



202506270111

06/27/2025 10:03 AM Pages: 1 of 8 Fees: \$310.50
Skagit County Auditor

JONES BUTLER DOLAN, PS
P.O. Box 458
Stanwood, WA 98292
360-629-3833

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 1994
JUN 27 2025

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

**COMMUNITY PROPERTY AFFIDAVIT
OF SURVIVING SPOUSE**

Document Title: Community Property Affidavit of Surviving Spouse

Grantor: James Alfred Smith

Grantee: Joanne Smith, aka Joanne M. Smith

Address: 210 East Rio Drive
Burlington, WA 98233

Assessor Parcel No: P129992 - 4089-002-003-0108

Abbreviated Legal: Lot B, Survey AFN 200908310011; Being a Ptn of Lots 2 &
3, Blk 2, Supplemental Knutzen's

Reference Number: 201411240129

Subject to: Easements, restrictions and reservations of record.

5. Community Property Subject to the Agreement

All of the community property is subject to the Community Property Agreement, more fully described herein, the disposition of all such property is controlled by the Agreement, and all of the community property passed to Joanne M. Smith upon Decedent's death.

6. Probate

No proceedings have occurred or are anticipated to have a Will of Decedent admitted to probate, to have a Personal Representative appointed for Decedent, or to set aside, cancel, or revoke the Community Property Agreement.

7. Decedent's Debts, Expenses, Taxes

All debts and expenses of Decedent, and any liabilities or obligations of the marital community have been paid in full, and no estate taxes are due.

Signed in Stanwood, Washington, this 11 day of June, 2025.

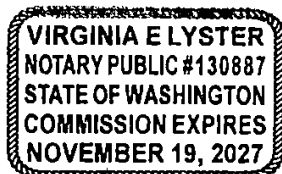


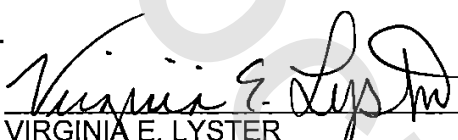
JOANNE M. SMITH

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that Joanne M. Smith is the person who appeared before me and she acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 11 day of June, 2025.





VIRGINIA E. LYSTER
Notary Public
In and for the State of Washington
My appointment expires: 11-19-2027

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-017790

DATE ISSUED: 04/10/2025

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): JAMES ALFRED
LAST NAME(S): SMITH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 07, 2025
HOUR OF DEATH: 03:15 AM
SEX: MALE AGE: 93 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SANTA MARIA, CA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JOANNE MARGUERITE KEYES

OCCUPATION: SCHOOL ADMINISTRATOR
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: YES

INFORMANT: JOANNE MARGUERITE SMITH
RELATIONSHIP: SPOUSE
ADDRESS: 210 EAST RIO VISTA AVENUE BURLINGTON, WA 98233

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE

INTERVAL: YEARS

B: CORONARY ARTERY DISEASE

INTERVAL: YEARS

C: HYPERTENSION

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: SENILE ONSET DEMENTIA OF UNKNOWN TYPE

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: 925 DUNLOP AVENUE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 210 EAST RIO VISTA AVENUE
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER: ULAH EDWIN SMITH
MOTHER: DOROTHY KATHERINE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: APRIL 11, 2025

FUNERAL FACILITY: NEPTUNE SOCIETY - BELLINGHAM

ADDRESS: 118 WEST STUART RD
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
FUNERAL DIRECTOR: LORI B. BANES

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: APRIL 08, 2025

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

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: APRIL 09, 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
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Required information must match current information on record

Required	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:

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 foregoing is true and correct.

14a. Signature:		14b. Signature of 2 nd 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
- 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.

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 70.58 RCW, and at the direction of Amy Harley, Health Officer.

Amy Harley



0 7 5 1 4 1 8 0

**COMMUNITY PROPERTY AGREEMENT
OF
JAMES ALFRED SMITH & JOANNE MARGUERITE SMITH**

This Agreement made this 10th day of February, 2017, between James A. Smith ("Husband" or "Spouse") and Joanne M. Smith ("Wife" or "Spouse"), husband and wife, married July 4, 1983, both of whom are domiciled in the State of Washington, pursuant to Section 26.16.120 of the Revised Code of Washington.

In consideration of the mutual love and affection that we have for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted and promised as follows:

1. Property Covered

This Agreement shall apply to all community or separate property now owned or hereafter acquired by Husband and Wife or either of them (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband and 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. All such property is declared to be community property of Husband and Wife and is referred to in this Agreement as the "described community property".

2. Vesting at Death of a Spouse

If Husband dies and Wife survives him by thirty (30) days, all of the described community property shall vest in Wife as of the moment of Husband's death. Otherwise, said community property shall be distributed pursuant to Husband's Last Will and Testament. If Wife dies and Husband survives her by thirty (30) days, all of the described community property shall vest in Husband as of the moment of Wife's death. Otherwise, said community property shall be distributed pursuant to Wife's Last Will and Testament.

3. Disclaimer

Upon the death of either Spouse, the surviving Spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares, or assets thereof, in which event the interest disclaimed shall pass as if the provisions of Paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. Powers of Appointment

This Agreement shall not affect any power of appointment that is now held or is hereafter given to Husband, Wife, or either of them, nor shall it obligate Husband, Wife, or either of them, to exercise any such power of appointment in any way.

5. Revocation of Inconsistent Agreements

To the extent this Agreement is inconsistent with the provisions of any community property agreement or other arrangement previously made by the parties affecting the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

6. Automatic Revocation

The provisions of Paragraph 2 shall be automatically revoked:

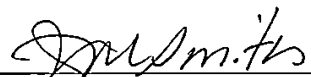
- (a) Upon the establishment of a domicile outside the State of Washington by either Spouse;
- (b) Upon the filing by either Spouse of a petition, complaint or other pleading for separation, dissolution or divorce;
- (c) Immediately prior to death of both spouses, if the order of death cannot be ascertained; or,
- (d) If a Spouse has applied for federal or state benefits for the benefit of a disabled spouse and the non-disabled spouse dies first.

7. Optional Revocation by One Spouse Due to Incapacity of Other

If either Spouse becomes incapacitated or disabled, the other Spouse shall have the power to terminate the provisions of Paragraph 2 and each Spouse designates the other as Attorney-in-Fact to become effective upon incapacity or disability thereof to the disabled Spouse and to the guardian(s), if any, of the person and estate of the incapacitated or disabled person. For the purposes of this paragraph, a Spouse shall be deemed incapacitated or disabled if: (a) a physician who has treated the Spouse for at least two (2) years certifies that the Spouse is unable to manage his or her own affairs; or (b) two (2) independent physicians so certify.

February 10, 2017.

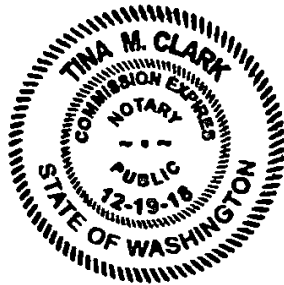

JAMES A. SMITH



JOANNE M. SMITH

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me James A. Smith and Joanne M. Smith, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 10 day of February, 2017.




TINA M. CLARK
Notary Public
In and for the State of Washington
My appointment expires 12-19-2018