202603250072
03/25/2026 02:51 PM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2026-0840
MAR 25 2026
Amount Paid $ 0
Skagit Co. Treasurer
By CC Deputy

Recorded by and return to:

Stiles & Lehr Inc., P.S.
P.O. Box 228
Sedro-Woolley, WA 98284

Legal: LTS 1-6, BLK 11, PLAT OF TOWN OF SEDRO

Tax Parcel # P76271 / 4152-111-006-0007

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Peggy L Suryan, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Gus F. Suryan, who died at Sedro-Woolley, County of Skagit, State of Washington, on October 15, 2023, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated October 5, 1978, which agreement has been recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit, Washington.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. That the value of the community estate as of the date of death, including all real and personal property, was over $10,000.00, and the value of all separate property of said decedent was $0.00 as of the date of his death. Among other items of community property was the following described real estate:

Address: 635 Jennings St, Sedro Woolley, WA 98284
Parcel ID: P76271
Xref ID: 4152-111-006-0007

LOTS 1 TO 6, INCLUSIVE, BLOCK 111, "PLAT OF THE TOWN OF SEDRO, SKAGIT COUNTY, W.T.", AS PER PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 18, RECORDS OF SKAGIT COUNTY, WASHINGTON, SITUATE IN THE CITY OF SEDRO WOOLLEY, COUNTY OF SKAGIT, STATE OF WASHINGTON.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

DATE: 3-24-2026.

Peggy L Suryan

State of Washington) ss.
County of Skagit)

On this day personally appeared before me Peggy L Suryan, 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 on March 24, 2026.

JULIE ANN HUERTA
COMM. EXP. 10/31/2026
NOTARY PUBLIC
COMM. NO. 151453
STATE OF WASHINGTON

NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolley, WA
Commission Expires: 10-31-26

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 5th day of October, 1978, by and between Gus F. Suryan and Peggy L. Suryan, husband and wife, of Sedro Woolley, Skagit County, Washington.

W I T N E S S E T H:

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;

I.

That all property of whatsoever nature or description, whether real or personal, or mixed, and wheresoever situated, now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties, title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said Gus F. Suryan and Peggy L. Suryan hereunto have set their hands and seals this 5th day of October, 1978.

Gus F. Suryan
GUS F. SURYAN

Peggy L. Suryan
PEGGY L. SURYAN

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

This is to certify that on this 5th day of October, 1978, personally appeared before me, the undersigned, a notary public, Gus F. Suryan and Peggy L. Suryan, husband and wife, known to me to be the identical persons named in and who executed the foregoing instrument, and that they did acknowledge to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year in this certificate first above written.

Beverly A. Martin
NOTARY PUBLIC in and for the state of Washington, residing at Sedro Woolley

202603250072

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2023-050277**

DATE ISSUED: **10/17/2023**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **GUS FRANK**
LAST NAME(S): **SURYAN**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **OCTOBER 15, 2023**
HOUR OF DEATH: **02:03 AM**
SEX: **MALE** AGE: **97 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: **ANACORTES, WA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **PEGGY LOU EMLEY**

OCCUPATION: **EQUIPMENT OPERATOR**
INDUSTRY: **POWER COMPANY**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **YES**

INFORMANT: **PEGGY SURYAN**
RELATIONSHIP: **WIFE**
ADDRESS: **635 JENNINGS STREET, SEDRO-WOOLLEY, WA 98284**

CAUSE OF DEATH:
A: **SEPSIS**
INTERVAL: **ONE WEEK**
B: **COMMUNITY ACQUIRED PNEUMONIA**
INTERVAL: **ONE WEEK**
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE 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: **HOSPITAL**
FACILITY OR ADDRESS: **UNITED GENERAL HOSPITAL**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**

RESIDENCE STREET: **635 JENNINGS STREET**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WA 98284**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **56 YEARS**

FATHER: **PETER B SURYAN**
MOTHER: **DOMINA** [redacted]

METHOD OF DISPOSITION: **BURIAL**
PLACE OF DISPOSITION: **UNION CEMETERY**

CITY, STATE: **SEDRO WOOLLEY, WASHINGTON**
DISPOSITION DATE: **OCTOBER 23, 2023**

FUNERAL FACILITY: **LEMLEY CHAPEL**

ADDRESS: **1008 THIRD ST**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**
FUNERAL DIRECTOR: **DOUGLAS E. HUTTER**

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**

CERTIFIER NAME: **EDUARDO GOO, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **2000 HOSPITAL DRIVE**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**
DATE SIGNED: **OCTOBER 15, 2023**

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

LOCAL DEPUTY REGISTRAR: **CHRISTIAN G. STECHER**
DATE RECEIVED: **OCTOBER 17, 2023**

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health
DOH 422-034 August 2019

Affidavit for Correction

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

Mail to: Center for Health Statistics
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) First / Middle / Last/Maiden	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) 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 forgoing 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 Acknowledgement 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.

THE SEAL OF THE STATE OF WASHINGTON 1889

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

CERTIFIED
Howard Leibrand MD, Health Officer
Skagit County Health Department
SKAGIT COUNTY WASHINGTON
STATE OF WASHINGTON

0 6 5 6 2 3 3 8