

COVER SHEET

Return To:

Fairhaven Legal Associates, P.S.  
P.O. Box 526  
Burlington, Washington 98233



200904100086

Skagit County Auditor

4/10/2009 Page 1 of 8 1:02PM

**DOCUMENT TITLE(S)** (or transactions contained herein):

Affidavit Re: Community Property Agreement, Community Property Agreement, Death Certificate

**REFERENCE NUMBER(S)** of Documents Assigned or Released:

**GRANTOR(S)** (Last name, first name and initials):

1) Rex McCleary

2)

Additional Names on Page of Document

**GRANTEE(S)** (last name, first name and initials):

1) Barbara A. McCleary

2)

Additional Names on Page of Document

**LEGAL DESCRIPTION** (abbreviated: i.e., lot, block, plat or quarter, section, township, and range):

THE RIDGE AT MADDOX CREEK A CONDOMINIUM, PHASE 1, AF#200309120222, BUILDING 1, UNIT 103, BEING A PORTION OF LOT B-12, LOCATED IN NE 1/4 OF SECTION 28.

Additional Legal(s) on Page 1 and 2 of Document

**ASSESSORS PARCEL / TAX ID NUMBER:**

4822-001-103-0000; P120823

Tax Parcel Number(s) for additional Legal(s) on Page of Document

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

Barbara A. McCleary, being first duly sworn, deposes and says:

That affiant is the surviving spouse of Rex McCleary, who died at Mount Vernon, Washington on February 13, 2009; having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated August 22, 1997 and duly recorded in the Office of the County Auditor at Skagit County, Washington, on April 10, 2009 as No. 200904100086 and also for the estate of Rex McCleary, deceased, one of the parties to said Agreement.

That there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness.

That the value of the community estate as of the date of death, including all real and personal property, exceeded the amount of all creditors' claims and expenses incurred by the former marital community, and that there was no separate property of the decedent.

That all taxes, both inheritance and federal estate, have been paid and releases filed with the Clerk of Skagit County.

That under the terms of said Community Property Agreement, upon the death of either of the parties to the marital community, title to all community real estate should immediately vest in fee simple in the survivor. Among other items of community property was the following described real estate:

Unit 103, Building 1, THE RIDGE AT MADDOX CREEK A CONDOMINIUM, PHASE 1, according to the Declaration thereof recorded September 12, 2003, under Auditor's File No. 200309120223, and Survey Map and Plans thereof recorded September 12, 2003, under Auditor's File No. 200309120222, records of Skagit County,



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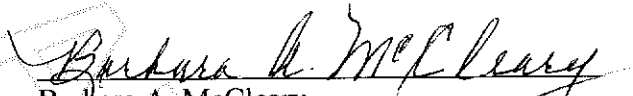
Washington; being a portion of Lot B-12, Maddox Creek P.U.D. Phase 3, according to the plat thereof recorded August 14, 2000, under Auditor's File No. 200008140137, records of Skagit County, Washington.

Assessor's Tax/Parcel No.: 4822-001-103-0000; P120823

Subject to: Restrictions, reservations and easements of record.

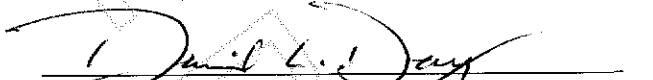
That the approximate value of the aforesaid real estate as of the date of death of said decedent was approximately \$184,000.00.

This affidavit is made to induce a title insurance company to issue its policy of title insurance on the aforesaid real estate passing to the surviving spouse by virtue of said Community Property Agreement in reliance upon the representations herein set forth.

  
Barbara A. McCleary

Subscribed and sworn to before me this 9 day of April, 2009.



  
Notary Public in and for Washington,  
Residing at 3000, Wa., WA  
My commission expires 6-9-11



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WHEN RECORDED RETURN TO:

JAMES E. ANDERSON P.S.  
P.O. BOX 727  
ANACORTES, WA 98221

**COMMUNITY PROPERTY AGREEMENT**

AGREEMENT made this 22 day of August, 1997, between REX McCLEARY and BARBARA A. McCLEARY, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. **Property Covered:** This Agreement shall apply to all all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is referred to in this Agreement as the "described community property."

2. **Vesting at Death of a Spouse:** If Husband dies and Wife survives him, all of the described community property

COMMUNITY PROPERTY AGREEMENT - 1

**ORIGINAL**



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shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. **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 reference to specific parts, shares, or assets thereof, in which event the interest 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 alternate disposition.

4. **Automatic Revocation:** The provisions of paragraph 2 shall be automatically revoked:

a. Upon the filing by either party of a petition, complaint, or other pleading for separation, dissolution, or divorce; or

b. Upon the establishment of a domicile out of the State of Washington by either party; or

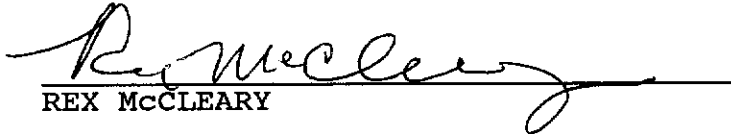
c. Immediately prior to death if the order of death cannot be ascertained.

