

AFTER RECORDING RETURN TO:
JONES & SMITH
PO Box 1245
Mount Vernon, WA 98273



201412110087

Skagit County Auditor \$76.00
12/11/2014 Page 1 of 5 2:45PM

**AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT
RCW 26.16.120**

Abbrev Legal Descriptions: Mobile Home Only – 1995 Moduline 56x42 Serial Number 114598 Little
Mountain Estates Mobile Home Park Space Number 38
Assessor's Tax Parcel No.: P104805 / 340428-2-004-0038

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

BETTY J. JEWETT, (also known as BETTY JO JEWETT) being first duly sworn upon oath, deposes and says:

1. I am the surviving spouse of JERRY D. JEWETT (also known as JERRY DEAN JEWETT) who died on November 23, 2014. A copy of his death certificate is attached hereto.
2. The decedent and I provided for the disposition of all of our property of whatever nature under that certain Community Property Survivorship Agreement dated January 26, 1984. The Community Property Survivorship Agreement of the decedent and the affiant is attached hereto as filed in Skagit County Auditor’s File No. 8401270023.
3. The parties to the agreement were legally competent at the time of the agreement and executed no subsequent will or agreement that had the effect of abrogating or nullifying the agreement.
4. Title to all property of the community vests immediately in the survivor upon the death of either party to the Community Property Survivorship Agreement.
5. BETTY J. JEWETT and JERRY D. JEWETT owned a 1995 Moduline 56x42 manufactured home, serial #114598 located at 2610 East Section Street, Little Mountain Estates

Mobile Home Park Space Number 38, Mount Vernon, in the County of Skagit and State of Washington. Skagit County Assessor's Tax Parcel No. P104805 / XrefID 340428-2-004-0038.

6. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial have been fully paid. There are no federal or state succession or inheritance taxes due on account of the death of JERRY D. JEWETT.

7. The decedent never received from the State of Washington financial assistance for long term care, nursing services, home and community-based services, hospital or prescription drug services, or any other type of medical assistance. A copy of this Affidavit and its attachments has been mailed to the Office of Financial Recovery on the 11th day of December 2014.

8. As of the date of death, the value of all community property of the decedent was approximately \$380,000.00. The value of all separate property of the decedent was approximately \$0.00.

9. The statements set forth in this affidavit are representations of fact that may be relied upon by all parties dealing with real property and the personal property of the decedent.

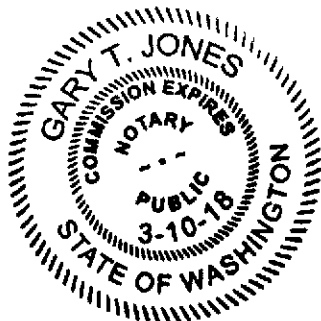
DATED this 10 day of December 2014.

Betty J. Jewett
BETTY J. JEWETT

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT)

On this day personally appeared before me BETTY J. JEWETT, to me known to be the individual described in and 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 this 19th day of December 2014.



Gary T. Jones
NOTARY PUBLIC in and for
The state of Washington
Residing at: Mount Vernon
My commission expires: 3/10/2018



Gerry D Jewett
1778-17 Hwy 9
Mt Vernon

300

8401270023

Note: For Washington State residents only; see Wills book before signing.

84 JAN 27 11:27 AM '84

REQUEST OF _____

Community Property Survivorship Agreement

THIS AGREEMENT is made and entered into this 26 day of Jan., 1984, by and between JERRY DEAN JEWETT, and BETTY JO JEWETT, husband and wife, pursuant to the statutes of the state of Washington in such case made and provided, for the purpose of establishing the status of all property owned by the parties upon the demise of either;

NOW, THEREFORE, in consideration of the promises of each to the other, and also in consideration of the love and affection that each bears to the other, it is hereby mutually agreed:

That upon the death of either of them, but not prior to such death, all property, real, personal and mixed, of whatsoever kind or nature, owned by the parties, and whether originally acquired as separate property or community property, and all property hereafter acquired by the parties from any source whatsoever, shall be considered as community property and shall, upon such death, immediately become the sole property of the survivor of them.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands this 26 day of Jan., 1984.

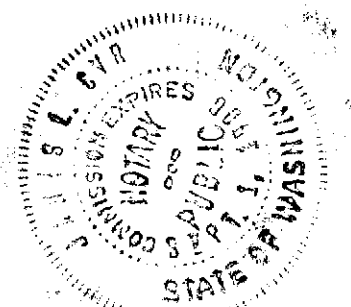
Gerry D. Jewett
Name: _____
Betty J. Jewett
Name: _____

STATE OF WASHINGTON
COUNTY OF Skagit

On this 26 day of January, 1984, personally appeared before me, Jerry D. + Betty J. Jewett and they, to me known to be the individuals described in and who executed the foregoing instrument, and they acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year above written.

James L. Cyr
NOTARY PUBLIC in and for the State of Washington residing at Burlington



SELF-COUNSEL PRESS INC.
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8401270023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-026928

DATE ISSUED: 11/26/2014

FEE NUMBER: 000000029

GIVEN NAMES: JERRY DEAN
LAST NAME: JEWETT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 23, 2014
HOUR OF DEATH: 03:50 P.M.
SEX: MALE
AGE: 80 YEARS

SOCIAL SECURITY NUMBER: 537-28-1468

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: FEBRUARY 05, 1934
BIRTHPLACE: LYMAN, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: BETTY IZETT

OCCUPATION: STORE MANAGER
INDUSTRY: GROCERY STORE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: BETTY JEWETT
RELATIONSHIP: WIFE
ADDRESS: 2610 EAST SECTION UNIT #38, MOUNT VERNON, WA 98274

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

RESIDENCE STREET: 2610 EAST SECTION 38
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: CHARLES JEWETT
MOTHER: NELLIE McDERMOTT

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: NOVEMBER 25, 2014

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

- CAUSE OF DEATH:
- A. CARDIAC ARREST PULSELESS ELECTRICAL ACTIVITY CARDIAC ARREST
INTERVAL: 20 MINUTES
 - B. POST SURGICAL SPLENECTOMY
INTERVAL: 44 HOURS
 - C. ACUTE ON CHRONIC ANEMIA
INTERVAL: 24 HOURS
 - D. WARM ANTIBODY AUTOIMMUNE HEMOLYTIC ANEMIA
INTERVAL: 8 MONTHS



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OTHER CONDITIONS CONTRIBUTING TO DEATH:
PROSTATE CANCER, HYPERTENSION, HYPERCHOLESTEROLEMIA, BURGER'S DISEASE

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? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: STEPHEN M. ALDRICH, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: PO BOX 468
CITY, STATE, ZIP: BURLINGTON WA 98233
DATE SIGNED: NOVEMBER 24, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NAME, NO NAME

NUMBER(S): 2014066001
DATE(S): 11/25/2014



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

ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA

DATE RECEIVED: NOVEMBER 25, 2014



Affidavit for Correction

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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:
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4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name
----------------------------------	----------------------------------

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:
(Printed Name)		

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:	Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
	Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
	Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
	Passport		

Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the named individual (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.
- Child under 18
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth 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 completing this affidavit of correction. No proof is needed.
 - To correct 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.
 - To correct the sex of the child, submit one proof from a medical provider.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)**

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires 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 examiner.

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, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 June 2014

