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Skagit County Auditor
4/7/2014 Page

\$76.00

5 9:01AM

Recorded by and return to:

Stiles & Stiles, Inc., P.S. P.O. Box 228 Sedro-Woolley, WA 98284

Legal:

LOT 1 S/P SW-3-92 REC AF#9209160088 BEING PTN GOV LT 2

IN SW1/4 NW1/4 & SE1/4 NW1/4

Tax Parcel # 350519-0-143-0001

350519-0-143-0100

P39751

P117232

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT** 

) ss.

STATE OF WASHINGTON COUNTY OF SKAGIT

Harold S. Pittman, being first duly sworn, deposes and says:

- 1. That affiant is the surviving spouse of Patsy J. Pittman, who died at Sedro-Woolley, County of Skagit, State of Washington, on March 18, 2014, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated April 30, 1969, which agreement has been recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit, 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. That the value of the community estate as of the date of death, including all real and personal property, was over \$10,000.00, and the value of all separate

property of said decedent was \$0.00 as of the date of his death. Among other Items of community property was the following described real estate:

Address:

1035 Polte Road, Sedro-Woolley, WA 98284

Parcel ID:

P39751

P117232

Xref ID:

350519-0-143-0001

350519-0-143-0100

Tract 1 of Short Plat No. SW-3-92, approved September 14, 1992 and recorded September 16, 1992 as Auditor's File No. 9209160088 in Book 10 of Short Plats at page 119, records of Skagit County, Washington, being a portion of Government Lot 2 in Section 19, Township 35 North, Range 5 East, W.M.

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 in reliance upon the representations hereinabove set forth.

State of Washington

County of Skagit

) SS.

On this day personally appeared before me Harold S. Pittman, who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on

Commission

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\$76.00 9:01AM

### 864153

# Agreement as to Status of Community Property

## After Death of One of the Spouses

That this agreement, made and entered into th	is so is dail of while, told
by and between Harold 5- 1	is 30 th day of april, 196
and Taton Q. Pitting	husband and wife
of Sedro Woolley Skazit	
	County, State of Washington, WITNESSETH
N° 5''	n that each of said parties has for the other, and is ed by the parties hereto, it is hereby agreed, coven
e de la companya de l	
	I.
	cription whether real, personal or mixed and where d by them or either of them shall be considered and
	II.
That upon the death of either of the aforement herein defined shall immediately vest in fee sim	ntioned parties title to all community property a uple in the survivor of them.
IN HUMANIA WEIGHTON ALL ALL	LODS PITTO
IN WITNESS WHEREOF, the said I de	Sold Soman
and along I tillma	have hereunto set their hand
and seals this 30 the day of Coprie	
00 10:45	
ved for record at 29.7.19/7.12	
jussi et Hugh R. Ridgeway	X Sacred Fellown (SEAL)
uella Henry, Auckor Skagit Co., Waskington	x Latory Q. Sittman (SEAL)
STATE OF WASHINGTON,	1 201404070048
_	Skagit County Auditor \$76.0
County of Skinger	( SS. 4/7/2014 Page 3 of 5 9:01AM
/ _	
This is to certify that on this 30 to day of	of Cypric me
Robert & Hong	_a Notary Public in and for the State of Washington
duly commissioned and sworn, personally came £	Jarold Stillman
and Catsen outeman h	usband and wife, to me known to be the individuals
lescribed in and who executed the within instr	usoana and wife, to me known to be the inarminats ument, and acknowledged to me that they signed
and sealed the same as their free and voluntary a	ct and deed for the uses and purposes therein
nentioned.	nd year in this certificate first above written
	nd year in this certificate first above written
nentioned. WITNESS my hand and official seal the day as	(Bala Hole - )
nentioned.	(Bala Hole - )

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-006432

LOCAL FILE NUMBER: 265

DATE ISSUED: 03/25/2014

FEE NUMBER: 0000000029

\$76.00

9:01AM

GIVEN NAMES: PATSY JUNE LAST NAME: PITTMAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 18,2014
HOUR OF DEATH: 06:19 P.M.

SEX: FEMALE AGE: 76 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO. NOT HISPANIC

RACE: WHITE

BIRTHDATE: MARCH 03,1938 BIRTHPLACE: SEDRO WOOLLEY, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED

SPOUSE: HAROLD S. PITTMAN

DECUPATION: SECRETARY INDUSTRY: SCHOOL DISTRICT

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES? NO

INFORMANT: HAROLD S. PITTMAN

RELATIONSHIP: HUSBAND

ADDRESS: 1035 POLTE ROAD, SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 1035 POLTE ROAD

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 1035 POLTE ROAD CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

INSIDE CITY LIMITS? YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: LELAND SYLVESTER CABE MOTHER: ELIZABETH JEANETTE

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: UNION CEMETERY CITY, STATE: SEDRO WOOLLEY, WA

DISPOSITION DATE: MARCH 25,2014

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

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CAUSE OF DEATH:

A. METASTATIC PANCREATIC CANCER

INTERVAL: 9 MONTHS

INTERVAL:

INTERVAL:

D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK?