5. **Optional Revocation by One Party:** If either party becomes incapacitated, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon incapacity to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardians, if any, of the person and of the estate of the incapacitated person. For the purposes of this paragraph, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own property or financial affairs.

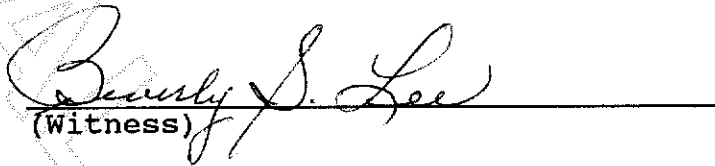
6. **Powers of Appointment:** This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

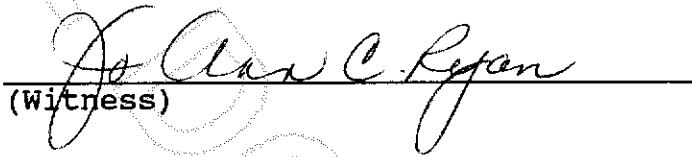


7. **Revocation of Inconsistent Agreements:** To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such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

  
REX McCLEARY

  
BARBARA A. McCLEARY

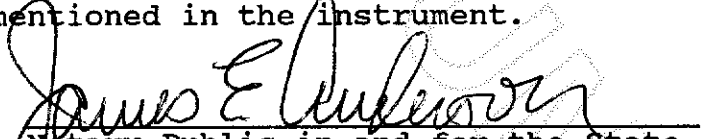
  
(Witness)

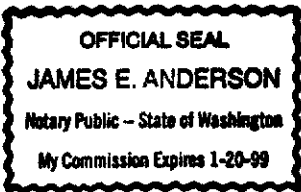
  
(Witness)

STATE OF WASHINGTON    )  
  ) ss  
COUNTY OF SKAGIT       )

I certify that I know or have satisfactory evidence that REX McCLEARY and BARBARA A. McCLEARY signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: 8/22/97

  
Notary Public in and for the State  
of Washington, residing at  
ANACORTES  
My appointment expires: 1/20/99.



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **163-09** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any): First Middle LAST Suffix <b>REX (nmn) MCCLEARY</b>			2. Death Date <b>Feb 13, 2009</b>		
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>74</b>	4b. Under 1 Year Months Days <b>74</b>	4c. Under 1 Day Hours Minutes <b>74</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Skagit</b>
7. Birthdate <b>[REDACTED]</b>		8a. Birthplace (City, Town, or County) <b>Long Mott</b>	8b. (State or Foreign Country) <b>Texas</b>	9. Decedent's Education <b>Bachelor of Science Degree</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1416 Lindsay Loop - Unit 103</b>			13b. City or Town <b>Mount Vernon</b>		
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98274</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence <b>4 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Barbara Ann [REDACTED]</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Electronic Engineer</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Aeronautical Industry</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>James Arthur McCleary</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Nancy Lucinda Bearden</b>		
21. Informant's Name <b>Barbara Ann McCleary</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>1416 Lindsay Loop - #103 Mount Vernon, WA 98274</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>					
25. Facility Name (if not a facility, give number & street or location) <b>Skagit Valley Hospital</b>			26a. City, Town, or Location of Death <b>Mount Vernon</b>		26b. State <b>WA</b>
27. Zip Code <b>98274</b>		28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Northwest Crematory</b>	
30. Location-City/Town, and State <b>Anacortes, Washington</b>			31. Name and Complete Address of Funeral Facility <b>Evans Funeral Chapel &amp; Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-</b>		
32. Date of Disposition <b>February 18, 2009</b>			33. Funeral Director Signature X <b>Hevrie Hillier</b>		
34. Enter the <u>chain of events</u> - 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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Upper Gastrointestinal Bleeding</b> Interval between Onset & Death: <b>12 Hours</b> Due to (or as a consequence of): <b>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. c. d.</b> Interval between Onset & Death: Due to (or as a consequence of): Interval between Onset & Death:					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Bullous Lung Disease, Multiple Myeloma</b>			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"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury (MMDDYYYY)	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 City or Town: County: State: Zip Code + 4: Apt No:			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 due to the causes and manner stated: X <b>Brian A. Kendregan</b>		
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the causes and manner stated: X			49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Brian A. Kendregan, M.D. 1400 E. Kincaid, Mount Vernon, WA 98274</b>		50. Hour of Death (24hrs) <b>18:20 PM</b>
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MMDDYYYY) <b>February 18, 2009</b>		53. Title of Certifier <b>M. D.</b>
54. License Number <b>MD00047370</b>		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X <b>Betty Jo Payuh</b>			58. Date Received (MMDDYYYY) <b>FEB 18</b>		
59. Amendments					



**200904100086**  
**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

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)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

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 Telephone Number:
Funeral Director Other (Specify)

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:

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, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, 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.

CERTIFIED

FEB 26 2009



200904100086
Skagit County Auditor