



202602090090

02/09/2026 03:55 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

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2026-0349  
FEB 09 2026  
Amount Paid \$  
Skagit Co. Treasurer  
By *[Signature]* Deputy

**QUIT CLAIM DEED**

THE GRANTOR, SAUNDRA L. KNAPP, as surviving spouse of RICHARD L. KNAPP (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, SAUNDRA L. KNAPP, a single person as her 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: P81902 (4414-000-018-0002)

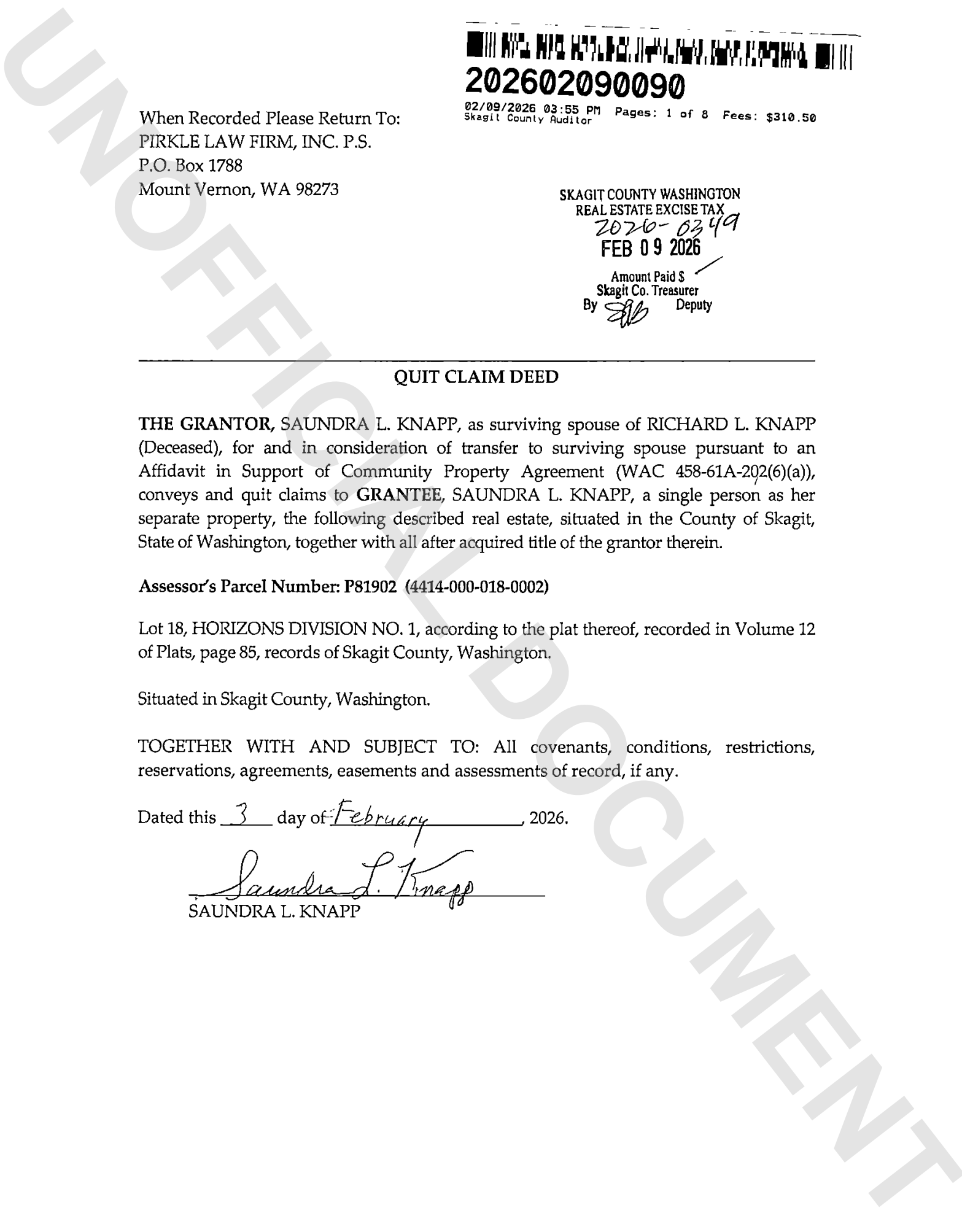
Lot 18, HORIZONS DIVISION NO. 1, according to the plat thereof, recorded in Volume 12 of Plats, page 85, records of Skagit County, Washington.

Situated in Skagit County, Washington.

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

Dated this 3 day of February, 2026.

*Saundra L. Knapp*  
SAUNDRA L. KNAPP





**AFFIDAVIT IN SUPPORT  
OF  
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON        )  
                                          ) ss.  
COUNTY OF SKAGIT         )

SAUNDRA L. KNAPP, being first duly sworn, on oath, deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated the 27th day of January, 2025, executed by RICHARD L. KNAPP and SAUNDRA L. KNAPP, 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 2214 Horizons Street, Mount Vernon, Washington 98273, and legally described as follows:

**Assessor's Parcel Number: P81902 (4414-000-018-0002)**

Lot 18, HORIZONS DIVISION NO. 1, according to the plat thereof, recorded in Volume 12 of Plats, page 85, records of Skagit County, Washington.