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL

AUTOPSY: NO.

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: BRUCE C. MATHEY, MD

TITLE: PHYSICIAN

CERTIFIER

ADDRESS: 2000 HOSPITAL DRIVE

CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284

DATE SIGNED: MARCH 24,2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY: NOT APPLICABLE

TTEM(S) AMENDED: DOD

NUMBER(S): 2014061620 DATE(S): 03/24/2014

CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NJAP 185 ATTENDING PHYSICIAN: NOT APPLICABLE

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LOCAL DEPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: MARCH 24,2014

### Affidavit for Correction

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

	SIAIE	JEFICE USE ONLY		
St. At Tile Sign be	ee Number	initials	Cate	Affidavit Number
	Use the section below for re	equesting any char	nges on the r	ecord.
Religio Valletina	Death	Marrier		☐ Dissolution
1. Name on word	<u> </u>	2. De	te of Event:	3. Place of Event: (City or County)
	hth) Seams Al-tu-p <mark>ard for Molitago c</mark> i Dise	olution   5. Mother's Fo Dissolution	√ Valcen Na	ME (For Birth); Spouse B/Wife for Marriage or
The state of the s	The Record is in co	rrect or incomplete		
i i i i i i i i i i i i i i i i i i i	esore now shows:		Th	e True fact is:
		7.		
3.		9.		
<del>- 1</del>		147		
, <u>, , , , , , , , , , , , , , , , , , </u>	and the second	13		
	Funeral Director	Councilian Other (Specify)	Informant	Telephone Number:
l december (1987-1988) kaj kaj: Politik kaj lak	penury and a time love of less Sta.	o of washington the	of the forgoing	is true and correct.
Barangiles (1 cours 1931) — Text Jeografia Fide	The state of Notice of Toy Ciffs (SE) of Section of Notice of Notice of Section (Se) of Section (Se) of Section (Se) of Section (Se) of Section of Section (Se) of Section of Section (Se) of	నగా Egelü Sebi, ny Addins. ఓడ్రాల్ 214)	ration - Schoul tr Votor's R	ficute. anscripts (Official) agistration Card (if it bears an effective date) jistration Card (front and back)
<ol> <li>Har Intro(pr) muse march exact Art. (2001). The relation of the Child property of techniquands.</li> <li>Only purposits of techniquands of character main culomit penifical behalf of observers.</li> </ol>	One coes not prove the name is Mary Animonal change the birth certificate. I cours order giving them authority to act on the children or an order giving them authority.	(the affidavit says" the nam n Doe. Adult <u>118 w</u> Only the ac if the first of are reduced If the first of	ie is Mary Ann Cod ears or older) uit themselves cai i middle name is a d <sub>ea</sub> ud/or middle name	triticate.  e, then the proof must show the name to be Mary t change the birth certificate.  bsent, three pieces of documentary proof as misspelled, two pieces of documentary

- Parent(s): my charget his child's first or made on me by completing this affinevir of a medical Malarantia heedral.
- To consequence is a functional one coordinatery proof is requered Proof mest to mission more, were old or have been established. within five years of blifts.
  - This whitiavit cancer be used to add a fether to a birth certificate. (Use the paternity acknowledgment,-form DOH/CHS 021)
- ്നു സംഗത്തെ പ്രവേശത്തെ നിന്നു പരാഗ നാണ്ട് administrations of evidence runding such position is pre്യമുള്ള) may ghange the non-medical information. Proof a required to make changes if requested by someone other than the informant listed on the certificate. Varial status regulares a certified copy of a court order if someone other than the informant is requesting the change
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examinor.
- If it is less than sixty days from dare of death please contact the county health copartment where the death occurred to make stranges

Marriaga/Dissolution: (1) voice) Certificates:

- Pri sonsi broits, (minos spelling changes, in asmo, date, or place of birth or residence) may be changed by affidavit (with proof) by the person
- to change the chie or biada of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affiguivit,

\_QQH/QHS 023a January 2013

Proof must be five (or more) years old or have been established

Center for Health Statistics P.O. Box 47814 Oʻympia, WA 98504-7814

(360) 236-4300



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within live years of birth.

YY00214845