



202507090019

07/09/2025 09:24 AM Pages: 1 of 9 Fees: \$311.50
Skagit County Auditor

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

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 2/39
JUL 09 2025

Amount Paid \$ 0
Skagit Co. Treasurer
By Deputy

QUIT CLAIM DEED

THE GRANTOR, VIRGIL R. ALLEN, as surviving spouse of CELINE LANDAUER-ALLEN (Deceased), for and in consideration of transfer to surviving spouse pursuant to an Affidavit in Support of Community Property Agreement (WAC 458-61A-202(6)(a)), conveys and quit claims to GRANTEE, VIRGIL R. ALLEN, a single person as his separate property, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor therein.

Assessor's Parcel Number: P117420 (4765-000-001-0000)

Lot 1, "PLAT OF EAGLEMONT, PHASE 1E", as recorded October 30, 2000, under Auditor's File No. 200010300157, records of Skagit County, State of Washington.

Situate in the County of Skagit, State of Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, easements and assessments of record, if any.

Dated this 24 day of June, 2025.

Virgil R. Allen
VIRGIL R. ALLEN

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that VIRGIL R. ALLEN is the individual who appeared before me, and said individual acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 24th 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

**AFFIDAVIT IN SUPPORT
OF
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

VIRGIL R. ALLEN, being first duly sworn, on oath, deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated October 25, 2019, executed by VIRGIL R. ALLEN and CELINE LANDAUER-ALLEN, husband and wife (the "Agreement"), a copy of which is attached hereto as Exhibit "A" and incorporated herein by this reference. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the property commonly known as 1219 Eaglemont Place, Mount Vernon, Washington 98274 (Assessor's Parcel Number: P117420 (4765-000-001-0000)), and legally described as follows:

Lot 1, "PLAT OF EAGLEMONT, PHASE 1E", as recorded October 30, 2000, under Auditor's File No. 200010300157, records of Skagit County, State of Washington.

Situate in the County of Skagit, State of Washington.

2. CELINE LANDAUER-ALLEN (the "Decedent") was one of the parties to the Agreement and died on November 11, 2024, as a resident of Skagit County, Washington. A copy of the Decedent's Death Certificate is attached hereto as Exhibit "B" and incorporated herein by this reference.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreement which would have the effect of abrogating or nullifying the Agreement.

4. The Decedent left no separate property.

5. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

6. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
VIRGIL R. ALLEN 1219 Eaglemont Place Mount Vernon, WA 98274	Spouse	Legal
AMANDA JENNIFER COTÉ 2907 114th Ave. SE Lake Stevens, WA 98258	Daughter	Legal
SARAH ALLEN WEEMS 701 Bingham Place Sedro Woolley, WA 98284	Daughter	Legal
ANASTASIA MARIE ALLEN Address Unknown	Daughter	Legal
BARBARA JEAN ALLEN Address Unknown	Daughter	Legal

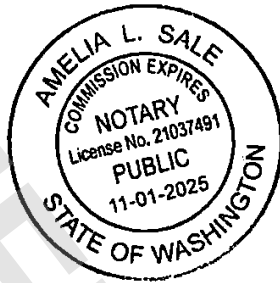
8. I, VIRGIL R. ALLEN, affirm that I am the sole and rightful heir to the property legally described above.

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 24 day of June, 2025.


VIRGIL R. ALLEN

SIGNED AND SWORN to before me this 24th 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

Exhibit A

COMMUNITY PROPERTY AGREEMENT

This Agreement is made on this 25th day of October, 2019 between Virgil R. Allen and Celine Landauer-Allen, husband and wife, domiciled in the State of Washington. In consideration of their mutual agreements 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 in writing) 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. 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 her, 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 referred to in this Agreement as the "described community property".

2. **Vesting at Death of a Spouse.** If husband dies and wife survives him, all of the described community property shall vest in wife as of the moment of husband's death. If wife dies and husband survives her, all of the described community property shall vest in husband as of the moment of wife's death.