Situated in Skagit County, Washington.

2. RICHARD L. KNAPP (the "Decedent") was one of the parties to the Agreement and died on January 2, 2026, 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>
SAUNDRA L. KNAPP 2214 Horizons Street Mount Vernon, WA 98273	Spouse	Legal
CRAIG R. KNAPP 1025 N. Townsend Loop Post Falls, ID 83854	Son	Legal
TANYA L. KNAPP 2214 Horizons Street Mount Vernon, WA 98273	Daughter	Legal
JARED D. KNAPP 2214 Horizons Street Mount Vernon, WA 98273	Son	Legal

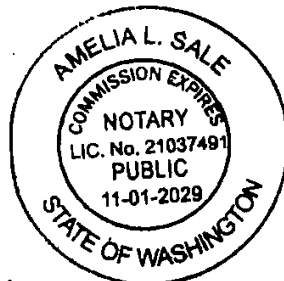
7. I, SAUNDRA L. KNAPP, affirm that I am the sole and rightful heir to the property legally described above.

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

DATED this 3 day of February, 2026.

SAUNDRA L. KNAPP  
*SAUNDRA L. KNAPP*

SIGNED AND SWORN to before me this 3<sup>rd</sup> day of February, 2026.



AMELIA L. SALE

Amelia L. Sale  
NOTARY PUBLIC in and for the  
State of Washington,  
Residing at Mount Vernon  
My Commission Expires: 11/1/29

Pirke Law Firm, Inc. P.S.  
(360) 336-6587

Exhibit "A"

## COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 27th day of January, 2025, between RICHARD L. KNAPP and SAUNDRA L. KNAPP, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by husband and wife. Any separate property of either, now owned or hereafter acquired, shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

C. *Vesting at Death.* On the death of either husband or wife, all of the subject property shall vest in the survivor of them.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

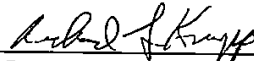
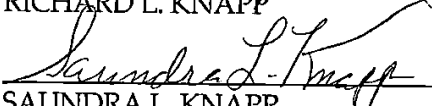
F. *Optional Revocation by One Party.* This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the County where the parties are currently residing.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as agent to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of

written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

G. *Powers of Appointment.* This Agreement shall not affect any power of appointment now held by or hereafter given to either party, or shall it obligate either of them to exercise any such power of appointment in any way.

H. *Survivorship.* As used herein, the term "survivor" or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.


  
\_\_\_\_\_  
RICHARD L. KNAPP  
  
\_\_\_\_\_  
SAUNDRA L. KNAPP

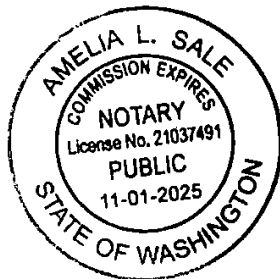
STATE OF WASHINGTON     )  
                                          ) ss.  
COUNTY OF SKAGIT     )

On this day personally appeared before me, RICHARD L. KNAPP and SAUNDRA L. KNAPP, to me known to be the individuals described in and who executed the within and foregoing instrument 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 27th day of January, 2025.

\_\_\_\_\_  
AMELIA L. SALE

  
\_\_\_\_\_  
NOTARY PUBLIC in and for the  
State of Washington  
Residing at Mount Vernon  
My Commission Expires: 11/1/25



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



Exhibit "B"

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-000439

DATE ISSUED: 01/09/2026  
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): RICHARD LUGENE  
LAST NAME(S): KNAPP

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 02, 2026  
HOUR OF DEATH: 03:46 PM  
SEX: MALE AGE: 86 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 2214 HORIZON STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 2214 HORIZON STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 13 YEARS

BIRTH DATE: NOVEMBER 15, 1939  
BIRTHPLACE: COEUR D ALENE, IDAHO

FATHER: DAVID ALLEN KNAPP  
MOTHER: ALBERTA [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: SAUNDRA LEE KALLWICK

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

OCCUPATION: YMCA DIRECTOR  
INDUSTRY: SOCIAL SERVICES  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: JANUARY 09, 2026

INFORMANT: SAUNDRA LEE KNAPP  
RELATIONSHIP: WIFE  
ADDRESS: 2214 HORIZON STREET, MOUNT VERNON, WA 98273

FUNERAL FACILITY: NEPTUNE SOCIETY - BELLINGHAM

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

CAUSE OF DEATH:  
A: ESOPHAGEAL CANCER  
INTERVAL: 4 MONTHS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: ERIKA POPE, DO  
TITLE: DO  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JANUARY 07, 2026

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: JANUARY 08, 2026



# Affidavit for Correction

02/09/2026 03:55 PM  
Mailed 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.

DOH 422-034 August 2019

### 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:  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)  
First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to  Self  Guardian  Informant  Hospital  
Person on Record:  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 2<sup>nd</sup> parent (if required):

Printed name: Date: Printed name: Date:

**INSTRUCTIONS -- go to [www.doh.wa.gov](http://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**

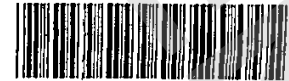
1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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*

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



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