



201305070007

Skagit County Auditor

\$75.00

5/7/2013 Page

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4 9:17AM

Filed for Record at request of
and return to:

STILES & STILES INC. P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2013 / 651

MAY 07 2013

Amount Paid \$ 0
Skagit Co. Treasurer
By *Cham* Deputy

Legal: NORRIS ADD TO BURLINGTON LOT 4 & N1/2 OF 5 BLK 3 DK 12 DT 14
Tax Parcel #: P72780

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

State of Washington)ss.
County of Skagit)

Betty G. Sparrs, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Murray H. Sparrs, who died at Mount Vernon, County of Skagit, State of Washington, on February 9, 2013 having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated September 3, 1975, which agreement has been previously recorded under Auditor's File No. 822926. A copy of the decedent's death certificate is included to be filed simultaneously with this affidavit under the records of the Auditor for Skagit County, Washington.
2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for: None
3. Among other items of community property was the following described real estate.

Lot 4 and the North 1/2 of Lot 5, Block 3, "Norris Addition to Burlington" according to the plat recorded in Volume 6 of Plats, page 3, records of Skagit County, Washington.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement, and in reliance upon the representations hereinabove set forth.

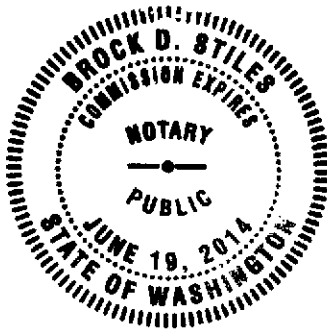
Date: May 3, 2013

Betty Sparr
Betty G. Sparrs

State of Washington)
County of Skagit) ss.

On this day personally appeared before me Betty G. Sparrs, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on May 3, 2013.



Brock D. Stiles
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 6-19-14



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-002523

DATE ISSUED: 02/13/2013

FEE NUMBER: 000000029

GIVEN NAMES: MURRAY HENRY
LAST NAME: SPARRS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 09, 2013
HOUR OF DEATH: 07:50 A.M.
SEX: MALE
AGE: 90 YEARS

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SOCIAL SECURITY NUMBER:

RESIDENCE STREET: 113 NORTH MCKINLEY STREET
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JULY 30, 1922
BIRTHPLACE: ROY, MONTANA

FATHER: JOHN DIEDERICK SPARRS
MOTHER: IDA GRACE GRAHAM

MARITAL STATUS: MARRIED
SPOUSE: BETTY GLADYS WRIGHT

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: BURLINGTON CEMETERY
CITY, STATE: BURLINGTON, WA
DISPOSITION DATE: FEBRUARY 14, 2013

OCCUPATION: MACHINE OPERATOR
INDUSTRY: RAILROAD
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

FUNERAL FACILITY: HULBUSH FUNERAL HOME
ADDRESS: 281 SOUTH BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON WA 98233
FUNERAL DIRECTOR: PAUL L. GIBSON

INFORMANT: BETTY SPARRS
RELATIONSHIP: WIFE
ADDRESS: 113 NORTH MCKINLEY STREET, BURLINGTON, WA 98233

CAUSE OF DEATH:

- A. PNEUMONIA
INTERVAL: DAYS
- B. CONGESTIVE HEART FAILURE
INTERVAL: DAYS
- C. ATHEROSCLEROTIC HEART DISEASE
INTERVAL: YEARS
- D.
INTERVAL:



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OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CERTIFIER NAME: TEACKLE MARTIN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 200
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: FEBRUARY 11, 2013

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: FEBRUARY 11, 2013

NUMBER(S): NONE
DATE(S): NONE





Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-1300

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: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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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 Maiden Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is incorrect or incomplete as follows:

The Record now shows:

The True fact is:

6. 7.

8. 9.

10. 11.

12. 13.

14. I represent the person as:	<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant	Telephone Number:
	<input type="checkbox"/> Funeral Director		<input type="checkbox"/> 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:
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All vital records are registered as received.
Most changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof:
 Certificates of Naturalization
 Hospital/Medical Record
 Life Insurance Policy
 Marriage/Divorce Record
 Numident Report (Social Security Administration)
 Military Record (DD-214)
 Birth Record
 Passport
 School Transcripts (Official)
 Voter's Registration Card (if it bears an effective date)
 Alien Registration Card (front and back)
 We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted 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.
- Child (under 18):**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of minor(s).
 - Up to age one, the last name of the child can be changed once to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by depositing the affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older):**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- 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:

- 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.
- To change the date or place of marriage or dissolution, no officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2012

CERTIFIED
 FEB 13 2013
 Howland M.D.



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

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