



202603040014

03/04/2026 10:41 AM Pages: 1 of 7 Fees: \$309.50
Skagit County Auditor

After recording return to:
Pamela Kaczmarczyk
16088 McLean Rd, Lot 12
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.0023
MAR 04 2026

Amount Paid \$ 0
Skagit Co. Treasurer
By *[Signature]* Deputy

COMMUNITY PROPERTY AFFIDAVIT

Grantor: Kaczmarczyk, Edward William, Estate of
Grantee: Kaczmarczyk, Pamela Christine
Abbreviated Description (Full Description on page 2): 2004 Fleetwood 66' x16'
Manufactured Home only
Assessor's Property Tax No.: P123514

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

Pamela Christine Kaczmarczyk, being first duly sworn, upon oath, declares as follows:

1. Status. I am the surviving spouse of Edward William Kaczmarczyk, who died on February 11, 2026, at Mount Vernon, Skagit County, Washington (the "Decedent"). A certified copy of his Certificate of Death is attached to this Affidavit as Attachment 1.

2. Community Property Agreement. On July 6, 2014, Decedent and I, as husband and wife, validly executed a written Community Property Agreement (the "Agreement"), which has remained valid and in full force since its execution. The Agreement is attached to this Affidavit as Attachment 2.

3. Purpose of Affidavit. The statements set forth in this Affidavit are representations of facts that may be relied upon by all parties dealing with the manufactured

home only located at Eagle's Mobile Park, 16088 McLean Road, Unit 12, Mount Vernon, Skagit County, Washington, (the "manufactured home") and more fully described below in item 4 and all other assets owned by the Decedent at the time of his death.

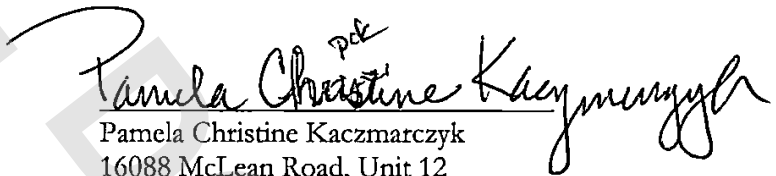
4. **Manufactured Home.** Prior our marriage, Decedent acquired the manufactured home built in the year 2004 by Fleetwood, size 66' x16', with Vehicle Identification number IDFL404A25783BR13 located at Eagle's Mobile Park, 16088 McLean Road, Unit 12, Mount Vernon, Washington 98273. After our marriage, the Decedent transferred to me as his wife one-half interest in the manufactured home on April 16, 2009, to establish community property.

5. **Community Property Subject to the Agreement.** All of the Community Property is subject to the Agreement, all of its disposition is controlled by the Agreement, and all of it passed to me upon Decedent's death. Decedent owned no separate property at death.

6. **Decedent's Will and Probate.** No proceedings have begun or are anticipated to have a Will of Decedent admitted to probate; to have a Personal Representative for Decedent appointed; or to set aside, cancel or revoke the Agreement.


7. **Decedent's Debts and Expenses.** All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full.

Dated: March 4, 2026


Pamela Christine Kaczmarczyk
16088 McLean Road, Unit 12
Mount Vernon, WA 98273

SUBSCRIBED AND SWORN TO before me on March 4, 2026.

Notary Public
State of Washington
TERRY H. SCHABERG
My Comm. Expires 02/21/2028
Commission # 73451


Terry H. Schaberg
Notary Public in and for the State of
Washington
My Commission expires: 2/21/2028

ATTACHMENT 2 ✓

Community Property Agreement

Grantor (Husband): Kaczmarczyk, Edward William
Grantee (Wife): Kaczmarczyk, Pamela Christine

This Agreement is made this July 6, 2014, between Edward William Kaczmarczyk ("Husband") and Pamela Christine Kaczmarczyk ("Wife"), husband and wife, both of whom are 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 and separate property now owned or hereafter acquired by Husband and Wife or either of them (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) 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. All such property is declared to be community property of Husband and Wife and 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 the 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 any alternative disposition.

4. **Automatic Revocation.** The provisions of paragraph 2 shall be automatically revoked: ?

- a. Upon the 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;
- c. Immediately prior to death, if the order of death cannot be ascertained; or
- d. Upon the application by either party for governmental medical assistance such as but not limited to Medicaid benefits.

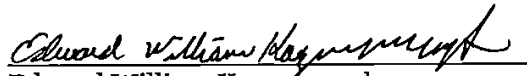
5. **Optional Revocation by One Party.** If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to attorney-in-fact or the guardian(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.

25%
Gohrke
Family
} LLC
Siblings
living
children

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, the said Edward William Kaczmarczyk and Pamela Christine Kaczmarczyk have hereunder set their signatures this July 6, 2014.

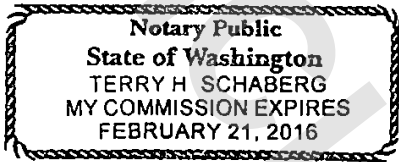

Edward William Kaczmarczyk
Husband


Pamela Christine Kaczmarczyk
Wife

State of Washington)
) ss.
County of Skagit)

I certify that I know or have satisfactory evidence that Edward William Kaczmarczyk and Pamela Christine Kaczmarczyk are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument. Witness my hand and official seal.

Dated: July 6, 2014.



Terry H. Schaberg
Terry H. Schaberg
Notary Public in and for the State of
Washington
My appointment expires 2/21/2016

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



ATTACHMENT

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-007185

DATE ISSUED: 02/17/2026
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): EDWARD WILLIAM
LAST NAME(S): KACZMARCZYK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 11, 2026
HOUR OF DEATH: 09:00 PM

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 16088 MCLEAN RD TRLR 12
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-7159

SEX: MALE AGE: 72 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 16088 MCLEAN RD TRLR 12
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-7159
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARS

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

FATHER: STANLEY KACZMARCZYK
MOTHER: MARY [REDACTED]

BIRTH DATE: [REDACTED]
BIRTHPLACE: AMSTERDAM, NEW YORK

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PREMIER MORTUARY SERVICE

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: PAMELA CHRISTINE GOHRICK

CITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: FEBRUARY 17, 2026

OCCUPATION: ELECTRICIAN
INDUSTRY: STATE EMPLOYEE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

INFORMANT: PAMELA CHRISTINE KACZMARCZYK
RELATIONSHIP: WIFE
ADDRESS: 16088 MCLEAN RD TRLR 12 MOUNT VERNON, WA 98273

ADDRESS: 4131 HANNEGAN RD SUITE #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: JAKE WAGGONER

CAUSE OF DEATH:
A: CHRONIC LYMPHOCYTIC LEUKEMIA
INTERVAL: UNKNOWN

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: SEVERE ORAL THRUSH, ATRIAL
FIBRILLATION, HYPERTENSION, LIVER CIRRHOSIS WITH ASCITES

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: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: FEBRUARY 12, 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: FEBRUARY 17, 2026



Affidavit for Correction

Mail 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.

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:

8. The record currently shows: 9. The true fact is:
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

- 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.



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.

Handwritten signature: Amy Harley

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



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