



**201902270019**

02/27/2019 09:14 AM Pages: 1 of 7 Fees: \$105.00  
Skagit County Auditor

Recorded by and return to:

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

Legal: MERIMBULA, LOT 1  
Tax Parcel #: 4784-000-001-0000 / P118542

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON ) ss.  
COUNTY OF SKAGIT )

John E. Rantschler Sr., being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Judy R. Rantschler, who died at Mount Vernon, County of Skagit, State of Washington, on January 6, 2019, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated January 28, 2013, 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: 23596 Cooma Place  
Parcel ID: 4784-000-001-0000 / P118542

PARCEL A:

Lot 1, PLAT OF MERIMBULA, according to the plat thereof recorded October 30, 2001, under Auditor's File No. 200110300048, records of Skagit County, Washington.

Situated in Skagit County, Washington.

PARCEL B:

A non-exclusive easement for access and utilities over, under, across and through "Cooma Place", as shown on the face of the plat;

TOGETHER WITH a non-exclusive easement for access and utilities over, under, across and through a strip of land 20 feet in width over portions of

Lots 3 and 4, Plat of Merimbula, according to the plat thereof recorded October 30, 2001, under Auditor's File No. 200110300048, records of Skagit County, Washington.

Situated in Skagit County, 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.

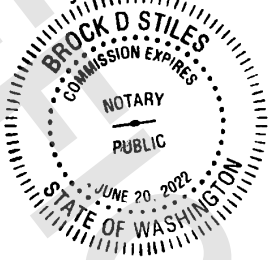
DATE: 2/26/19

  
John E. Rantscher Sr.

State of Washington ) ss.  
County of Skagit )

On this day personally appeared before me **John E. Rantschler Sr.**, who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on 2-26-19.



Brock D Stiles  
NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolley  
Commission Expires: 2-20-22

RECORDED AT THE REQUEST OF:

Stiles & Stiles, Inc., P.S.  
P.O. Box 228  
Sedro-Woolley, Washington 98284

## COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT made and entered into by and between John Erik Rantschler Sr. and Judy Rose Rantschler, husband and wife, pursuant to the provisions of Section 26.16.120, Revised Code of Washington; providing for agreements between husband and wife for fixing of 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 the parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all property of whatsoever nature and description, whether real, personal or mixed, and wheresoever situated now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, John Erik Rantschler Sr. and Judy Rose Rantschler, husband and wife, have hereunto set their hands and seals on

January 28, 2018

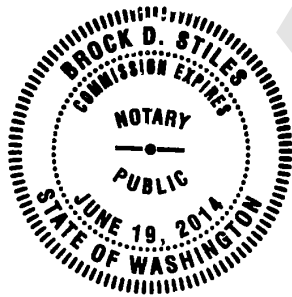
*John Erik Rantschler Sr.*  
John Erik Rantschler Sr.

*Judy Rose Rantschler*  
Judy Rose Rantschler

STATE OF WASHINGTON ) ss.  
COUNTY OF SKAGIT )

This certifies that John Erik Rantschler Sr. and Judy Rose Rantschler, husband and wife, personally appeared before me and known to me to be the individuals described in and who executed the foregoing instrument and acknowledged the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official seal on January 28, 2018



*Brock Stiles*

NOTARY PUBLIC in and for the State of Washington, residing at

*Sedro-Woolley*

Commission expires: *6-19-14*

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



DATE ISSUED: 01/09/2019  
FEE NUMBER:

CERTIFICATE NUMBER: 2019-000600

FIRST AND MIDDLE NAME(S): JUDY ROSE  
LAST NAME(S): RANTSCHLER

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 06, 2019  
HOUR OF DEATH: 06:00 AM  
SEX: FEMALE AGE: 68 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEDRO-WOOLLEY, WA

MARITAL STATUS: MARRIED  
SPOUSE: JOHN RANTSCHLER

OCCUPATION: SIGN TECHNICIAN  
INDUSTRY: COUNTY GOVERNMENT  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

INFORMANT: JOHN RANTSCHLER  
RELATIONSHIP: HUSBAND  
ADDRESS: 23596 COOMA PLACE MOUNT VERNON, WA 98274

CAUSE OF DEATH:  
A: ACUTE HYPOXIC RESPIRATORY FAILURE  
INTERVAL: 24 HOURS  
B: MULTIORGAN FAILURE  
INTERVAL: 1 WEEK  
C: UNKNOWN  
INTERVAL: 2+ YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 23596 COOMA PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER/PARENT: RAWSON A HORNBECK  
MOTHER/PARENT: MUTHEL LEONA [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JANUARY 12, 2019

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: RICK B. LEMLEY

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

CERTIFIER NAME: KRISTEN KILCREASE, DO  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: JANUARY 07, 2019

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA# SK0006  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: JANUARY 08, 2019



### Affidavit for Correction

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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<b>Required</b>	Required information must match current information on record			
	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:
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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:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	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

1. 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.
2. **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.
3. Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- 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

#### Adult (18 years or older)

- 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

\*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

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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\*

JAN 09 2019

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

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



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