

After recording return to:

Souders Law Group  
913 Seventh Street  
Anacortes, WA 98221



Skagit County Auditor \$79.00  
2/1/2018 Page 1 of 6 9:45AM

DOCUMENT TITLE: **AFFIDAVIT**

GRANTOR: **JEAN E. FERGUSON, SURVIVING SPOUSE OF PETER R. FERGUSON, DECEASED**

GRANTEE: **THE PUBLIC**

ASSESSOR'S TAX/PARCEL NUMBERS: **P60004 / 3826-000-093-0004**

**AFFIDAVIT**

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2018397  
FEB 01 2018

Amount Paid   
Skagit Co. Treasurer  
By *MM* Deputy

STATE OF WASHINGTON )  
                                  : ss.  
COUNTY OF SKAGIT )

Jean E. Ferguson, being first duly sworn, upon oath deposes and says:

That I am the surviving spouse of Peter R. Ferguson (the Decedent), who died December 18, 2017, 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 Peter R. Ferguson, 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 Peter R. Ferguson, there was in full force and effect a Community Property Agreement, executed by Peter R. Ferguson and myself, Jean E. Ferguson, on September 21, 2016. That original Agreement is attached hereto. The Agreement specifies that all property of Jean E. Ferguson and Peter R. Ferguson, 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 Peter R. Ferguson, 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 Jean E. Ferguson held as community property was the following described real estate:

Lot 93, "SKYLINE NO. 10," as per plat recorded in Volume 9 of Plats, pages 117 through 120, inclusive, records of Skagit County, Washington.

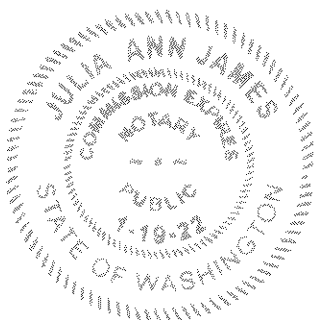
Situate in the City of Anacortes, County of Skagit, State of Washington.

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 26<sup>th</sup> day of January, 2018.

Jean E. Ferguson  
Jean E. Ferguson

SUBSCRIBED AND SWORN to before me this 26<sup>th</sup> day of January, 2018.



Julia Ann James  
Julia Ann James  
Notary Public in and for the State of  
Washington, residing at Mount Vernon.  
My appointment expires January 19, 2022

**COMMUNITY PROPERTY AGREEMENT**

**Peter R. Ferguson, also known as Richard Ferguson, also known as Pete Ferguson ("Husband") and Jean E. Ferguson ("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:

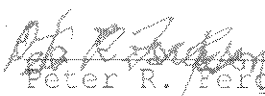
- a. Upon the filing by either party of a petition, complaint, or other pleading for separation, dissolution or divorce, or
- b. Immediately prior to death if neither party survives the other by ten days.

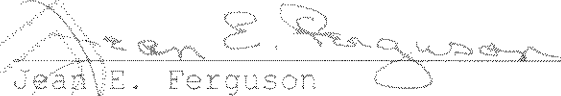
 \_\_\_\_\_  \_\_\_\_\_

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 21st day of September, 2016.


  
Peter R. Ferguson

  
Jean E. Ferguson

STATE OF WASHINGTON )  
                                  ) ss.  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that Peter R. Ferguson and Jean E. Ferguson, 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 21 day of September, 2016.

  
Michelle N. Mance  
Notary Public in and for the State of  
Washington, residing at Oak Harbor, WA  
My appointment expires 11/29/19.





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-054775

DATE ISSUED: 12/26/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PETER  
LAST NAME(S): FERGUSON

AKA: PETER FERGUSON

AKA:

AKA:

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 18, 2017  
HOUR OF DEATH: 03:05 PM  
SEX: MALE AGE: 91 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 4304 BRYCE DRIVE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 4304 BRYCE DRIVE  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 13 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: HONOLULU, HI

FATHER/PARENT: HOMER WILBUR FERGUSON  
MOTHER/PARENT: VIOLETTE ANN [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: JEAN EVELYN GUILLAN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: INSPECTOR  
INDUSTRY: AEROSPACE INDUSTRY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: DECEMBER 21, 2017

INFORMANT: JEAN FERGUSON  
RELATIONSHIP: WIFE  
ADDRESS: 4304 BRYCE DRIVE, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOHN HAAS

CAUSE OF DEATH:  
A: PARKINSON'S DISEASE  
INTERVAL: YEARS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CEREBRAL VASCULAR  
ACCIDENT

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: NO RESPONSE

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, WA 98273  
DATE SIGNED: DECEMBER 20, 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: MARIA VIVANCO  
DATE RECEIVED: DECEMBER 20, 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

<b>Required</b>	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: \_\_\_\_\_ Date: \_\_\_\_\_

16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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 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.
- Documentary proof must be five or more years old or established within five years of birth:

<b>Child under 18</b>	<b>Adult (18 years or older)</b>
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>

\*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**

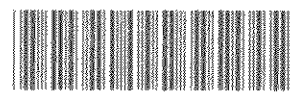
- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

# \*CERTIFIED\*

DEC 26 2017

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



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

0 1 5 2 0 7 0 1