



202604060111

04/06/2026 04:04 PM Pages: 1 of 8 Fees: \$310.00  
9911 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  
2026.0991  
APR 6 2026

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

LT

**QUIT CLAIM DEED**

THE GRANTOR, MELISSA ANN KEELER, as surviving spouse of TEDDY "TED" MICHAEL KEELER (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, MELISSA ANN KEELER, 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: P126428 (4935-000-035-0000)

Lot 35, "PLAT OF MONTREAUX, PHASE," as per plat recorded on July 23, 2007, under Auditor's File No. 200707230124, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

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

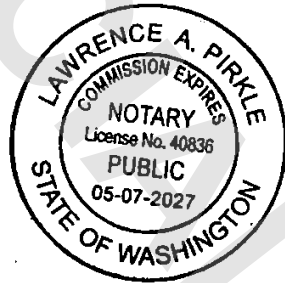
Dated this 1<sup>st</sup> day of April, 2026.

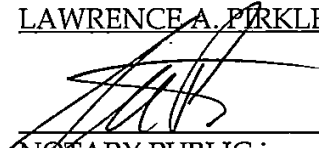
Melissa A Keeler  
MELISSA ANN KEELER

STATE OF WASHINGTON        )  
  ) ss.  
COUNTY OF SKAGIT         )

I certify that I know or have satisfactory evidence that MELISSA ANN KEELER is the individual who appeared before me, and said individual acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 1<sup>st</sup> day of April, 2026.



LAWRENCE A. PIRKLE  
  
NOTARY PUBLIC in and for the  
State of Washington,  
Residing at Mount Vernon  
My Commission Expires: 5/7/27

## COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 19th day of September, 2013, between TEDDY "TED" MICHAEL KEELER and MELISSA ANN KEELER, 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 Skagit County, Washington, Recorder's Office where real property transactions in Skagit County, Washington are recorded.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact 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, nor shall it obligate either of them to exercise any such power of appointment in any way.

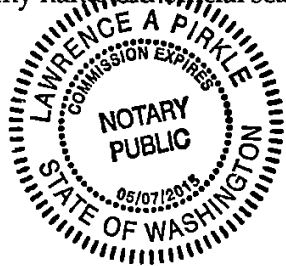
H. *Survivorship.* As used herein, the term "survivor" or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.

Teddy Michael Keeler  
TEDDY "TED" MICHAEL KEELER  
Melissa Ann Keeler  
MELISSA ANN KEELER

STATE OF WASHINGTON )  
  ) ss  
COUNTY OF SKAGIT )

On this day personally appeared before me, TEDDY "TED" MICHAEL KEELER and MELISSA ANN KEELER, 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 19th day of September, 2013.



Lawrence A. Pirkle  
[Signature]  
NOTARY PUBLIC in and for the  
State of Washington  
Residing at Mount Vernon  
My Commission Expires: 5/7/15

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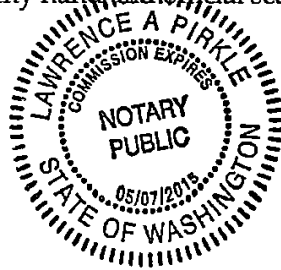
H. *Survivorship.* As used herein, the term "survivor" or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.

Teddy M Keeler  
TEDDY "TED" MICHAEL KEELER  
Melissa A. Keeler  
MELISSA ANN KEELER

STATE OF WASHINGTON        )  
  )    ss  
COUNTY OF SKAGIT        )

On this day personally appeared before me, TEDDY "TED" MICHAEL KEELER and MELISSA ANN KEELER, 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 19th day of September, 2013.



LAWRENCE A. PIRKLE  
[Signature]  
NOTARY PUBLIC in and for the  
State of Washington  
Residing at Mount Vernon  
My Commission Expires: 5/7/15

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-006880

DATE ISSUED: 02/13/2026  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): TED  
LAST NAME(S): KEELER

AKA: TED M KEELER

AKA: TEDDY TED KEELER

AKA:

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 11, 2026  
HOUR OF DEATH: 06:18 PM  
SEX: MALE AGE: 86 YEARS

SOCIAL SECURITY NUMBER:

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

BIRTH DATE:  
BIRTHPLACE: YAKIMA, WASHINGTON

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: MELISSA A HENDERSON

OCCUPATION: ASSISTANT DEAN OF ACADEMICS  
INDUSTRY: COMMUNITY COLLEGE  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: NO

INFORMANT: MELISSA A KEELER  
RELATIONSHIP: WIFE  
ADDRESS: 818 HICKORY PLACE, MOUNT VERNON, WA 98274

CAUSE OF DEATH:  
A: LEAKING AORTIC GRAFT  
INTERVAL: MONTHS  
B: ABDOMINAL AORTIC ANEURYSM  
INTERVAL: 14 YEARS  
C: HYPERTENSION  
INTERVAL: YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE  
CARDIOMYOPATHY, PERIPHERAL VASCULAR DISEASE, CHRONIC KIDNEY  
DISEASE, ATRIAL FIBRILLATION

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: DECEDENT'S HOME  
FACILITY OR ADDRESS: 818 HICKORY PL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-8784

RESIDENCE STREET: 818 HICKORY PL  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-8784  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: LAWRENCE KEELER  
MOTHER:

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: FEBRUARY 17, 2026

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

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

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

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: FEBRUARY 13, 2026

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
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**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: Printed name: Date:  
 14b. Signature of 2<sup>nd</sup> parent (if required): 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).

<p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul> <p>*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.</p>	<p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>
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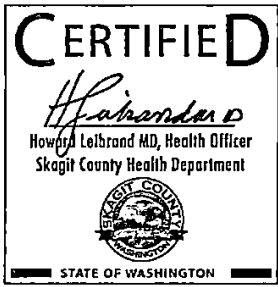
**Death Certificates**

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.



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