



201705310115
Skagit County Auditor \$78.00
5/31/2017 Page 1 of 7 3:16PM

After recording please return to:

Mrs. Alice O. Clifford
4206 Glasgow Way
Anacortes, WA 98221

RECORDING COVER PAGE

DOCUMENT TITLE: AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER OF RELATED DOCUMENT: 9409020088

GRANTORS: EDWIN J. CLIFFORD and ALICE O. CLIFFORD

GRANTEES: THE PUBLIC

PARCEL NO.: P105818

ABBR. LEGAL DESCRIPTION: LOT 192, "CLEARIDGE DIVISION II", as per plat recorded in Volume 13 of Plats, pages 57 through 69, inclusive, records of Skagit County, Washington.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20172392
MAY 31 2017

Amount Paid \$0
Skagit Co. Treasurer
by *man* Deputy

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT
OF
EDWIN J. CLIFFORD and ALICE O. CLIFFORD**

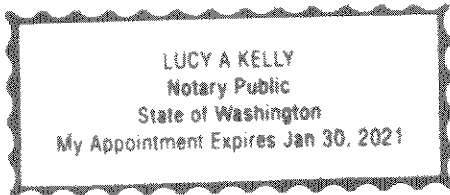
State of Washington)
) ss.
County of Skagit)

Alice O. Clifford, being first duly sworn, deposes and says:

1. I am the surviving spouse of Edwin J. Clifford, who died on February 10, 2017.
2. Edwin J. Clifford and I, as husband and wife, executed a Community Property Agreement on February 28, 2012, which provided for the disposition of all community property as between ourselves. The original Community Property Agreement is attached to this Affidavit 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 Edwin J. Clifford's death.
4. By virtue of the Community Property Agreement, all property owned by Edwin J. Clifford passed to me as sole owner.
5. There are no unpaid creditors of Edwin J. Clifford, 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.

Alice O. Clifford
Alice O. Clifford

Subscribed and sworn to before me this 30th day of May, 2017 by Alice O. Clifford.



Lucy A Kelly
Notary Public in and for the State
of Washington, residing at La Conner
My Commission Expires: 1-30-2021

Community Property Agreement

THIS AGREEMENT is made February 29th, 2012, at La Conner, Washington, between Edwin J. Clifford ("Husband") and Alice O. Clifford ("Wife"), husband and wife, both of whom are domiciled in the state of Washington, pursuant to Section 26.16.120 of the Revised Code of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Status of Property. All property (including, but not limited to, property owned at the time of their marriage, property received up to the date of this Agreement by gift, bequest, legacy, devise or inheritance, or proceeds, income, rents, issues, profits, gains and appreciation from such property) of every kind, whether titled in the name of Husband, or Wife, or both spouses, wherever situated, now owned by Husband and Wife, or by either of them, or hereafter acquired during the existence of the marital community, is and shall be considered community property.

2. Disposition of Community Property at Death. If one spouse dies and the other spouse survives by ten (10) days, all of the described community property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. Exception to Agreement. Either spouse may, with the written agreement of the other spouse, reserve separate property and dispose of it outside of this Agreement by making a separate beneficiary designation for a particular asset, such as an IRA, life insurance policy, or annuity, but not by Will. This exception shall apply only to such designations made after the date of this Agreement.

4. Disclaimer. Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with references to specific parts, shares or assets thereof. Any interest so disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest, with the surviving spouse entitled to the benefits provided by any other disposition.

5. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with the provisions of any community property agreement or other arrangement previously made by the parties affecting the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

6. Optional Revocation By One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2. The Termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if two licensed physicians state in writing that the spouse is unable to manage his or her own affairs.

7. Termination. This Agreement shall terminate under any of the following circumstances:

- (i) The mutual agreement of the parties in writing.
- (ii) The provisions of Paragraph 2 shall be deemed mutually terminated upon the earlier to occur of (a) the termination of the marital community, or (b) the filing by either party of a petition for dissolution of their marriage, for divorce or for the annulment of their marriage (the Termination). Following such Termination, property thereafter acquired by Husband or Wife shall be the acquiring spouse's separate property, and the income, rents, issues, profits, gains and appreciation attributable to property which was their community property shall be their respective separate property in equal shares. Any property which was community property at the Termination shall not cease to be such merely by reason of the Termination.
- (iii) Immediately prior to death if neither party survives the other by ten (10) days.

8. Independent Counsel. Husband and Wife each recognize that he or she has a right to be represented by independent counsel in arriving at this Agreement. Each of them hereby waives said right and states that he or she has had an adequate, fair and full disclosure of all assets now owned and the value of each involved in this Agreement.

DATED as first stated above.



 Edwin J. Clifford
 Husband



 Alice O. Clifford
 Wife

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Acknowledgement of Advice as to Retention of Separate Counsel

We have both been advised that the foregoing document may have a significant effect on how our property is owned and who may receive assets at our deaths. We have been advised by our attorney, Felicia Value, to obtain separate counsel to review our respective rights and the effects of this Agreement and all matters incident to it. We each decline to obtain such separate counsel, and acknowledge that we nevertheless enter into this Agreement freely and voluntarily.

Edwin J. Clifford
Edwin J. Clifford
Husband

Alice O. Clifford
Alice O. Clifford
Wife

STATE OF WASHINGTON)

: ss

County of Skagit

I certify that I know or have satisfactory evidence that Edwin J. Clifford and Alice O. Clifford are the persons who appeared before me, and said persons each acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

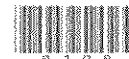
Dated February 28, 2012

Notary Jane Bandy
Notary Public in and for the State
of Washington, residing at 2001 W. Main St.
My Commission Expires: 12-14-2013

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-007403

DATE ISSUED: 02/22/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): EDWIN JOSEPH
LAST NAME(S): CLIFFORD

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 10, 2017
HOUR OF DEATH: 08:55 PM
SEX: MALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 4206 GLASGOW WAY
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 4206 GLASGOW WAY
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: MANHATTAN, NEW YORK

FATHER/PARENT: EDWARD CLIFFORD
MOTHER/PARENT: MARIE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: ALICE OICHOO LOW

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: CONTRACTOR
INDUSTRY: ELECTRONIC ENGINEERING
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: FEBRUARY 25, 2017

INFORMANT: ALICE CLIFFORD
RELATIONSHIP: WIFE
ADDRESS: 4206 GLASGOW WAY, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL

ADDRESS: 1105 - 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:
A: B-CELL LYMPHOMA
INTERVAL: 1 WEEK
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RECENT INFLUENZA,

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: FEBRUARY 13, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: FEBRUARY 15, 2017



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 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 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:

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 forgoing is true and correct

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

- 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
- The proof(s) must match the asserted facts. For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Documentary proof must be five or more years old or established within five years of birth.

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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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

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

Marriage/Dissolution (Divorce) Certificates

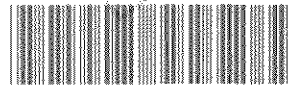
- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-032 (October 2015)

CERTIFIED

FEB 22 2017

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



0 1 4 3 7 0 7 3

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.