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Skagit County Auditor

\$77.00

3/30/2017 Page

1 of

5 12:52PM

**After recording please return to:**

Mrs. Ruth Karlstrom  
561 Klamath Way  
La Conner, WA 98257

**RECORDING COVER PAGE**

DOCUMENT TITLE: AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER OF RELATED DOCUMENT: N/A

GRANTORS: OTTO LEROY KARLSTROM and RUTH ESTHER KARLSTROM

GRANTEES: THE PUBLIC

PARCEL NO.: P129316

LEGAL DESCRIPTION: LOT 561, SHELTER BAY #3



COMMUNITY PROPERTY AGREEMENT

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 27th day of July, 1995, by and between Otto Leroy KARLSTROM and Ruth Esther KARLSTROM, husband and wife, of SNOHOMISH County, State of Washington, pursuant to the provisions of §26.16.120RCW, permitting agreements between husband and wife fixing 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 us has for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

II.

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

IN WITNESS WHEREOF, we Otto Leroy Karlstrom and Ruth Esther Karlstrom have hereunto set our hands this 27th day of July, 1995.

Witness

Spouse

Witness

Spouse

STATE OF WASHINGTON,

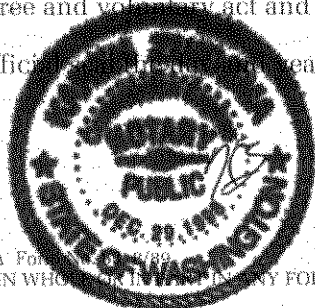
ss.

(Individual Acknowledgement)

County of

This is to certify on this 27th day of July, 1995, before me Karen Zuidema a Notary Public in and for the State of Washington duly commissioned and sworn, personally came Otto Leroy Karlstrom and Ruth Esther Karlstrom 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 the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal hereunto bear in this certificate first above written.



Karen Zuidema  
Notary Public in and for the State of Washington  
My appointment expires: 12/29/98

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-012468

DATE ISSUED: 05/07/2015

FEE NUMBER: 0150507152

GIVEN NAMES: OTTO LEROV  
LAST NAME: KARLSTROM

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 30, 2015  
HOUR OF DEATH: 01:30 P.M.  
SEX: MALE  
AGE: 93 YEARS

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 561 KLAMATH WAY  
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

SOCIAL SECURITY NUMBER [REDACTED]

RESIDENCE STREET: 561 KLAMATH WAY  
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 35 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

FATHER: O R KARLSTROM  
MOTHER: ALVA E [REDACTED]

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: RUTH ESTHER KESSLER

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: MAY 06, 2015

OCCUPATION: POLITICAL SCIENTIST  
INDUSTRY: GOVERNMENT  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES? YES

FUNERAL FACILITY: WHIDBEY MEMORIAL FUNERAL & CREMATION SERVICE INC  
ADDRESS: 746 NE MIDWAY BLVD  
CITY, STATE, ZIP: OAK HARBOR WA 98277  
FUNERAL DIRECTOR: PAUL E. KUZINA

INFORMANT: R E KARLSTROM  
RELATIONSHIP: WIFE  
ADDRESS: 561 KLAMATH WAY, LACONNER WA 98257

- CAUSE OF DEATH:
- A. PROGRESSIVE QUADRIPLÉGIA  
INTERVAL: 13 YEARS
  - B. SEVERE CERVICAL SPINAL STENOSIS WITH CERVICAL CORD ATROPHY  
INTERVAL: 13 YEARS
  - C. CERVICAL TRAUMA  
INTERVAL: 13 YEARS
  - D. FALL INJURY  
INTERVAL: 13 YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: UNKNOWN  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY: FALL INJURY IN PUBLIC 2002

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

LOCATION OF INJURY: UNKNOWN  
CITY, STATE, ZIP: UNKNOWN  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: CHARLES V. KOTAL  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 912 32ND STREET, SUITE A  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: MAY 01, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 216  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: MAY 05, 2015

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



# 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 checked="" 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
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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 checked="" type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: _____ (Printed Name)	16. Date: _____	17. Address: _____
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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 Nuptial 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.
- Adult (18 years or older)**
  - Only the adult themselves can change the birth certificate.
  - If the first or middle name is absent, 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.
  - Proof must be five (or more) years old or have been established within five years of birth.

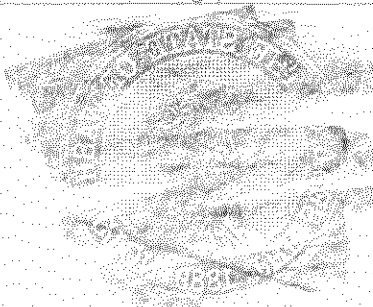
### Death Certificates

- 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.

DOP 422-034 June 2014



# \*CERTIFIED\*

MAY 07 2015

*Brad Thomas*  
J. Brad Thomas, M.D., Health Officer  
Island County Health Dept.

BB00060643