

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
321 W. Washington, Suite 300  
Mount Vernon, WA 98273  
(360) 336-6587



201107120082  
Skagit County Auditor

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**DOCUMENT TITLE:** AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT

**REFERENCE NUMBER:**

**GRANTOR:** COLLEEN LETA SANDS

**GRANTEE:** PUBLIC

**LEGAL DESCRIPTION:**

Tract 51 Skyline Division No. 5, as recorded in Volume 9 of Plats, page 56-58, records of Skagit County, Washington.

TOGETHER WITH one family membership in SKYLINE BEACH CLUB, INC., a Washington Non-Profit Corporation, which membership shall be inseparately appurtenant to and run with the land herein purchased.

**ASSESSOR PARCEL / TAX ID NUMBER:** 3821-000-051-0009 (P59364)



2. RICHARD LEE SANDS (the "Decedent") was one of the parties to the Agreement and died on November 22, 2010 in Skagit County, Washington. The Decedent's Death Certificate is attached as Exhibit "B" incorporated herein by this reference.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreement which would have the effect of abrogating or nullifying the Agreement.

4. The real property owned by the Decedent and the affiant is legally described above.

5. The Decedent left no separate property.

6. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

7. The Decedent was survived by the following persons:

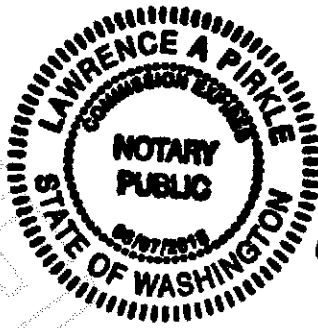
<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
COLLEEN LETA SANDS 4817 Yorkshire Drive Anacortes, WA 98221	Spouse	Legal
STEVEN J. McDERMOTT 2399 Skyline Way, #101 Anacortes, WA 98221	Step-Son	Legal
CHRISTINE MALLET- SHOEMAKER 4524 - 47th SW Seattle, WA 98116	Daughter	Legal
LAURIE A. SANDERS 3915 SW 97th St. Seattle WA 98116	Daughter	Legal

DATED this 12 day of July, 2011.

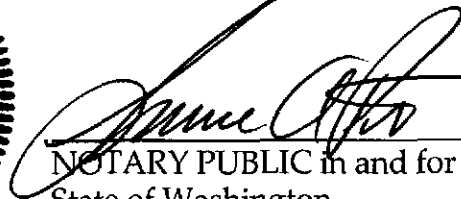
*Colleen Leta Sands*  
COLLEEN LETA SANDS



SIGNED AND SWORN to before me this 12<sup>th</sup> day of July, 2011.



LAWRENCE A. PIRKLE



NOTARY PUBLIC in and for the  
State of Washington,  
Residing at Mount Vernon  
My appointment expires: 5/7/15



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**Grantor(s):** Richard Lee Sands

Additional names on page  
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**Grantee(s):** Colleen Leta Sands

Additional names on page  
\_\_\_ of document

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## Special Community Property Agreement


THIS AGREEMENT, made and entered into on April 23, 2007, by and between **Richard Lee Sands and Colleen Leta Sands**, husband and wife, who reside in Anacortes, Skagit County, Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. **Property covered:** This agreement shall apply to all property now owned or hereafter acquired by husband and wife 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

Special Community  
Property Agreement

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Elliott W. Johnson Inc. P.S.  
711 South First Street  
Mount Vernon, WA 98273  
(360) 336-6502 Fax 336-5616  
Email Elliott@EWJLaw.com



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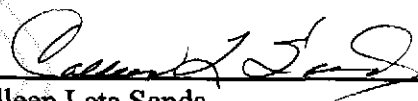
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community property vested as of the moment of her death. All such property is regarded to in this agreement as the "described community property."

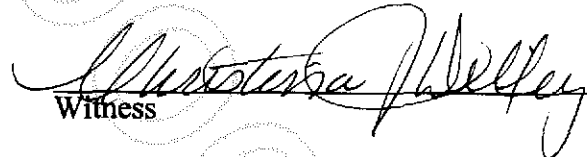
2. Automatic revocation: The provisions of paragraph 1 shall be automatically revoked upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce.
3. Optional revocation by one party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 1 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. 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 purposes of this paragraph, spouse shall be deemed disabled 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 affairs.
4. 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.
5. 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.

Dated: April 23, 2007.

  
 \_\_\_\_\_  
 Richard Lee Sands

  
 \_\_\_\_\_  
 Colleen Leta Sands

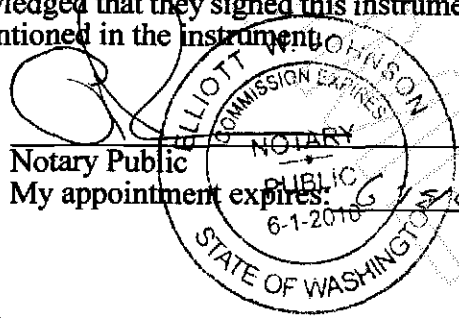
  
 \_\_\_\_\_  
 Witness

  
 \_\_\_\_\_  
 Witness

State of Washington )  
 ) ss.  
 County of Skagit )

I certify that I know or have satisfactory evidence that Richard Lee Sands and Colleen Leta Sands are the persons who appeared before me and acknowledged that they signed this instrument as their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: April 23, 2007.

  
 \_\_\_\_\_  
 Notary Public  
 My appointment expires: 6-1-2010

Special Community  
Property Agreement



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1026-10 Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) - First Middle LAST Suffix <b>Richard Lee Sands</b>				2. Death Date <b>Nov 22, 2010</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>79</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</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>Tacoma</b>	8b. (State or Foreign Country) <b>Washington</b>	9. Decedent's Education <b>High School Graduate</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>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>4817 Yorkshire Drive</b>				13b. City or Town <b>Anacortes</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>98221</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence: <b>32 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>Colleen Leta McDermott</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Broker/Owner</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Real Estate</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>William (nmi) Sands</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Coral (nmi) [REDACTED]</b>		
21. Informant's Name <b>Colleen Leta Sands</b>	22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>4817 Yorkshire Drive Anacortes WA 98221</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 Street Anacortes Washington 98221</b>				32. Date of Disposition <b>November 30, 2010</b>	
33. Funeral Director Signature X <i>Joseph J. Williams</i>					

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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Congestive Heart Failure and Hypotension</b> Interval between Onset & Death ~ 1 Week <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> b. <b>C. Difficile Enterocolitis</b> Interval between Onset & Death 2-3 Weeks c. <b>Dermatitis and Antibiotic Therapy</b> Interval between Onset & Death ~ 3 Weeks d.					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Acute Renal Failure, Non ST↑MI, LV Thrombus</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <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 due to the cause(s) and manner stated. <i>[Signature]</i>			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 cause(s) and manner stated. <b>X</b>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>David Hoeft, MD Hospitalist Office, 1400 E Kincaid St, Mt. Vernon, WA 98274</b>			50. Hour of Death (24hrs) <b>0935</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) <b>Nov 24, 2010</b>		
53. Title of Certifier <b>Dr.</b>	54. License Number <b>MD00044293</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 <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) <b>November 30, 2010</b>	
59. Amendments					



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