



202603250072

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

Recorded by and return to:

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

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026-0840
MAR 25 2026

Amount Paid \$ 0
Skagit Co. Treasurer
By CC Deputy

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.

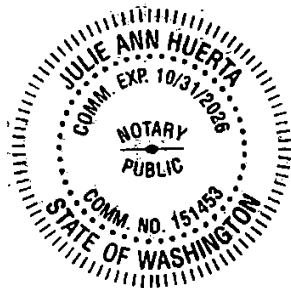
DATE: 3-24-2026

Peggy L Suryan
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
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley, WA
Commission Expires: 10-31-2026

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

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): SURYANCOUNTY 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: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: ANACORTES, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: PEGGY LOU EMLEYOCCUPATION: EQUIPMENT OPERATOR
INDUSTRY: POWER COMPANY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YESINFORMANT: 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 98284RESIDENCE 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 YEARSFATHER: PETER B SURYAN
MOTHER: DOMINA [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERYCITY, 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, 2023CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER
DATE RECEIVED: OCTOBER 17, 2023



Affidavit for Correction

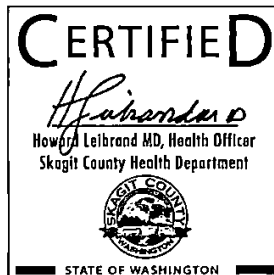
03/25/2026 02:51 PM Page 5 of 5
 Health Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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) 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 foregoing is true and correct.				
14a. Signature:		14b. Signature of 2 nd parent (if required):		
Printed name:		Printed name:		Date:
Date:		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.				
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.				



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



0 6 5 6 2 3 3 8