



201509230049

Skagit County Auditor

\$76.00

9/23/2015 Page

1 of

5

1:49PM

After recording please return to:

Mrs. Nancy Partridge
76 Hoh Place
La Conner, WA 98257

RECORDING COVER PAGE

DOCUMENT TITLE: AFFIDAVIT OF COMMUNITY PROPERTY AGREEMENT

AFFECTING SKAGIT COUNTY TAX PARCEL NO. P128959

GRANTORS: LARRY DONALD PARTRIDGE AND NANCY JEAN PARTRIDGE

GRANTEE: THE PUBLIC

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT
OF
NANCY JEAN PARTRIDGE AND LARRY DONALD PARTRIDGE**

State of Washington)
) ss.
County of Skagit)

Nancy Jean Partridge, being first duly sworn, deposes and says:

1. I am the surviving spouse of Larry Donald Partridge, deceased.
2. Larry Donald Partridge, and I, as husband and wife, executed a Community Property Agreement on April 10, 1975. The original Community Property Agreement is attached to this Affidavit. It has been previously recorded with the Snohomish County Auditor's Office, and will be recorded with the Skagit County Auditor's Office.
3. The Community Property Agreement was validly executed, and was in full force and effect on the date of Larry Donald Partridge's death.
4. By virtue of the Community Property Agreement, all property owned by Larry Donald Partridge passed to me as sole owner.
5. There are no unpaid creditors of Larry Donald Partridge, nor unpaid funeral expenses or expenses of last illness. No state or federal estate tax is due on his estate.
6. This Affidavit is made to induce a title company to issue its policies of title insurance on real property passing to the surviving spouse, and to induce financial institutions to transfer funds or securities, by virtue of said community property agreement, and in reliance upon the representations set forth above.

Nancy Partridge
Nancy Jean Partridge

Subscribed and sworn to before me this 22 day of September, 2015 by Nancy Jean Partridge.



Becki R Bell
Notary Public in and for the State
of Washington, residing at *LaConner*.
My Commission Expires: *04/18/2019*

Agreement as to Status of Community Property

After Death of One of the Spouses

Know All Men by These Presents:

That this agreement, made and entered into this 9th day of APRIL, 1975,
 by and between LARRY DONALD PARTRIDGE
 and NANCY JEAN PARTRIDGE nee HOGG, husband and wife,
 of LYNNWOOD SNOHOMISH County, State of Washington, WITNESSETH:

That, in consideration of the love and affection that each of said 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:

I.

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

II.

That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said LARRY DONALD PARTRIDGE
 and NANCY JEAN PARTRIDGE nee HOGG have hereunto set their hands

SKAGIT COUNTY WASHINGTON 10th day of APRIL 1975

REAL ESTATE EXCISE TAX
 20153859
 SEP 23 2015

OFFICIAL RECORDS

VOL. OF PAGE OF REC. OF

1975 APR 11 AM 11

HENRY B. WHALEN, AUDITOR
 SNOHOMISH COUNTY, WASH.
 DEPUTY

Betty Berges

Amount Paid \$0
 Skagit Co. Treasurer
 By HB Deputy

STATE OF WASHINGTON,

County of Snohomish

SS. 200

Larry Donald Partridge (SEAL)
Nancy Jean Partridge (SEAL)

This is to certify that on this 11 day of April 1975, before me
 Bethel Phillips a Notary Public in and for the State of Washington
 duly commissioned and sworn, personally came Larry Donald Partridge
 and Nancy Jean Partridge husband and wife, to me known to be the individuals
 described in and who executed the within instrument, and acknowledged to me that they signed
 and sealed 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.

Bethel Phillips

Notary Public in and for the State of Washington residing at Everett



OFFICIAL RECORDS

13831-204 Pl w
 Addressed Manner, Wa 98036

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-024118

DATE ISSUED: 09/03/2015

FEE NUMBER: 000000029

GIVEN NAMES: LARRY DONALD
LAST NAME: PARTRIDGE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 29, 2015
HOUR OF DEATH: 06:00 P.M.
SEX: MALE
AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SPOKANE, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: NANCY JEAN HOGG

OCCUPATION: AIRLINE PILOT
INDUSTRY: AIRLINE INDUSTRY
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? YES

INFORMANT: NANCY J PARTRIDGE
RELATIONSHIP: WIFE
ADDRESS: 76 HOH PL, LACONNER, WA 98257

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 76 HOH PL
CITY, STATE, ZIP: LACONNER, WASHINGTON 98257

RESIDENCE STREET: 76 HOH PLACE
CITY, STATE, ZIP: LACONNER, WASHINGTON 98257
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: SWINOMISH
LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER: DONALD H PARTRIDGE
MOTHER: CHARLOTTE ELEANOR [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE, ZIP: ANACORTES, WA
DISPOSITION DATE: SEPTEMBER 03, 2015

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

- CAUSE OF DEATH:
- A. MALNUTRITION
INTERVAL: 1 YEAR
 - B. FAILURE TO THRIVE
INTERVAL: 6-12 MONTHS
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
DEMENTIA, ALCOHOL

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? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MARCY A. SHAPLEY, PAC
TITLE: PHYSICIAN'S ASSISTANT
CERTIFIER
ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: SEPTEMBER 01, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: #156-15

ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: SEPTEMBER 02, 2015

Affidavit for Correction

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

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 |
|-------------------|------------|----------|------|------------------|

Required information must match current information on record

| | |
|--|--|
| Required | Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce) |
| | 1. Name of Record: _____ 2. Date of Event: _____ 3. Place of Event: _____ |
| | 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) |
| | 6. Name of Person Submitting Certification: _____ Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Other (specify) _____ |
| 7. Return Mailing Address: _____ | |
| Telephone Number: _____ Email Address: _____ | |

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

| | |
|--------------------------------|----------------------------|
| 8. The record now shows: _____ | 9. The true fact is: _____ |
| 10. _____ | 11. _____ |
| 12. _____ | 13. _____ |
| 14. _____ | 15. _____ |

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

| | |
|---------------------------------|---|
| 16a. Signature: _____ | 16b. Signature of 2 nd parent (if required): _____ |
| Printed name: _____ Date: _____ | Printed name: _____ Date: _____ |

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

- Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:
- Birth/Marriage/Divorce record
 - Military record (DD-214)
 - School transcripts
 - Social Security Numident Report
 - Certificate of Naturalization
 - Hospital/medical record
 - Passport
 - Green/Permanent Resident card (I-551)

- Adult (18 years or older)**
1. Only a person(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
 2. The parent(s) must attest to the asserted fact(s). For example, if the affidavit says the name *should be* Mary Ann Doe, the proof must show the name to be Mary Ann Doe
 3. Evidence and proof must be live or more years old or established within five years of birth.

- Child (under 18)**
- If legal guardian(s) change certificate court order proving guardianship
 - Update certificate name on the changed once to either parents' name on court order (i.e. "and" contribution of the first, middle or last names)*
 - *After age 10, a court order is required to change the last name*
 - Necessary to request to change the "first or middle name"
 - To correct parent's information, one documentary proof is required.
 - To correct the sex of the child, one documentary proof from a medical provider is required
- *To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.*

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

- Death Certificates**
1. 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.
 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

- Marriage/Dissolution (Divorce) Certificates**
1. Personal files (minor spelling changes) in name, date or place of birth or other information may be changed by the person with one piece of documentary proof
 2. To change the date or place of marriage or dissolution, the officiant or the clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015

CERTIFIED*

SEP 03 2015

Howard Librand

Skagit County Health Department
Howard Librand M.D., Health Officer

CC00232267