

After recording return to:

Souders Law Group  
913 Seventh Street  
Anacortes, WA 98221



201710020066

Skagit County Auditor

\$81.00

10/2/2017 Page

1 of

8 9:40AM

DOCUMENT TITLE: **AFFIDAVIT**

GRANTOR: **NANCY MUDGE-COGGON, SURVIVING SPOUSE OF GRANT  
COGGON, DECEASED**

GRANTEE: **THE PUBLIC**

ASSESSOR'S TAX/PARCEL NUMBERS: **P67395 / 3952-000-012-0008**

**AFFIDAVIT**

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20174645

OCT 02 2017

STATE OF WASHINGTON )  
 : ss.  
COUNTY OF SKAGIT )

Amount Paid *\$0*  
Skagit Co. Treasurer  
By *Mam* Deputy

Nancy Mudge-Coggon, being first duly sworn, upon oath deposes and says:

That I am the surviving spouse of Grant Coggon (the Decedent), who died October 21, 2011 at Anacortes, Washington. At the time of my husband's death, we were both residents of Anacortes, Skagit County, Washington.

That this Affidavit is for the purpose of supplying information pertaining to the Estate of Grant Coggon, and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with the real property described herein and with any other community property.

That at the time of the death of Grant Coggon, there was in full force and effect a Community Property Agreement, executed by Grant Coggon and myself, Nancy Mudge-Coggon, on March 29, 2011. A certified copy of that Agreement is attached hereto. The Agreement specifies that all property of Nancy Mudge-Coggon and Grant Coggon, whenever acquired and including all property to be acquired after the date of the

Agreement shall be considered to be community property. The Agreement further provided that in the event of the death of either spouse, all community property, whether real or otherwise, would immediately vest in the surviving spouse in fee simple.

That Grant Coggon, the Decedent, also executed a Last Will and Testament. However, no proceedings have been initiated and none are contemplated to probate the Decedent's Estate, since his entire Estate will pass under the Community Property Agreement attached hereto.

That all expenses of the Decedent's last illness, funeral and costs of administration have been paid and I know of no unpaid creditors of the Decedent or of the marital community.

That among the property that the Decedent and Nancy Mudge-Coggon held as community property was the following described real estate:

Parcel A:

Lot 12, ASSESSOR'S PLAT OF HENRY W. MCFADDEN ESTATE, according to the plat thereof recorded in Volume 8 of Plats, page 87, records of Skagit County, Washington;

Parcel B:

An easement for ingress and egress for roadway purposes across a strip of land 40 feet in width, being 20 feet on each side of the following described centerline:

Beginning at a point on the South line of Government Lot 7, Section 2, Township 34 North, Range 1 East of the Willamette Meridian, which point bears North 88°15' West a distance of 796.74 feet from the Southeast corner of said Government Lot 7;

Thence North 9°21' West a distance of 407.63 feet, more or less, to the South line of the plat of Wildwood Lane, Re-Plat of Lots 4, 5, 6 and 7, ASSESSOR'S PLAT OF HENRY W. MC FADDEN ESTATE, according to the plat recorded in Volume 10 of plats, pages 46 and 47, records of Skagit County, Washington, being the terminus point of said easement.

The Grantor herein reserves unto themselves their heirs, successors and assigns an easement for ingress and egress to Lot 11, for roadway purposes across a strip of land 60 feet in width, being 30 feet of each side of the following described centerline described as follows:

Commencing at a point 220 feet South of the Northwest corner of Lot 12 and running East to a point on the East line of lot 12, 220 feet South of the Northeast corner of Lot 12.

Together with an easement for ingress and egress over, along and across a strip of land 10 feet in width, the North line of said strip being the North line of lot 11 and running East from the West line of lot 11 along the North line of lot 11 to the shore of Lake Erie, for foot traffic access to Lake Erie for the benefit of lot 12.

And along with the Northern most 100 feet of Lot 11, the north line of said strip being the north line of Lot 11 and running east from the west line of Lot 11 along the north line of Lot 11 to the shore of Lake Erie.

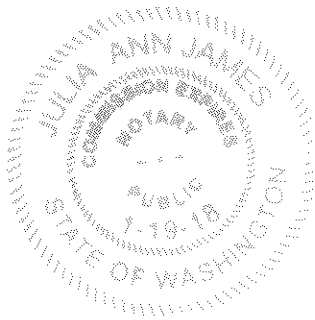
H.W. McFadden Est. holds records of Skagit County, Washington.

The Decedent's estate is not subject to estate tax for the federal government or the State of Washington, as the surviving spouse is a citizen of the United States, with an unlimited marital deduction.

