



201402040051

Skagit County Auditor

\$75.00

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4 1:39PM

After Recording Mail to:

Name STILES & STILES, INC., P.S.
Address: P. O. Box 228
City/State: Sedro-Woolley, WA 98284

Document Title(s): (or transactions contained herein)

1. **Community Property Survivorship Agreement of Stanley Nelson Jr., deceased and Ann Nelson, deceased**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

ADDITIONAL REFERENCE NUMBERS ON PAGE ____ OF DOCUMENT

Grantor(s): (Last name, first name and initials):

1. **Stanley Nelson Jr., deceased**
2. **Ann Nelson, deceased**

Additional names on page _____ of document

Grantee(s): (Last name, first name and initials):

1. **Ann Nelson, surviving spouse**
2. **The Estate of Ann Nelson, deceased**

Additional names on page _____ of document

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

Portion of NW1/4SE1/4 20-35-5

ASSESSOR'S PARCEL/TAX I.D. NUMBER: P116708

TAX PARCEL NUMBER(S) FOR ADDITIONAL LEGAL(S) ON PAGE ____ OF DOCUMENT

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT, made and entered into this 31 day of Aug, 1983, by and between STANLEY NELSON, JR. and, ANN NELSON, husband and wife, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for fixing of the status and disposition of community property to take effect upon the death of either.

WITNESSETH:

That, in consideration of the love and affection that each of the parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all property of whatsoever nature and description whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said STANLEY NELSON, JR. and ANN NELSON, husband and wife, have hereunto set their hands and seals this 31 day of Aug, 1983.

(Witnesses)

Ann Nelson
Stanley Nelson

(Signature)

STATE OF WASHINGTON)
COUNTY OF SKAGIT) SS.

This certifies that on the 31st day of August, 1983, personally appeared before me STANLEY NELSON, JR. and ANN NELSON, husband and wife, to be the individuals described in and who executed the foregoing instrument and acknowledged the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

William A. Stebbins
Notary Public in and for the State
of Washington, residing at _____
Sedro Woolley



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

8435

LOCAL FILE NUMBER



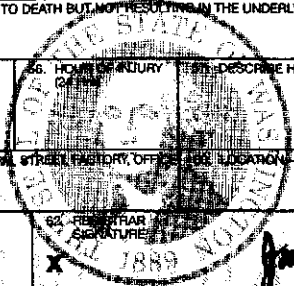
CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: STANLEY Middle: --- Last: NELSON JR	2. SEX (M / F) MALE	3. DEATH DATE (Mo, Day, Yr) AUGUST 24, 2001
4. AGE LAST BIRTH-DAY (Yrs) 86	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS
7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country) Ballard, WA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No
11. CITY, TOWN OR LOCATION OF DEATH SEATTLE	12. PLACE OF DEATH -- <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE UNIVERSITY OF WASHINGTON MEDICAL CENTER	13. COUNTY OF DEATH KING
14. MARITAL STATUS -- Married, Never married, Widowed, Divorced (Specify) Married	15. SURVIVING SPOUSE (If wife, give maiden name) Ann Stiles	16. SOCIAL SECURITY NO. [REDACTED]
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13- or 5+) 3	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner/Operator	19. KIND OF BUSINESS OR INDUSTRY Automobile Dealership
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	21. RACE (Specify) Caucasian	22. RESIDENCE -- NUMBER AND STREET 6533 Seaview Ave NW
23. CITY/TOWN, OR LOCATION Seattle	24. INSIDE CITY LIMITS? (Yes / No) Yes	25A. COUNTY King
25B. LENGTH OF RES. IN CO. 43 yrs	26. STATE WA	27. ZIP CODE 98117
28. FATHER'S NAME -- FIRST, MIDDLE, LAST Stanley Nelson, Sr.	29. MOTHER'S NAME -- FIRST, MIDDLE, MAIDEN SURNAME Gertrude [REDACTED]	30. INFORMANT -- NAME Ann Nelson
31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 6533 Seaview Ave NW Seattle, WA 98117	32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation	33. DATE (Mo, Day, Yr) Aug 27, 2001
34. CEMETERY/CREMATORY -- NAME Mount Vernon Crematory	35. LOCATION -- CITY/TOWN, STATE Mount Vernon, Washington	36. FUNERAL DIRECTOR SIGNATURE Richard Lemley
37. NAME OF FACILITY Lemley Chapel	38. ADDRESS OF FACILITY 1008 3rd St Sedro-Woolley WA 98284	39. ME/CORONER FILE NUMBER
40. DATE SIGNED (Mo, Day, Yr) 08/24/01	41. HOUR OF DEATH (24 Hrs) 1345 hrs	42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) ALAN S PEARLMAN, MD
43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature]	44. DATE SIGNED (Mo, Day, Yr)	45. HOUR OF DEATH (24 Hrs)
46. PRONOUNCED DEAD (Mo, Day, Yr)	47. HOUR PRONOUNCED DEAD (24 Hrs)	48. NAME AND ADDRESS OF CERTIFIER -- PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) MAY H HAN, MD 680-0241 1959 NE PACIFIC ST SEATTLE WA 98195
49. ME/CORONER FILE NUMBER	50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death). ACUTE RENAL FAILURE DUE TO, OR AS A CONSEQUENCE OF: RIGHT HEART FAILURE DUE TO, OR AS A CONSEQUENCE OF: MV DISEASE DUE TO, OR AS A CONSEQUENCE OF: 51. OTHER SIGNIFICANT CONDITIONS -- CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:	52. AUTOPSY? (Yes / No) NO
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) NO	54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)
56. HOME OR INJURY? (Specify)	57. DESCRIBE HOW INJURY OCCURRED:	58. INJURY AT WORK? (Yes / No)
59. PLACE OF INJURY -- AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (Specify)	60. LOCATION -- STREET OR RFD NO., CITY/TOWN, STATE	61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE
62. REGISTRAR SIGNATURE Jan Haldeman	63. DATE RECEIVED (Mo, Day, Yr) AUG 27 2001	64. [REDACTED]

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AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/>		Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER
				for
2. NAME		3. DATE OF EVENT	4. PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (If Birth); HUSBAND (If Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (If Birth); WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- 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 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.
- Proof must be five (or more) years old or established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- 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).
- This affidavit cannot be used to add a father to a birth certificate.** (use the paternity affidavit - form DOH 110-001)

Death Certificates

- Only the informant, the funeral director, or executor/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 attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.

