202607300065
07/30/2026 03:44 PM Pages: 1 of 10 Fees: $312.50
Skagit County Auditor

After Recording Return To:

North Sound Law Group, PLLC
300 N. Commercial Street
Bellingham, WA 98225

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20260.2430
JUL 30 2026
Amount Paid $ -0-
Skagit Co. Treasurer
By G Deputy

DOCUMENT TITLE:	**AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT**
REFERENCE NUMBER OF RELATED DOCUMENT:	202607200001
GRANTOR:	**IAN MACKIE, Deceased**
GRANTEE:	**EILEEN P. MACKIE, Surviving Spouse**
ABBREVIATED LEGAL DESCRIPTION:	**LT 86, SKYLINE NO. 3, AS PER PLAT RECORDED IN VOL 9 OF PLATS, PG 54 AND 55, RECORDS OF SKAGIT COUNTY, WASHINGTON.**
ADDITIONAL LEGAL DESCRIPTION ON PAGE(S):	**2-3**
ASSESSOR'S TAX PARCEL NUMBER:	**3819-000-086-0002 // PID 59191**

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

ESTATE OF IAN MACKIE, DECEASED

STATE OF WASHINGTON)
) ss.
COUNTY OF WHATCOM)

SUZANNE BORDELON, after being first duly sworn upon oath, deposes and says:

1. Agreement as to Status of Community Property. This Affidavit is for the purpose of supplying information for record pertaining to that certain Community

Property Agreement executed by IAN MACKIE and EILEEN P. MACKIE, husband and wife, which Agreement was dated May 1, 2018, (true and correct copy of which is attached hereto as Exhibit A), and also for the Estate of Ian Mackie, Deceased, one of the parties to said Agreement.

2. Decedent. Ian Mackie died on June 24, 2026, in Mount Vernon, Skagit County, Washington. Recorded herewith as Exhibit B is a true and correct copy of the death certificate that was issued.

3. No Subsequent Agreements. The parties to the Community Property Agreement referred to above entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement. The above-mentioned Community Property Agreement was in full force and effect at the time of Decedent's death.

4. Community Property. Among other items of community property was the following described real estate and personal property:

a) Residence located at 2004 Bradley Drive, Anacortes, Skagit County, Washington, legally described as follows:

LOT 86, "SKYLINE NO. 3", ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGES 54 AND 55, RECORDS OF SKAGIT COUNTY, WASHINGTON.

THIS CONVEYANCE IS SUBJECT TO COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS, IF ANY, AFFECTING TITLE, WHICH MAY APPEAR IN THE PUBLIC RECORD, INCLUDING THOSE SHOWN ON ANY RECORDED PLAT OR SURVEY AS DESCRIBED BELOW.

EXCEPTIONS:

A. MATTERS AS DISCLOSED AND/OR DELINEATED ON THE FACE OF THE FOLLOWING PLAT/SUBDIVISION:

PLAT/SUBDIVISION NAME:	SKYLINE NO. 3
RECORDED:	JULY 31, 1968
AUDITOR'S NO:	716497

B. COVENANTS, CONDITIONS AND RESTRICTIONS CONTAINED IN SAID PLAT:

DECLARATION DATED:	AUGUST 7, 1968
RECORDED:	AUGUST 12, 1968
AUDITOR'S NO.:	716889
EXECUTED BY:	SKYLINE ASSOCIATES, A LIMITED PARTNERSHIP HARRY DAVIDSON, GENERAL PARTNER

ABOVE COVENANTS, CONDITIONS AND RESTRICTIONS WERE REVISED AS FOLLOWS:

DECLARATION DATED:	MARCH 29, 2005
RECORDED:	MARCH 29, 2005
AUDITOR'S NO.:	200503290150

C. PROVISION CONTAINED IN DEEDS THROUGH WHICH TITLE IS CLAIMED BY OTHER LOT OWNERS IN SAID SUBDIVISION FROM SKYLINE ASSOCIATES, WHICH MAY BE NOTICE OF A GENERAL PLAN AS FOLLOWS:

"PURCHASER AGREES AND COVENANTS THAT THE ABOVE DESCRIBED REAL ESTATE SHALL BE SUBJECT TO CHARGES AND ASSESSMENTS IN CONFORMITY WITH THE RULES AND REGULATIONS, ARTICLES OF INCORPORATION AND BY-LAWS OF SKYLINE BEACH CLUB, INC., A WASHINGTON NONPROFIT CORPORATION, AND PURCHASER ACKNOWLEDGES THAT HE HAS RECEIVED A COPY OF THE ARTICLES OF INCORPORATION AND BY-LAWS OF THE SAID NONPROFIT CORPORATION."

D. TERMS AND PROVISIONS OF THE BY LAWS OF SKYLINE BEACH CLUB AS RECORDED JULY 28, 2009 UNDER AUDITOR'S FILE NO. 200907280031.

E. MATTERS AS DISCLOSED AND/ OR DELINEATED ON THE FACE OF THE FOLLOWING SURVEY:

NAME:	SURVEY
RECORDED:	AUGUST 9, 2002
AUDITOR'S NO.:	200208090027

Skagit County Tax Parcel No. P59191

b) All Checking, Savings, Investment, and Retirement and Annuity Accounts.

c) All Motor Vehicles.

d) All Household Furniture, Furnishings, Jewelry, Clothing, and Other Items of Personal Property.

5. Separate Property. The Decedent left no separate estate.

6. Debts. All obligations of the community owing at the date of death of Decedent have been paid in full, and all expenses of last illness and for funeral and burial services have been paid. The decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS), including nursing facility services, home or community-based services, hospital, prescription drugs, or any other services.

