202507080065
07/08/2025 03:57 PM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor, WA

FILED FOR RECORD AT REQUEST OF:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20252133
Date 07/08/2025

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

GRANTOR: EDWARD H. SANDERS
GRANTEE: DAPHNE JO. SANDERS AKA DAPHNE J. SANDERS, as her separate property
PARCEL NUMBER: P67566
LEGAL DESCRIPTION: Moore's Garden Plat, Lot 30
(Full legal description found on page 2)
REFERENCE NUMBERS: 593852 (Previous Deed)
202507080011 (Community Property Agreement)

STATE OF WASHINGTON)
) ss.
COUNTY OF WHATCOM)

WAYNE R. SANDERS as the Attorney-in-Fact under the Reciprocal Durable Powers of Attorney executed by EDWARD H. SANDERS and DAPHNE J. SANDERS on November 11, 2004 ("Affiant"), being first duly sworn on oath, deposes and says:

1. The Community Property Agreement, recorded under the Skagit County Auditor's recording number referenced above, was executed by EDWARD H. SANDERS ("Decedent") and DAPHNE J. SANDERS ("spouse"), dated November 11, 2004. The Community Property Agreement and this Affidavit have been recorded for the estate of the Decedent. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties.

ELDERLAW
MEYERS, NEUBECK & HULFORD
2828 Northwest Ave, Bellingham, WA 98225
T: 360.647.8846 F: 360.647.8854

2. The Decedent died on April 26, 2025, in Mount Vernon, Skagit County, Washington, and was at the time of their death a resident of Mount Vernon, Skagit County, Washington, as evidenced by the Death Certificate attached hereto as **Exhibit A**.

3. The parties to the Community Property Agreement entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement.

4. The Decedent left no separate estate.

5. Among other items of community property is the real property commonly known as 18186 Moore's Garden Road, Mount Vernon, Skagit County, Washington, which is legally described as follows:

LOT # 30 MOORE'S GARDEN PLAT, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 7 OF PLATS, PAGE 10, RECORDS OF SKAGIT COUNTY, WASHINGTON

6. All obligations of the community owing at the date of death of the Decedent have been paid in full or provided for, and all expenses of last illness and for funeral and burial services have been paid in full or provided for.

7. The Decedent is survived by their spouse, DAPHNE J. SANDERS, who resides at 18186 Moore's Garden Road, Mount Vernon, Skagit County, Washington.

8. No inheritance tax or estate tax is due to either the State of Washington or to the United States of America as a result of the Decedent's death.

9. This affidavit is made, in part, to induce a title company to issue its policies of title insurance on real property passing to the spouse in reliance upon the representations set forth above. Affiant agrees to indemnify and hold the title company harmless from loss or damage which may be suffered as a result of said reliance. The transfer of real property by this affidavit is made pursuant to WAC 458-61A-202(6)(a).

Dated this 8 day of July, 2025.

AIF

Wayne Sanders,
AIF for Daphne J. Sanders

ELDERLAW
MEYERS, NEUBECK & HULFORD
2828 Northwest Ave, Bellingham, WA 98225
T: 360.647.8846 F: 360.647.8854

Subscribed and sworn before me on this 8 day of July, 2025 by Wayne Sanders, AIF for Daphne J. Sanders.

GRETCHEN A. KAMMERZELL
Notary Public in and for the
State of Washington
Residing in Bellingham
My commission expires: 05/28/2029

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

EXHIBIT A

CERTIFICATE NUMBER: **2025-022193**

DATE ISSUED: **05/06/2025**
FEE NUMBER: **37**

FIRST AND MIDDLE NAME(S): **EDWARD HERBERT**
LAST NAME(S): **SANDERS**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **APRIL 26, 2025**
HOUR OF DEATH: **04:45 AM**
SEX: **MALE** AGE: **90 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE [redacted]
BIRTHPLACE: **SEDRO-WOOLLEY, WA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **DAPHNE JOE KENEALY**

OCCUPATION: **MACHINIST**
INDUSTRY: **IRON WORKS**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **YES**

INFORMANT: **WAYNE SANDERS**
RELATIONSHIP: **SON**
ADDRESS: **8457 MORNINGSIDE DRIVE, BLAINE, WA 982320**

CAUSE OF DEATH:
A: **CONGESTIVE HEART FAILURE**
INTERVAL: **MONTHS**
B: **CORONARY ARTERY DISEASE**
INTERVAL: **YEARS**
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **CHRONIC RENAL DISEASE, POSSIBLE CEREBRAL VASCULAR ACCIDENT.**

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: **18186 MOORES GARDEN RD**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273-8710**

RESIDENCE STREET: **18186 MOORES GARDEN RD**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273-8710**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **69 YEARS**

FATHER: **EDWARD MELTON SANDERS**
MOTHER: **SYBIL RUTH** [redacted]

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

CITY, STATE: **SEATTLE, WASHINGTON**
DISPOSITION DATE: **MAY 06, 2025**

FUNERAL FACILITY: **NEPTUNE SOCIETY - BELLINGHAM**

ADDRESS: **118 WEST STUART RD**
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98226**
FUNERAL DIRECTOR: **SEAN C. RILEY**

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: **ANITA M. MEYER, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
DATE SIGNED: **APRIL 28, 2025**

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

LOCAL DEPUTY REGISTRAR: **CHRISTIAN STECHER**
DATE RECEIVED: **MAY 05, 2025**

Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

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

Center for 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

Required information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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 2nd 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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Copy of Passport / Enhanced ID
- Social Security Numident Report
- 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 Acknowledgement 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.

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.

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

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