



200902250088

Skagit County Auditor

2/25/2009 Page

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7 12:13PM

RETURN TO:

BEVERLY HAGG
1516 - 34TH STREET
ANACORTES WA 98221

DOCUMENT TITLE: Affidavit Re: Community Property Agreement

GRANTOR: Beverly H. Hagg

GRANTEE: The Public

ABBREVIATED LEGAL DESCRIPTION:

LOT B SHORT PLAT ANA-96-003
AF#9610100070; BEING A PORTION
OF SW1/4 NE1/4

ASSESSOR'S TAX PARCEL NUMBER:

P111803/350125-0-053-0200

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss.

BEVERLY H. HAGG, being first duly sworn on oath deposes and says:

1. **NAME OF DECEDENT.** That affiant is the surviving spouse of TORSTEN M. HAGG, who died at Anacortes, Skagit County, Washington, on the 7th day of February, 2009. That at that time they were residents of Anacortes, Skagit County, Washington. That certified copy of Certificate of Death issued by the Washington State Department of Health is attached hereto, marked Exhibit "A" and by reference made a part hereof.

2. **EXECUTION OF AGREEMENT.** That on the 15th day of MARCH, 1990, and while husband and wife, the affiant and the said TORSTEN M. HAGG executed an agreement entitled "Community Property Agreement." That since the execution thereof, the said agreement has not been altered, modified, revoked, renounced or abandoned in any way, nor has any instrument inconsistent therewith or contradictory thereto been executed. That the said Community Property Agreement is attached hereto, marked Exhibit "B" and by reference made a part hereof.

3. **PAYMENT OF DEBTS.** That all expenses of last illness, burial and funeral and costs of administration have been paid or provided for.

4. **STATUS OF PROPERTY.** That as of the time as a result of the execution of said agreement, and at all times subsequent thereto, all property, real and personal, owned by them, or in



which they had any interest, became and remained community property.

5. **INHERITANCE AND ESTATE TAXES.** That said estate is not subject to state inheritance taxes or federal estate tax, being below current exemptions in effect as of the date of death.


6. **REAL ESTATE.** That all of the real estate listed and described on Exhibit "C," attached hereto and by reference made a part hereof, was at the time of death the community property of decedent and has now passed to the affiant, as his surviving spouse.

7. **PURPOSES OF AFFIDAVIT.** This affidavit is made to induce all title insurance companies dealing with said real property to issue policies of title insurance upon real estate passing to the surviving spouse, and affiant herein, by virtue of said community property survivorship agreement, and in reliance upon the representations of fact hereinabove set forth. This affidavit is further executed for the purpose of giving notice of the existence and effectiveness of the Community Property Agreement.

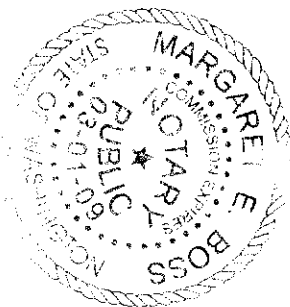


BEVERLY H. HAGG

SIGNED AND SWORN to before me this 25th day of February, 2009,
by Beverly H. Hagg.



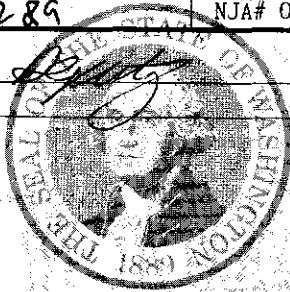
Printed name: Margaret Boss
Notary Public in and for the State of
Washington, residing at Burlington.
My appointment expires: 03/09/09



