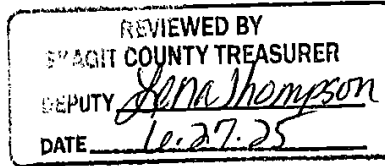


202506270350

06/27/2025 03:45 PM Pages: 1 of 8 Fees: \$310.50
Skagit County Auditor

When Recorded Please Return To:
PIRKLE LAW FIRM, INC. P.S.
P.O. Box 1788
Mount Vernon, WA 98273



DOCUMENT TITLE(S):

AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR:

JAMES MICHAEL TOWNSEND,
SURVIVING SPOUSE OF
ELIZABETH ANN TOWNSEND (DECEASED)

GRANTEE:

JAMES MICHAEL TOWNSEND

ASSESSOR'S PARCEL NUMBER:

P120252 (4812-000-029-0000)

LEGAL DESCRIPTION:

Lot 29, SPINNAKER COVE ADDITION
TO THE CITY OF ANACORTES,
according to the plat thereof recorded
under Auditor's File No. 200304100183,
records of Skagit County, Washington.

Situated in Skagit County, Washington.

6. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
JAMES MICHAEL TOWNSEND 5214 Maritime Court Anacortes, WA 98221	Spouse	Legal
LISA ALLISON BURNHAM P.O. Box 1052 Plains, MT 59859	Daughter	Legal
MICHAEL PATRICK TOWNSEND 11877 SE 176th Court Renton, WA 98058	Son	Legal

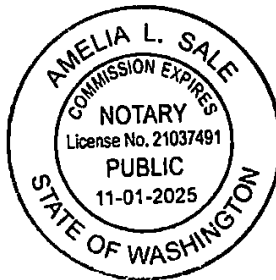
8. I, JAMES MICHAEL TOWNSEND, affirm that I am the sole and rightful heir to the property legally described above.

9. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(a).

DATED this 19 day of JUNE, 2025.

James Michael Townsend
JAMES MICHAEL TOWNSEND

SIGNED AND SWORN to before me this 19th day of June, 2025.



AMELIA L. SALE

Amelia L. Sale
NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My Commission Expires: 11/1/25

COMMUNITY PROPERTY AGREEMENT

James Michael Townsend ("Husband") and **Elizabeth Ann Townsend** ("Wife"), husband and wife, acting pursuant to the provisions of Revised Code of Washington 26.16.120, providing for agreements between husband and wife for fixing of the status and disposition of community property, and having made such an Agreement on June 28, 1966, and wishing to update that previous Agreement due to changes in circumstances of life over the intervening forty-nine years, hereby REVOKE their Community Property Agreement of June 28, 1966 and **HEREBY AGREE AS FOLLOWS:**

1. All property now owned or hereafter acquired by either Husband or Wife is designated as Community Property, unless, after the date of this Agreement, the parties shall agree otherwise by making a separate property designation signed by both of them. This designation of Community Property applies even though some items of property 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.

2. If one spouse dies and the other spouse survives by at least ten (10) days, all Community Property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. 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 property. The interest disclaimed shall pass as if the provisions of Section 2 above had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.

4. Property held by the parties in joint tenancy, and any transfer or attempted transfer of Community Property into joint tenancy form, shall not change its status as Community Property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and such property shall be Community Property and ownership and title shall vest as provided in Section 2 above.

5. The provisions of Section 2 above shall be automatically revoked:

Community Property Agreement of
James M. Townsend & Elizabeth A. Townsend,
Husband and Wife
Page 1 of 3

Souders Law Group
913 Seventh Street
Anacortes, Washington 98221
(360) 299-3060

JMT eat

- a. Upon the filing by either party of a petition, complaint, or other pleading for separation, dissolution or divorce, or
- b. Immediately prior to death if neither party survives the other by ten days.

6. If either party becomes incapacitated, the other party shall have the power to terminate the provisions of Section 1 as to any inheritance received by either party after the date of this Community Property Agreement and of Section 2 above. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardians, if any, of the person and of the estate of the incapacitated spouse. Each party designates the other party as attorney-in-fact to become effective upon incapacity to agree to the termination. For the purposes of this section, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the named spouse is unable to manage his or her own affairs.

7. To the extent this agreement is inconsistent with the provisions of any Community Property Agreement, Will or other arrangement previously made by either or both of the parties that affect community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, we have hereunto set our hands this 15th day of October, 2015.

James M. Townsend
James M. Townsend

Elizabeth A. Townsend
Elizabeth A. Townsend

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that James M. Townsend and Elizabeth A. Townsend, Husband and wife, are the persons who appeared before me, and said persons acknowledged

Community Property Agreement of
James M. Townsend & Elizabeth A. Townsend,
Husband and Wife
Page 2 of 3

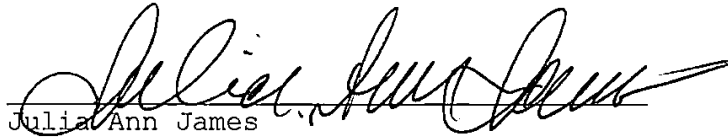
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Anacortes, Washington 98221
(360) 299-3060

JMT rat

that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 15th day of October, 2015.




Julia Ann James

Notary Public in and for the State of
Washington, residing at Anacortes.
My appointment expires January 19, 2018

Community Property Agreement of
James M. Townsend & Elizabeth A. Townsend,
Husband and Wife
Page 3 of 3

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Anacortes, Washington 98221
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STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-032717

DATE ISSUED: 06/29/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ELIZABETH ANN
LAST NAME(S): TOWNSEND

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 25, 2022
HOUR OF DEATH: 03:45 AM
SEX: FEMALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: 534-36-2644

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

BIRTH DATE: AUGUST 24, 1941
BIRTHPLACE: BREMERTON, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JAMES MICHAEL TOWNSEND

OCCUPATION: TAX SERVICE SPECIALIST
INDUSTRY: US GOVERNMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: MIKE TOWNSEND
RELATIONSHIP: HUSBAND
ADDRESS: PO BOX 1105, ANACORTES, WA 98221

CAUSE OF DEATH:
A: VASCULAR DEMENTIA
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: 5214 MARITIME COURT
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 5214 MARITIME COURT
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER: ERNEST LUKE DOWLING
MOTHER: ANN ELIZABETH SPEHAR

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JUNE 28, 2022

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: CRAIG A. NELSON

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: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JUNE 27, 2022

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JUNE 28, 2022



Affidavit for Correction

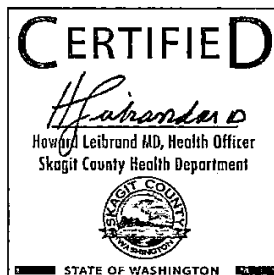
This is a legal document. Complete in ink and do not alter.

Marital, Health, and 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
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:		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
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:			14b. Signature of 2 nd parent (if required):	
Printed name:			Printed name:	
Date:			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:				
<ul style="list-style-type: none"> • 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				
<ul style="list-style-type: none"> • 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)				
<ul style="list-style-type: none"> • 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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