31 AM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 1988
JUN 27 2025

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

Recorded by and return to:

Stiles & Lehr Inc., P.S.
P.O. Box 228
Sedro-Woolley, WA 98284

Legal: Ptn of W 1/2 of NW 1/4 of Section 14, Township 35 N, Range 5 E.W.M.
Tax Parcel # P39056
Xref ID: 350514-0-019-0007

Legal: Ptn of W 1/2 of NW 1/4 of Section 14, Township 35 N, Range 5 E.W.M., AKA
TR 1
Tax Parcel # P39053
Xref ID: 350514-0-016-0208

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Rita L. Farris, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Cloice E. Farris, who died at Sedro Woolley, County of Skagit, State of Washington, on August 15, 1997, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated April 22, 1975, which agreement was previously been recorded on April 25, 1975 under Skagit County Auditor's File No. 816582. A copy of the decedent's death certificate is recorded simultaneously with this affidavit under the records of the Auditor for Skagit County, Washington.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. That the value of the community estate as of the date of death, including all real and personal property, was over \$10,000.00, and the value of all separate property of said decedent was \$0.00 as of the date of his death. Among other items of community property was the following described real estate:

Address: 28129 Minkler Road, Sedro Woolley, WA 98284
Tax Parcel # P39056
Xref ID: 350514-0-019-0007

That portion of the west $\frac{1}{2}$ of the northwest $\frac{1}{4}$ of Section 14, Township 35 North, Range 5 east W.M., described as follows:

Beginning at a point 866.3 feet south and 523.4 feet east of the northwest corner of said section; thence south parallel with the west line of said section to the north line of a paved highway; thence easterly along the north line of said highway to a point which is 689 feet east of the west line of said section; thence north to a point due east of the point of beginning; thence west to the point of beginning, EXCEPT right of way conveyed to Puget Sound and Baker River Railway Company by deed recorded July 30, 1907 in Volume 62 of deeds, page 605.

EXCEPT Easement including the terms and conditions thereof recorded under Auditor's No. 184886.

Address: No situs
Tax Parcel # P39053
Xref ID: 350514-0-016-0208

A portion of the west half of the northwest quarter of Section 14, Township 35 N., Range 5 E., W.M. described as follows:

Beginning at a point which is 866.3 feet south and 689 feet east of the northwest corner of said section; thence south parallel with the west line of said section to the north line of the paved highway; thence easterly along the north line of said highway to a point which is 711 feet east of the west line of said section; thence north parallel with said west line to a point which is 22 feet east of the point of beginning; thence west to the point of beginning.

Situate in Skagit County, Washington.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

DATE: May 22, 2025

Rita L Farris
Rita L. Farris

State of Washington) ss.
County of Skagit)

On this day personally appeared before me Rita L. Farris, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on May 22, 2025.



Wendy L Friedrichs
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 10-1-27

STATE OF WASHINGTON DEPARTMENT OF HEALTH



TYPE OR PRINT IN PERMANENT BLACK INK



CERTIFICATE OF DEATH

146 7 30532 STATE FILE NUMBER

522 LOCAL FILE NUMBER

Form with fields for Name (CLOICE EUGENE FARRIS), Sex (Male), Death Date (August 15, 1997), Birthplace (Masac Co., IL), City (Sedro-Woolley), Occupation (Systems Operator), Cause of Death (Brain metastases, Renal cell Carcinoma), and Registrar Signature (Sharon S. Beeson Deputy).

REGISTRAR INFORMATION

CERTIFYING PHYSICIAN

CAUSE OF DEATH

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 422-131 (6/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

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
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 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:				

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: Printed name: Date:	14b. Signature of 2 nd parent (if required): Printed name: Date:
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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

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage from 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 their own 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

- 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.
- 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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 70.58A RCW, and at the direction of Katherine Hutchinson, PhD, MSPH, State Registrar.

Katherine Hutchinson

ISSUED

JUN 05 2025



0 7 8 0 3 2 8 8

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