



202602190014

02/19/2026 08:51 AM Pages: 1 of 9 Fees: \$311.50  
Skagit County Auditor

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

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2026-0411  
FEB 18 2026

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

**QUIT CLAIM DEED**

THE GRANTOR, MARY LUETTE STULL, as surviving spouse of DONALD BYRON STULL (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, MARY LUETTE STULL, 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: P21825 (340313-3-012-0002)

The South Half of the West Half of the South Half of the North Half of the Southwest Quarter of the Southwest Quarter of Section 13, Township 34 North, Range 3 East of the Willamette Meridian;

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 17 day of February, 2026.

*Mary Lutte Stull*  
\_\_\_\_\_  
MARY LUETTE STULL



**AFFIDAVIT IN SUPPORT  
OF  
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON        )  
  ) ss.  
COUNTY OF SKAGIT         )

MARY LUETTE STULL, 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 30th day of April, 1998, executed by DONALD BYRON STULL and MARY LUETTE STULL, 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 14849 Avon Allen Road, Mount Vernon, Washington 98273, and legally described as follows:

**Assessor's Parcel Number: P21825 (340313-3-012-0002)**

The South Half of the West Half of the South Half of the North Half of the Southwest Quarter of the Southwest Quarter of Section 13, Township 34 North, Range 3 East of the Willamette Meridian;

Situated in Skagit County, Washington.

2. DONALD BYRON STULL (the "Decedent") was one of the parties to the Agreement and died on September 3, 2020, 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>
MARY LUETTE STULL 14849 Avon Allen Road Mount Vernon, WA 98273	Spouse	Legal
BYRON FRITZ STULL 2216 Alpha St. SE Lacey, WA 98503	Son	Legal
DONALD ANTHONY STULL 18511 9th Ave. W Lynnwood, WA 98037	Son	Legal

7. I, MARY LUETTE STULL, affirm that I am the sole and rightful heir to the property legally described above.

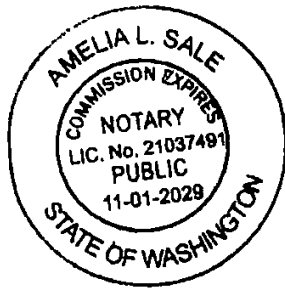
8. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(a).

DATED this 17 day of February, 2026.

Mary Luethe Stull  
MARY LUETTE STULL

SIGNED AND SWORN to before me this 17<sup>th</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

Exhibit "A"

## COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT made and entered into this 30 day of April, 1998, is by and between DONALD BYRON STULL and MARY LUETTE STULL, husband and wife, of Everett, Snohomish County, Washington, and is pursuant to the provisions of 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either.

### WITNESSETH:

That in consideration of the love and affection that each of said parties has for the other and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

**FIRST:** That all property of whatsoever nature or description, whether real, personal or mixed and wheresoever situated, now owned or hereafter acquired by them or either of them, including any separate property, shall be considered and is hereby declared to be community property, and each hereby conveys and quitclaims to the other his or her interest in any separate property he or she may now own or hereafter acquire so as to convert the same to community property.

**SECOND:** That upon the death of either of the parties hereto, with the other party surviving, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.

**THIRD:** That upon commencement by either party hereto of any legal action affecting or purporting to affect the marital relationship between them, e.g., a dissolution of marriage action, it is hereby agreed, covenanted and promised that all property of whatsoever nature or description, whether real, personal or mixed and wheresoever situated, now owned by them which is otherwise community property by virtue of this agreement, shall be considered and is hereby declared to be the separate property of the party who acquired the same historically or who

**COMMUNITY PROPERTY AGREEMENT - 1**

formally owned it as separate property but for the legal effect of paragraph FIRST of this agreement, and each hereby conveys and quitclaims to the other his or her interest in any such property he or she may now own or hereafter acquire so as to convert the same to separate property.

FOURTH: The survivor may disclaim any interest passing under the terms of this agreement in whole or in part, or with reference to specific assets, parts, portions or shares thereof, in the same manner as provided by law for disclaimers of testamentary bequests, and the disclaimed interest shall pass as if this agreement had been revoked as to the disclaimed property immediately prior to the death of the decedent.

FIFTH: Each party recognized that s/he has been informed of her/his right to represented by independent counsel in the negotiation and drafting of this agreement. Each party, acting for her/himself alone, does by her/his signature hereto waive said right, and states that s/he has had adequate, full and fair disclosure of all assets now owned and the value of each involved in this agreement, has had as much opportunity as they each desire to inquire as to the consequences of this agreement, and obtain advice thereon.

SIXTH: This Agreement may be terminated upon mutual agreement of the parties in writing. Even if not so terminated, it shall be deemed mutually terminated and revoked, and shall have no further force and effect upon the occurrence of any of the following events:

1. Upon the parties' or either of them establishing domicile in another state;
2. Immediately prior to death, if the order of death cannot be ascertained.

If termination occurs under this paragraph the redeeding provided in paragraph THIRD above shall, unless otherwise agreed, shall be deemed to have occurred therewith.

SEVENTH: If either party becomes disabled, the other party shall have the power to terminate this agreement acting as attorney in fact for the disabled party under an appropriate Power of Attorney, or under the provisions hereof. Each party hereto designates the other as her/his attorney in fact, effective upon disability, to exercise such power, in addition to any other power of attorney which may have been, be, or may be executed with concurrent power. Such a termination shall become effective upon of written notice thereof to the disabled spouse and to her/his guardian, if any. "Disabled," as used herein, shall mean a written determination of a physician that the individual is unable to manage her/his own affairs.

EIGHTH: This Agreement shall not affect any powers of appointment now or hereafter held by either or both spouses, and shall not obligate both or either of them to exercise any such powers of appointment.

NINTH: If the parties to this agreement have executed wills, either in conjunction with this

**COMMUNITY PROPERTY AGREEMENT - 2**



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



Exhibit "B"  
CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-041608

DATE ISSUED: 09/11/2020  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONALD BYRON  
LAST NAME(S): STULL

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 03, 2020  
HOUR OF DEATH: 06:15 AM  
SEX: MALE AGE: 91 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT, VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 14849 AVON ALLEN ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 17 YEARS

BIRTH DATE: JULY 31, 1929  
BIRTH PLACE: WENATCHEE, WA

FATHER: BYRON DARLING STULL  
MOTHER: GLADYS HELEN [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: LUETTE BAY

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERY

OCCUPATION: DRAFTSMAN  
INDUSTRY: AEROSPACE  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: YES

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 16, 2020

INFORMANT: LUETTE STULL  
RELATIONSHIP: WIFE  
ADDRESS: 14849 AVON ALLEN ROAD, MOUNT VERNON, WA 98273

FUNERAL FACILITY: KERN FUNERAL HOME

CAUSE OF DEATH:

A: ASPIRATION PNEUMONIA  
INTERVAL: 5 DAYS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT, VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: DANIEL G LA PLAUNT

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

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

LOCATION OF INJURY:

CERTIFIER NAME: NAVDEEP DHALIWAL, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: SEPTEMBER 04, 2020

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

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NAVDEEP DHALIWAL, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: SEPTEMBER 10, 2020



Affidavit for Correction

02/19/2026 08:51 AM 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.

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, 10, 12
The true fact is: 9, 11, 13

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.
14a. Signature: Printed name: Date:
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.



\*CERTIFIED\*
SEP 11 2020
Howard Leibrand M.D., Health Officer



0 4 1 4 0 9 5 2

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