Dated this 27<sup>th</sup> day of September, 2017.

Nancy Mudge-Coggon  
Nancy Mudge-Coggon

SUBSCRIBED AND SWORN to before me this 27<sup>th</sup> day of September, 2017.



Julia Ann James  
Julia Ann James  
Notary Public in and for the State of  
Washington, residing at Mount Vernon.  
My appointment expires January 19, 2018

## COMMUNITY PROPERTY AGREEMENT

Grant G. Coggon, ("Husband") and Nancy J. Mudge-Coggon ("Wife"), husband and wife, acting pursuant to the provisions of Revised Code of Washington 26.16.120, providing for agreements between husband and wife for fixing of the status and disposition of community property, HEREBY AGREE AS FOLLOWS:

1. All property now owned or hereafter acquired by either Husband or Wife is designated as Community Property, unless, after the date of this Agreement, the parties shall agree otherwise by making a separate property designation signed by both of them. This designation of Community Property applies even though some items of property may have been or may be purchased or acquired by one or the other or both, or may have been or may be registered in the name of one or the other or both.

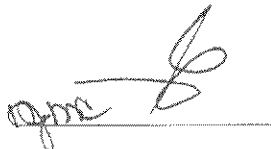
2. If one spouse dies and the other spouse survives by ten (10) days, all Community Property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this agreement in whole or in part, or with reference to specific parts, shares or property. The interest disclaimed shall pass as if the provisions of Section 2 above had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.

4. Property held by the parties in joint tenancy, and any transfer or attempted transfer of Community Property into joint tenancy form, shall not change its status as Community Property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and such property shall be Community Property and ownership and title shall vest as provided in Section 2 above.

5. The provisions of Section 2 above shall be automatically revoked:

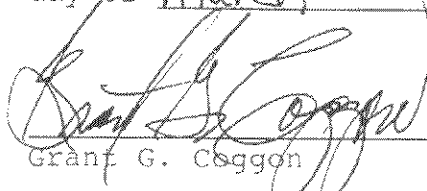
- a. Upon the filing by either party of a petition, complaint, or other pleading for separation, dissolution or divorce, or
- b. Immediately prior to death if neither party survives the other by ten days.

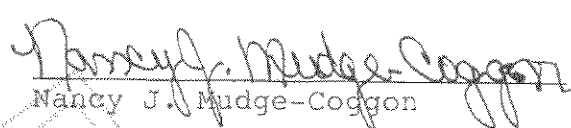


6. If either party becomes incapacitated, the other party shall have the power to terminate the provisions of Section 2 above. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardians, if any, of the person and of the estate of the incapacitated spouse. Each party designates the other party as attorney-in-fact to become effective upon incapacity to agree to the termination. For the purposes of this section, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the named spouse is unable to manage his or her own affairs.

7. To the extent this agreement is inconsistent with the provisions of any Community Property Agreement, Will or other arrangement previously made by either or both of the parties that affect community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, we have hereunto set our hands this 29<sup>th</sup> day of March 2011.

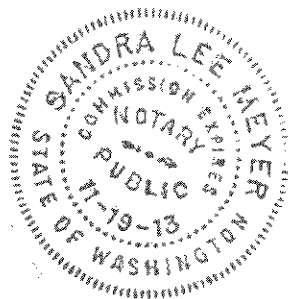
  
Grant G. Coggon


  
Nancy J. Mudge-Coggon

STATE OF WASHINGTON )  
                                  ) ss.  
COUNTY OF SKAGIT     )

I certify that I know or have satisfactory evidence that Grant G. Coggon and Nancy J. Mudge-Coggon, husband and wife, are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 29<sup>th</sup> day of March 2011.



  
(Signature)  
Sandra Lee Meyer  
(Print Name)

Notary Public in and for the State of  
Washington, residing at Anacortes  
My appointment expires 19 Nov 2013



State of Washington

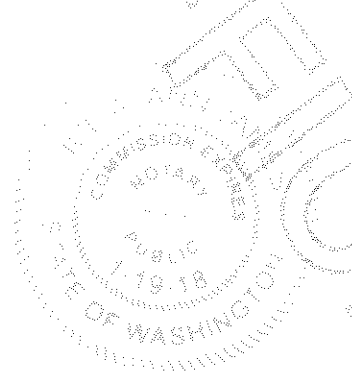
County of Skagit

On this 18th day of September, 2017, I certify that the preceding document is a true, exact, complete, and unaltered photocopy made by me from the original document Community Property Affidavit, and that, to the best of my knowledge, the photocopied document is neither a public record nor a publicly recorded document, certified copies of which are available from an official source other than a notary public.