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 an alternate disposition.

4. **Automatic Revocation.** The provisions of Paragraph 2 shall be automatically revoked

(a) Upon filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

(b) Upon the establishment of a domicile out of the State of Washington by either party; or

(c) Immediately prior to death, if the order of death cannot be ascertained.

5. **Optional Revocation by One Party** If either party becomes disabled, the other party shall have the power to terminate the provisions of Paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

6. **Powers of Appointment.** This Agreement shall not affect any power of appointment now held by or hereafter given to husband or wife or both of them, nor shall it obligate husband or wife or both of them to exercise any such power of appointment in any way.

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

IN WITNESS WHEREOF, Virgil R. Allen and Celine Landauer-Allen have set their signatures on October 25, 2019.

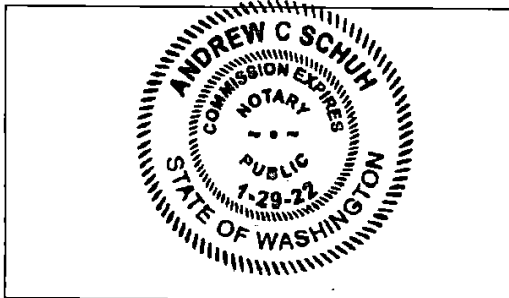
Virgil R. Allen
Virgil R. Allen

Celine Landauer-Allen
Celine Landauer-Allen

State of Washington)
)ss
County of Skagit)

I certify that I know or have satisfactory evidence that Virgil R. Allen and Celine Landauer-Allen, husband and wife, are the persons who appeared before me, acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes in the instrument.

Dated: October 25, 2019



PLACE NOTARY SEAL IN THIS BOX

AC Schuh
Andrew C. Schuh, Notary Public

My appointment expires 1-29-22

STATE OF WASHINGTON
DEPARTMENT OF HEALTHEXHIBIT B
CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2024-055358

DATE ISSUED: 01/21/2025
FEE NUMBER:FIRST AND MIDDLE NAME(S): CELINE ANTONELLA
LAST NAME(S): LANDAUER ALLENCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 11, 2024
HOUR OF DEATH: 04:45 AM
SEX: FEMALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: FEBRUARY 03, 1950
BIRTHPLACE: HILLSBORO, ORMARITAL STATUS: MARRIED
SURVIVING SPOUSE: VIRGIL RUDOLPH ALLENOCCUPATION: ACCOUNTANT/AUDITOR
INDUSTRY: CIVIL ENGINEERING AND AGRICULTURE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: VIRGIL RUDOLPH ALLEN
RELATIONSHIP: HUSBAND
ADDRESS: 1219 EAGLEMONT PLACE, MOUNT VERNON, WA 98274CAUSE OF DEATH:
A: METASTATIC COLON CANCER
INTERVAL: 5 MONTHSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTASES TO LIVER AND
CHEST, IMMUNE THROMBOCYTOPENIC PURPURA, ANEMIADATE 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: 1219 EAGLEMONT PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-9616RESIDENCE STREET: 1219 EAGLEMONT PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-9616
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARSFATHER: RUDOLPH FRANK LANDAUER
MOTHER: MARGARET IMETHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MOUNT VERNON CEMETERYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 20, 2024

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: DANIEL G. LA PLAUNTMANNER 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 APPLICABLECERTIFIER NAME: ERIKA POPE, DO
TITLE: DO
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: NOVEMBER 13, 2024CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: NOVEMBER 14, 2024



Affidavit for Correction

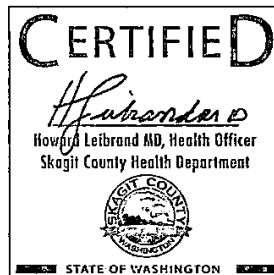
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 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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
Required information must match current information on record				
Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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 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 foregoing 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 - 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		Adult (18 years or older)		
- 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.		- 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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