7. Estate Tax Return. No federal or state estate tax return was required to be filed.

9. Heirs. Decedent was survived by the following persons:

Name	Relationship to Decedent	Address
Eileen P. Mackie	Surviving Spouse	2004 Bradley Drive Anacortes, WA 98221

10. Reliance. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties dealing with the real estate described herein.

DATED this 22nd day of July, 2026.

SUZANNE BORDELON as Power of Attorney Agent for Eileen P. Mackie

SUBSCRIBED AND SWORN TO before me this 22nd day of July, 2026.

(S E A L)

PIPER MARSHBURN, Notary Public

My Commission Expires: June 10, 2029

EXHIBIT # A

Community Property Agreement

THIS AGREEMENT is made May 1st, 2018, at La Conner, Washington, between Ian Mackie ("Husband") and Eileen P. Mackie ("Wife"), husband and wife, both of whom are domiciled in the state of Washington, pursuant to Section 26.16.120 of the Revised Code of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Status of Property. All property (including, but not limited to, property owned at the time of their marriage, property received up to the date of this Agreement by gift, bequest, legacy, devise or inheritance, or proceeds, income, rents, issues, profits, gains and appreciation from such property) of whatsoever nature and description, whether real or personal, wherever situated, now owned by Husband and Wife, or by either of them, or hereafter acquired during the existence of the marital community, is and shall be considered community property.

2. Disposition of Community Property at Death. If one spouse dies and the other spouse survives by ten (10) days, all of the described community property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. Exception to Agreement. Either spouse may, with the written agreement of the other spouse, reserve separate property and dispose of it outside of this Agreement by making a separate beneficiary designation for a particular asset, such as an IRA, life insurance policy, or annuity, but not by Will. This exception shall apply only to such designations made after the date of this Agreement.

4. 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 references to specific parts, shares or assets thereof. Any interest so 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 other disposition.

5. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with the provisions of any community property agreement or other arrangement previously made by the parties affecting the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

6. Optional Revocation By One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2. The Termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), 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 two licensed physicians state in writing that the spouse is unable to manage his or her own affairs.

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7. Termination. This Agreement shall terminate under any of the following circumstances:
(i) The mutual agreement of the parties in writing.
(ii) The provisions of Paragraph 2 shall be deemed mutually terminated upon the earlier to occur of (a) the termination of the marital community, or (b) the filing by either party of a petition for dissolution of their marriage, for divorce or for the annulment of their marriage (the Termination). Following such Termination, property thereafter acquired by Husband or Wife shall be the acquiring spouse's separate property, and the income, rents, issues, profits, gains and appreciation attributable to property which was their community property shall be their respective separate property in equal shares. Any property which was community property at the Termination shall not cease to be such merely by reason of the Termination.
(iii) Immediately prior to death if neither party survives the other by ten (10) days.

8. Independent Counsel. Husband and Wife each recognize that he or she has a right to be represented by independent counsel in arriving at this Agreement. Each of them hereby waives said right and states that he or she has had an adequate, fair and full disclosure of all assets now owned and the value of each involved in this Agreement.

DATED as first stated above.

Ian Mackie
Husband

Eileen P. Mackie
Wife

Acknowledgement of Advice as to Retention of Separate Counsel

We have both been advised that the foregoing document may have a significant effect on how our property is owned and who may receive assets at our deaths. We have been advised by our attorney, Felicia Value, to obtain separate counsel to review our respective rights and the effects of this Agreement and all matters incident to it. We each decline to obtain such separate counsel, and acknowledge that we nevertheless enter into this Agreement freely and voluntarily.

Ian Mackie
Husband

Eileen P. Mackie
Wife

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STATE OF WASHINGTON)
: ss
County of Skagit)

I certify that I know or have satisfactory evidence that Ian Mackie and Eileen P. Mackie are the persons who appeared before me, and said persons each acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated 5/1/18

Gem Jake Tartaglia
Notary Public in and for the State
of Washington, residing at La Conner, WA.
My Commission Expires: 5-10-2020

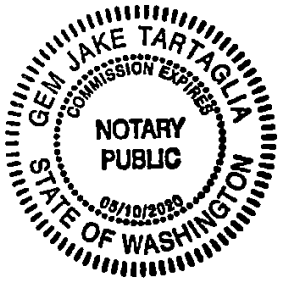

EXHIBIT # B

202607300065

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2026-031094

DATE ISSUED: 06/29/2026
FEE NUMBER:

FIRST AND MIDDLE NAME(S): IAN
LAST NAME(S): MACKIE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 24, 2026
HOUR OF DEATH: 01:29 PM
SEX: MALE AGE: 94 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:
BIRTHPLACE: PETERHEAD, SCOTLAND

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: EILEEN PATIENCE WEAVER

OCCUPATION: ENGINEER - OTHER
INDUSTRY: AEROSPACE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: SUZANNE MACKIE BORDELON
RELATIONSHIP: DAUGHTER
ADDRESS: 1645 GROSSMONT VIEW DRIVE, EL CAJON, CA 92020

CAUSE OF DEATH:
A: PNEUMONIA
INTERVAL: DAYS
B: HEART FAILURE
INTERVAL: YEARS
C: SEVERE MITRAL REGURGITATION
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION. OBSTRUCTIVE SLEEP APNEA

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: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-4190

RESIDENCE STREET: 2004 BRADLEY DRIVE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER: ROBERT JENNER MAY MACKIE
MOTHER:

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GRAND VIEW CEMETERY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JULY 10, 2026

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: MALIK FUIMAONO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JUNE 26, 2026

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: JUNE 29, 2026

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)

Required			
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.

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

STATE OF WASHINGTON

0 7 2 0 5 1 8 0