



Skagit County Auditor
6/23/2016 Page

1 of

\$109.00
4 11:47AM

RETURN TO:

DOCUMENT TITLE(S) (or transactions contained herein):

Community Property Agreement
Certificate of Death

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S) (Last name, first name and initials):

1. Mayer, Michael G.

GRANTEE(S) (Last name, first name and initials):

1. Mayer, Susan L.

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

P62019

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2016 2584

JUN 23 2016

Amount Paid \$~~6~~
Skagit Co. Treasurer
By *mlm* Deputy

THAT PORTION OF TRACT "H", "BIG LAKE WATERFRONT TRACTS", ACCORDING TO PLAT RECORDED IN VOLUME 4 PAGE 12, DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF SAID TRACT "H" THENCE NORTH 59°45'30" EAST 404.42'; THENCE NORTH 32°25'05" WEST 294.91' TO THE NORTHWEST CORNER OF THAT CERTAIN TRACT CONVEYED TO JAMES GUY ROWLAND AND CHERYL MAE, HIS WIFE, BY DEED RECORDED JANUARY 10, 1978 UNDER AUDITOR'S FILE NO. 871697 BEING THE TRUE POINT OF BEGINNING; THENCE CONTINUING NORTH 32°25'05" WEST 145.02' TO THE SOUTHWEST CORNER OF THAT CERTAIN TRACT CONVEYED TO DONALD LALLEMAND AND CECIL, HIS WIFE, BY DEED RECORDED MAY 14, 1968 UNDER AUDITOR FILE NO. 713596; THENCE NORTH 70°58'23" EAST ALONG THE SOUTH LINE OF SAID LALLEMAND 244.90' TO THE SOUTHERLY LINE OF THE COUNTY ROAD RIGHT-OF-WAY; THENCE SOUTH 55°02' EAST ALONG SAID RIGHT-OF-WAY 144.00' TO THE NORTHEAST CORNER OF SAID ROWLAND TRACT THENCE SOUTH 66°13'37" WEST 296.99' ALONG THE NORTH LINE OF SAID ROWLAND TRACT TO THE POINT OF BEGINNING

TOGETHER WITH A COMMUNITY ACCESS EASEMENT AS SET FORTH IN AUDITOR'S FILE NO. 653573, OVER A 30' RIGHT OF WAY, 15' ON EACH SIDE OF A CENTER LINE, DESCRIBED AS FOLLOWS:

BEGINNING AT THE INTERSECTION OF THE SOUTHEASTERLY LINE OF LOT 52, "BIG LAKE WATER FRONT TRACTS", ACCORDING TO THE PLAT RECORDED IN VOLUME 4 OF PLATS, PAGE 12, RECORDS OF SKAGIT COUNTY, WASHINGTON, AND THE NORTHEASTERLY LINE OF THE COUNTY ROAD KNOWN AS H. C. PETERS ROAD, THENCE NORTH 55°02' WEST ALONG THE NORTHEASTERLY LINE OF SAID ROAD A DISTANCE OF 15.17 FEET; THENCE NORTH 26°22' EAST A DISTANCE OF 202.02 FEET TO THE TRUE POINT OF BEGINNING OF THE CENTER LINE OF THE 30.00 FOOT RIGHT-OF-WAY AND COMMUNITY ACCESS AREA HEREIN DESCRIBED THENCE NORTH 26°22' EAST 185 FEET, MORE OR LESS, TO THE SHORE LINE OF BIG LAKE.

AGREEMENT CONCERNING STATUS AND DISPOSITION OF
COMMUNITY AND SEPARATE PROPERTY

THE PARTIES HERETO, MICHAEL G. MAYER, hereinafter
called "husband", and SUSAN L. MAYER, hereinafter called
"wife",

WITNESSETH: THAT whereas husband and wife are residents of
Skagit County, Washington, and are the owners of certain community and
separate property, and are desirous that said property, together with
all after acquired property, shall pass without delay or expense upon
the death of either to the survivor, now therefore,

FOR AND IN CONSIDERATION OF ONE DOLLAR and love and affection
that each of the parties bears for the other; and pursuant to the laws
of the State of Washington, it is hereby agreed as follows:

I.

THAT upon the death of the first spouse hereto, each and every
item of his or her separate property, if any, shall be at the time of
said death, conveyed, transferred, assigned, set over, deemed esteemed,
constituted and regarded as the community property of both parties as
husband and wife.

II.

In the event of the death of husband while wife survives, then
all community property, including such property that is converted into
community property under the preceding paragraph, which the parties may
then own, or be entitled to, shall at once vest in wife free from any
and all claims of any other heirs of husband. In the event of the death
of wife while husband survives, then all of the community property as
defined herein, which the parties may then own or be entitled to, shall
at once vest in husband free from any and all claims of any other heirs
of wife.

III.

If the parties hereto have executed, or in the future execute,
a Last Will and Testament disposing of their respective interests in
property, which for any reason may not be effectively disposed of by
this agreement upon the death of one and the survival of the other, and
also disposing of the property of the parties, or the survivor thereof
in the event of a common disaster, or upon the subsequent death of the
survivor of this agreement, then it is agreed neither this instrument
nor said Will shall derogate from the force and effect of the other,
PROVIDED HOWEVER, that in the event of any inconsistency between this
agreement and the Will of either party in effect, upon such party's
death while the other party survives, this agreement shall prevail.

IN WITNESS WHEREOF, we have hereunto set our hands and seals
this 17th day of March, 1991.

Michael G. Mayer

Susan L. Mayer

STATE OF WASHINGTON)
 : SS
COUNTY OF SKAGIT)

On this day personally appeared before me MICHAEL G. MAYER
and SUSAN L. MAYER, his wife, to me known to be the
individuals described in the foregoing instrument, and acknowledged that
they signed the same and executed the same as their free and voluntary
act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 17th day of March,
1991.

Carol Mayer
Notary Public in and for the State of
Washington, residing at Sedro Woolley

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-014610

DATE ISSUED: 04/19/2016

FEE NUMBER: 000000029

GIVEN NAMES: MICHAEL GENE
LAST NAME: MAVER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 07, 2016
HOUR OF DEATH: 04:45 P.M.
SEX: MALE
AGE: 58 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: SUSAN COFFEY

OCCUPATION: SAWYER
INDUSTRY: LUMBER MILL
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? NO

INFORMANT: SUSAN MAVER
RELATIONSHIP: SPOUSE
ADDRESS: 18290 W BIG LAKE BLVD MOUNT VERNON, WA 98274

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 18290 W BIG LAKE BLVD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 18290 W BIG LAKE BLVD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: ROBERT GENE MAVER
MOTHER/PARENT: CAROL JEAN [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: APRIL 11, 2016

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: RICK B. LEMLEY

CAUSE OF DEATH:
A. RENAL CELL CARCINOMA
INTERVAL: 6 YEARS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
BRAIN, LIVER, LUNG METASTASES

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: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: APRIL 08, 2016

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: N/A-238

ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MARTA VIVANCO
DATE RECEIVED: APRIL 08, 2016



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
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Required	Required information must match current information on record				
	Record Type	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution (Divorce)
	1. Name on Record:	2. Date of Event:		3. Place of Event:	
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
6. Name of Person Requesting Correction:		Relationship to Person on Record:	<input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <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:

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

I declare under penalty of perjury under the laws of the State of Washington that the forgoing 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)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** 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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required 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

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, 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). The informant may change marital status with proof. 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 facts (minor spelling changes in name, date or place of birth or residence) 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 (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

APR 19 2016

Howard Lebrand
 Slagit County Health Department
 Howard Lebrand M.D., Health Officer

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