

202507230025

07/23/2025 11:58 AM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 2343
JUL 23 2025

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

Document Title:
COMMUNITY PROPERTY AGREEMENT

Reference Number :

Grantor(s): additional grantor names on page ____

- 1. KAREN A WOOLLEN
- 2.

Grantee(s): additional grantee names on page ____

- 1. DAVID C WOOLLEN AKA DAVE WOOLLEN
- 2.

Abbreviated legal description: full legal on page(s) ____

SEE ATTACHED PTH GOV LT 3 in 27.36.2 EWM

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ____

47241, 47244, 47261, 60923

UNOFFICIAL DOCUMENT

Community Property Agreement

On this day August 19, 2024, we Dave C. Woollen and Karen A. Woollen, a married couple of Skagit County, Washington, enter into this Community Property Agreement with the intention of affecting the characterization and disposition of our property, as permitted by the Revised Code of Washington 26.16.120.

We revoke all prior community property agreements, and we understand that if this agreement conflicts with any other of our estate plans or other agreements, that this Community Property Agreement is likely to supersede the others, in accordance with Washington law.

With the intention of leaving all of our property to the other and avoiding the expense and delay of probate when the first of us dies, we agree that:

1. Upon the death of the first of us to die, all property we each own at that time, including separate property and jointly owned property, shall be community property.
2. Upon the death of the first of us to die, all community property of the deceased shall immediately transfer to the survivor as his or her sole and separate property.
3. We may amend or revoke this Agreement at any time. Any amendment or revocation shall be written, signed by both of us, and acknowledged by a notary public.
4. This Agreement shall be automatically revoked upon a court-ordered termination of our marriage.
5. This Agreement shall be automatically revoked if we die simultaneously, or if the order of our deaths cannot be reasonably determined.

Signature:

Dave C. Woollen

Dave C. Woollen

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David Woollen, being mindful of the penalties for perjury states on oath and pursuant to RCW 9A as follows:

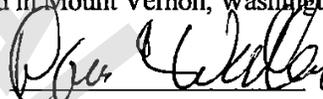
I am over the age of 18, and competent to be a witness.

Attached to this declaration is the original Community Property Agreement between myself and my deceased spouse, Karen Adele Woollen. This document was executed on the date it bears and was a free and voluntary act by both parties. Also attached is an original death Certificate of the State of Washington showing the date and location of her death.

I swear or affirm that all taxes and other obligations of the Karen Adele Woollen Estate have been paid. I make this statement for purposes of assuring any title insurer of the disposition of said obligations.

I declare under the laws of the State of Washington that the foregoing is true and correct.

This Declaration was executed in Mount Vernon, Washington this 22nd day of July, 2025.


David C. Woollen

STATE OF WASHINGTON)
COUNTY OF SKAGIT

On this 22nd day of July, 2025, before me, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared DAVID C. WOOLLEN to me known to be the individual(s) described in and 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 this 22nd day of July, 2024.




NOTARY PUBLIC for Washington.
My Commission Expires: 6-09-27

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-031378

DATE ISSUED: 07/22/2025
FEE NUMBER:

FIRST AND MIDDLE NAME(S): KAREN ADELE
LAST NAME(S): WOOLLEN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 20, 2025
HOUR OF DEATH: 01:54 PM
SEX: FEMALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-4190

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

RESIDENCE STREET: 9371 SAMISH ISLAND ROAD
CITY, STATE, ZIP: BOW, WA 98232
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 48 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BELLINGHAM, WASHINGTON

FATHER: GEORGE WALLACE HILLIARD
MOTHER: HELEN ADELE [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DAVID CHARLES WOOLLEN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PUGET SOUND CREMATORY

OCCUPATION: LEGAL ASSISTANT
INDUSTRY: GOVERNMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: PUYALLUP, WASHINGTON
DISPOSITION DATE: JUNE 24, 2025

INFORMANT: DAVID CHARLES WOOLLEN
RELATIONSHIP: HUSBAND
ADDRESS: 9371 SAMISH ISLAND ROAD, BOW, WA 98232

FUNERAL FACILITY: CREMATION SOCIETY OF WASHINGTON

ADDRESS: 5210 S. ALDER ST. SUITE 100
CITY, STATE, ZIP: TACOMA, WASHINGTON 98409
FUNERAL DIRECTOR: COREY L. GAFFNEY

- CAUSE OF DEATH:
- A: RESPIRATORY ARREST
INTERVAL: 10 SECONDS
- B: ANOXIC BRAIN INJURY
INTERVAL: 2 DAYS
- C: METASTATIC COLON CANCER
INTERVAL: 4 YEARS
- D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE HYPOKALEMIA, ACUTE
HYPMAGNESEMIA, AND CHRONIC METASTATIC COLON CANCER, CHRONIC
HYPERTENSION, CHRONIC HYPERLIPIDEMIA.

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

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: MALIK FUIMAONO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JUNE 24, 2025

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JUNE 24, 2025



Affidavit for Correction 07/23/2025 11:58 AM Page 8 of 8 Statistics

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

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). 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution). 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: 8. The true fact is: 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:

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.
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.

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.

Death Certificates

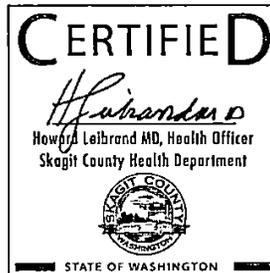
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or 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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