Julia Ann James

Notary Public in and for the State of  
Washington, residing at Mount Vernon.  
My appointment expires January 19, 2018.



UNOFFICIAL DOCUMENT

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: <b>901-11</b>		<b>Washington State Certificate of Death</b>			State File Number	
1. Legal Name (Include Middle Name, First Middle, LAST, Suffix) <b>Grant Groom Coggon</b>				2. Death Date <b>10-21-2011</b>		
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>76</b>	4b. Under 1 Year (Infants) <b>No</b>	4c. Under 1 Day (Newborns) <b>No</b>	5. Decedent's Social Security Number <b>[REDACTED]</b>		6. County of Death <b>Skagit</b>
7. Birth Date <b>[REDACTED]</b>		8a. Birthplace (City, Town, or County) <b>Kittanning</b>		8b. (State or Foreign Country) <b>PA</b>		9. Decedent's Education <b>4 years college</b>
10. Was Decedent of Hispanic Origin? (Yes or No; if yes, specify) <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>12937 S. Wildwood Lane</b>				13b. City or Town <b>Anacortes</b>		
13c. Residence County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98221</b>
14. Estimated length of time at residence <b>33 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to her marriage) <b>Nancy Mudge</b>		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Employment Counselor</b>				18. Kind of Business/Industry (Do not use Company Name) <b>State Government</b>		
19. Father's Name (Last, Middle, Last, Suffix) <b>Kenneth Grant Coggon</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Zoe Agatha [REDACTED]</b>		
21. Informant's Name <b>Nancy Coggon</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: (Number and Street or RFD No.) City or Town, State, Zip <b>12937 S. Wildwood Lane, Anacortes, WA 98221</b>		
24. Place of Death, if Death Occurred in a Hospital <b>Nursing Home / Long Term Care Facility</b>						
25. Facility Name (If not a facility, give number & street or location) <b>San Juan Rehabilitation Care Center</b>				26a. City, Town, or Location of Death <b>Anacortes</b>		26b. State <b>WA</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Moles Greenacres Crematory</b>			30. Location-City/Town, and State <b>Ferndale, WA</b>	
31. Name and Complete Address of Funeral Facility <b>Moles, Ferndale 2039 Main Street, Ferndale, WA 98248</b>				32. Date of Disposition <b>10-31-2011</b>		
33. Funeral Director's Signature <i>Steve Hortegas</i> <b>Steve Hortegas</b>						
<b>Cause of Death (See instructions and examples)</b>						
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. <b>RETROPERITONEAL LIPUS SARCOMA</b>			Interval between Onset & Death <b>MOS</b>	
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	
		c. _____			Interval between Onset & Death	
		d. _____			Interval between Onset & Death	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (mm/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, City or Town, County, State, Zip Code + 4						
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 (Type or Print) <i>John Mathis</i>				48b. Medical Examiner/Coroner (Type or Print) <i>[REDACTED]</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>John Mathis, MD, 1213 24th St. Ste. 100, Anacortes, WA 98221</b>					50. Hour of Death (24hrs) <b>0038</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (mm/yyyy) <b>10/27/2011</b>	
53. Title of Certifier <b>M.D.</b>		54. License Number <b>MD 000 31284</b>		55. ME/Coroner File Number <b>NJA 358</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>Mana S. Uvarco, Deputy Registrar</i>					58. Date Received (mm/yyyy) <b>October 31, 2011</b>	
59. Amendments						

DOH/CHS 003 Rev 07/09/07

Affidavit for Correction

This is a legal Document. Do not write on it and do not alter.  
STATE OFFICE USE ONLY

Use the section below for requesting any changes on the record

Birth Date:  Birth  Death  Marriage  Divorce

First Name:  Last Name:  Middle Name:  Maiden Name:

Address:  City:  State:  Zip:

Sex:  Male  Female

Race:  White  Black  Hispanic  Other

Religion:  Catholic  Protestant  Jewish  Muslim  Other

Education:  High School  College  Graduate School

Military Service:  Yes  No

Funeral Director:  Yes  No

Signature:  Yes  No

All changes must be examined by the State Office before they can be made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_

Notary State: \_\_\_\_\_

Notary Commission No.: \_\_\_\_\_

Notary Expiration Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

This affidavit must be signed by a person who is at least 18 years old and is not a party to the case.

Notary Signature: \_\_\_\_\_

Notary State: \_\_\_\_\_

Notary Commission No.: \_\_\_\_\_

Notary Expiration Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

**\*CERTIFIED\***

NOV 04 2011

*Howard Fairbrand*

Skagit County Public Health Department  
Howard Fairbrand M.D. Health Officer

VV00085966

UNOFFICIAL DOCUMENT