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 98-09		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix TORSTEN "TORK" MAGNUS HAGG				2. Death Date Feb. 7, 2009		
3. Sex (M/F) Male	4a. Age - Last Birthday 75 Years	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Vancouver, B.C.		8b. (State or Foreign Country) Canada		9. Decedent's Education High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 1516 34th Street				13b. City or Town Anacortes		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98221
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. 60 Years				
15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Beverly Hermine Cassell				
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Catalytic Operator				18. Kind of Business/Industry (Do not use Company Name) Petroleum Refinery		
19. Father's Name (First, Middle, Last Suffix) Magnus Bernhard Hagg				20. Mother's Name Before First Marriage (First, Middle, Last Suffix) Viola Cecelia [REDACTED]		
21. Informant's Name Beverly Hagg		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town, State, Zip 1516 34th Street, Anacortes, WA 98221		
24. Place of Death, if Death Occurred in a Hospital: _____ Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence						
25. Facility Name (if not a facility, give number & street or location) 1516 34th Street				26a. City, Town, or Location of Death Anacortes		26b. State WA
				27. Zip Code 98221		
28. Method of Disposition Cremation				29. Place of Final Disposition (Name of cemetery, crematory, other place) Cady Cremation Services		30. Location-City/Town, and State Kent, Washington
31. Name and Complete Address of Funeral Facility Affordable Burial & Cremation services, LLC, 17910 SR 536, Mount Vernon, WA 98273				32. Date of Disposition Feb. 10, 2009		
33. Funeral Director Signature <i>[Signature]</i>						
Cause of Death (See instructions and examples)						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. Metastatic prostate cancer			Interval between Onset & Death 3 yrs	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. primary prostate cancer			Interval between Onset & Death 5 yrs	
		c. _____			Interval between Onset & Death	
		d. _____			Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street _____ Apt. No. _____ City or Town _____ County: _____ State: _____ Zip Code + 4 _____				46. Describe how injury occurred		
				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____		
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and as of the cause(s) and manner stated. R. Raish				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and as of the cause(s) and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Robert Raish, M.D., 1211 24th Avenue, Anacortes, WA 98221				50. Hour of Death (24hrs) 1820 Hours		51. Name and Title of Attending Physician if other than Certifier (Type or Print)
				52. Date Signed (MM/DD/YYYY) Feb. 9, 2009		
53. Title of Certifier Physician		54. License Number 26289		55. ME/Coroner File Number NJA# 09-062		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) FEB -9		
59. Amendments						




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Skagit County Auditor

Affidavit for Correction

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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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

- | | | |
|--------------------------------|-------------------------------|---|
| Examples of documentary proof: | Certificate of Naturalization | Medical Record |
| | Hospital Records | Military Record (DD-214) |
| | Insurance Records | Birth Record |
| | Marriage/Divorce Records | Passport |
| | | School Record |
| | | Voter's Registration Card (if it bears an effective date) |
| | | Alien Registration Card (front and back) |

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



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Skagit County Auditor

CERTIFIED

FEB 17 2009

Skagit County Health Department
Howard Leibrand M.D., Health Officer

QQ00318303

COMMUNITY PROPERTY AGREEMENT

This is an agreement dated the 15th day of March, 1990, between TORSTEN M. HAGG and BEVERLY H. HAGG, husband and wife, pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either. It is hereby agreed as follows:

1) Upon the death of either party all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situate, now owned or hereafter acquired by the parties, or either of them, in any manner, shall be considered and is hereby declared to be community property. For the purpose of constituting all property community property, each party to this agreement transfers, conveys and quit claims to the other an undivided one-half interest in and to any and all separate property presently owned or which may be hereafter acquired.

2) Upon the death of either of the parties hereto and recording of this instrument ownership and title to all community property, as defined in the preceding paragraph, shall immediately vest in the survivor of them.

3) The commencement of an action for Dissolution of Marriage of the parties hereto shall automatically terminate this agreement.

4) In the event of mental incompetency of one of the parties hereto or for any other valid reason, either party may petition the Superior Court to amend or terminate this agreement and the court shall have the right to take such action as it deems best.

IN WITNESS WHEREOF, the parties hereto have executed this agreement.

Daniel L. Day
Witness

Torsten M. Hagg
TORSTEN M. HAGG

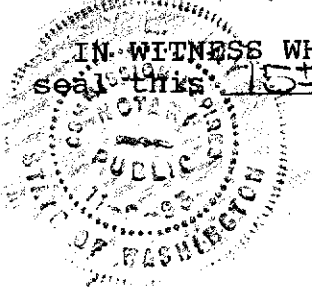
Kate Day
Witness

Beverly H. Hagg
BEVERLY H. HAGG

STATE OF WASHINGTON)
) ss:
COUNTY OF SKAGIT)

On this day personally appeared before me TORSTEN M. HAGG and BEVERLY H. HAGG, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged 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 affixed my hand and official seal this 15th day of March, 1990.



Katy Day
NOTARY PUBLIC for Washington. My
Commission Expires: 11/9/93

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EXHIBIT "C"

Lot B of City of Anacortes Short Plat No. ANA-96-003, approved October 9, 1996, recorded October 10, 1996, in Volume 12, Page 153-154 of Short Plats, under Auditor's File No. 9610100070, being a portion of Southwest 1/4 of the Northeast 1/4, Section 25, Township 35 North, Range 1 East, W.M.

Assessor's Property Tax Parcel Account Number:
P111803/350125-0-053-0200



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