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UNOFFICIAL DOCUMENT

Recorded by and return to:

STILES LAW INC., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Legal 1: (2.7000 ac) LIVERMORE'S AC TR 1 SURVEY 8310110046 BEING A
PTN OF TRS A & C S/P 76-76 AF#847913
Legal 2: (0.7100 ac) TAX 44AAA E 345FT OF W 440FT OF E 880 FT OF N 145FT OF
SW1/4 NW1/4 LESS E 92F T& W 73FT
Tax Parcel 1#: 3947-000-005-0005 / P67266
Tax Parcel 2#: 350424-0-075-0007 / P37441

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Veryle Hitt, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Donald E. Hitt, who died at Sedro-Woolley, County of Skagit, State of Washington, on March 3, 2006, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated April 13, 1977, which agreement has been recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit, Washington.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. Among other items of community property was the following described real estate:

Address: 7694 Medford Road
Parcel ID 1: 3947-000-005-0005 / P67266

LOT 1 OF A SURVEY OF A PORTION OF TRACTS 5 AND 8,
"LIVERMORES HAMILTON ACREAGE", AS PER PLAT RECORDED IN
VOLUME 3 OF PLATS, PAGE 87, RECORDS OF SKAGIT COUNTY,
WASHINGTON, SAID SURVERY BEING RECORDED OCTOBER 11,
1983, IN BOOK 5 OF SURVEYS, PAGE 13 UNDER AUDITOR'S FILE
NO. 8310110046, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Address: 314 W Moore St.
Parcel ID 2: 350424-0-075-0007 / P37441

That portion of the Southwest quarter (SW ¼) of the Northwest quarter (NW1/4)
of Section Twenty-four (24), Township Thirty-Five (35) North, Range Four (4)
East of the Willamette Meridian, described as follows:

Beginning at a point on the North line of said Southwest quarter (SW ¼) of the
Northwest quarter (NW ¼) where same is intersected by the center line of
Borseth Street in West Addition of Woolley, if the center line were projected
North; thence west along the North line of said subdivision 92 feet to the true
point of beginning; thence West 165 feet along said North line; thence South to
the North line of Moore Street in West Addition to Woolley; thence East along the
North line of Moore Street 165 feet; thence North to point of beginning.

Situate in County of Skagit, State of Washington.

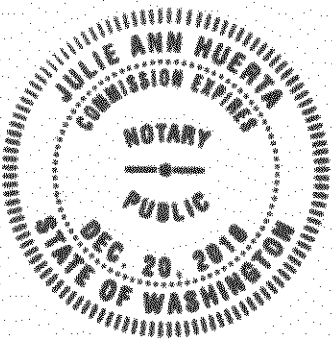
4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

DATE: June 15, 2017, *Veryle Hitt*
Veryle Hitt

State of Washington) ss.
County of Skagit)

On this day personally appeared before me **Veryle Hitt**, 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 on June 15, 2017.



Julie Ann Huerta
NOTARY PUBLIC in and for the State of
Washington, residing at Sedro Woolley
Commission Expires: 12-20-18

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 205-06 Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix DONALD EUGENE HITT				2. Death Date March 3, 2006	
3. Sex (M/F) Male		4a. Age - Last Birthday 71	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) Waterloo	8b. (State or Foreign Country) Iowa	9. Decedent's Education Eighth Grade	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 524 SE 5 th St.) (Include Apt. No.) 7694 Medford Road				13b. City or Town Sedro-Woolley	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98284	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence 28 years		15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Veryle Schryer		
17. Usual Occupation (Indicate type of work done, during most of working life. (DO NOT USE RETIRED). Heavy Equipment Mechanic			18. Kind of Business/Industry (Do not use Company Name) Construction		
19. Father's Name (First, Middle, Last, Suffix) Clarence B. Hitt			20. Mother's Name Before First Marriage (First, Middle, Last) Mildred [REDACTED]		
21. Informant's Name Veryle Hitt		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 7694 Medford Road Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence					
25. Facility Name (if not a facility, give number & street location) 7694 Medford Road			26a. City, Town, or Location of Death Sedro-Woolley	26b. State WA	27. Zip Code 98284
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Crematory		30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Lemley Chapel 1008 Third Street Sedro-Woolley, WA 98284				32. Date of Disposition March 6, 2006	
33. Funeral Director Signature X <i>Rich Lemley</i>					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. Metastatic colon cancer		Interval between Onset & Death 2 yrs	Due to (or as a consequence of)
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b.		Interval between Onset & Death	Due to (or as a consequence of)
		c.		Interval between Onset & Death	Due to (or as a consequence of)
		d.		Interval between Onset & Death	Due to (or as a consequence of)
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1-year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street Apt No. City or Town County State Zip Code					
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician (To the best of my knowledge, death occurred at the time, date, and place and cause listed) and (Signature) X <i>Robert Raish</i>			48b. Medical Examiner/Coroner - On the basis of my personal or professional investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Robert Raish, MD 1415 E Kincaid Mount Vernon, WA 98273				50. Hour of Day (24hrs) 1330 hrs	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) March 6, 2006	
53. Title of Certifier Physician		54. License Number	55. ME/Coroner File Number NJA-274	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X <i>Connie Anderson, Deputy</i>			58. Date Received (MM/DD/YYYY) MAR - 7 2006		
59. Amendments					

Part 1 completed by Funeral Director

Part 2 completed by Certifier



DOH/CHS 003 Rev 2/06/2004



Affidavit for Correction

Center for Health Statistics
P.O. Box 8708
Olympia, WA 98507-8708
(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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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth); (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth); (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

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:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

- Birth Certificates:**
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (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.
 - Proof must be five (or more) years old or have been established within five years of birth.
 - Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
 - Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction until their child's 18th birthday.
 - This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit form DDH/CHS 021)

- Death Certificates:**
- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
 - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
 - If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

- 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.

DDH/CHS 023 (Rev. 9/2002)

* CERTIFIED *

MAR 07 2005

Howard Leibrand
 Skagit County Public Health Department
 Howard Leibrand M.D., Health Officer
 NN00946179

