

When recorded return to:

Michael A. Winslow
Attorney at Law
1204 Cleveland Avenue
Mount Vernon, Washington 98273

202001100093

01/10/2020 12:45 PM Pages: 1 of 8 Fees: \$110.50
Skagit County Auditor

AFFIDAVIT: LACK OF PROBATE
(With Statement of Community Property)

GRANTOR: Donald A. Mendum, deceased.

GRANTEE: Gayle E. Mendum, surviving spouse.

LEGAL DESCRIPTION:

Lots 3 and 4, Block 170, MAP OF THE CITY OF ANACORTES, according to the plat thereof recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington;

Together with all and singular tenements, hereditaments and appurtenances thereunto belonging or in any wise appertaining.

ASSESSOR'S PROPERTY TAX

PARCEL OR ACCOUNT NO. P56087 / 3772-170-004-0007

REFERENCE NOS OF DOCUMENTS

ASSIGNED OR RELEASED: None.

Gayle E. Mendum, being first duly sworn, deposes and says:

The undersigned Affiant is the rightful heir, as listed on the Heirs at Law, to the real property described below, and is the surviving spouse of Donald A. Mendum, who died on March 11, 2018, at Anacortes, Washington. A certified copy of the Death Certificate is attached hereto as *Exhibit A*.

Real Property Description:

Lots 3 and 4, Block 170, MAP OF THE CITY OF ANACORTES, according to the plat thereof recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington;

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

202001100093
JAN 10 2020

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

Together with all and singular tenements, hereditaments and appurtenances thereunto belonging or in any wise appertaining.

Status of Will

Decedent left a Community Property Agreement in favor of surviving spouse, a copy of which is attached hereto as *Exhibit B*.

In addition, Decedent left a Last Will and Testament which has not been probated or revoked, a copy of which accompanied this document, for review by the Treasurer.

Heirs At Law

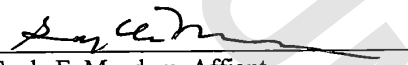
Affiant hereby identifies all heirs at law of the Decedent:

<u>Name and Address</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Gayle E. Mendum 1004 Commercial Avenue No. 331 Anacortes, WA 98221	Legal	Spouse
William J. Mendum 1209 14th Street Anacortes, WA 98221	Legal	Son
Daniel L. Mendum 1014 Gold Road Naples, ID 83847	Legal	Son

The Affiant states of her own knowledge that each of the obligations of the Estate of Donald A. Mendum, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, and state and federal succession taxes, if any, have been paid in full or provided for by the Affiant/Decedent's surviving spouse. The amount of income tax due to the federal government is not known at this time, but is believed to be well provided for by the Affiant/Decedent's spouse.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of the said Decedent, his heirs, creditors, and the taxing authorities.

DATED this 2nd day of December, 2019.


 Gayle E. Mendum, Affiant
 1004 Commercial Avenue No. 331
 Anacortes, WA 98221
 (360) 961-0889

State of Washington)
) :ss
County of Skagit)

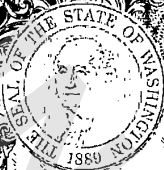
I certify that I know or have satisfactory evidence that Gayle E. Mendum is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes in the instrument.

Dated: December 2, 2019.

Piper Lee Eger
Piper Lee Eger Notary Public
My appointment expires 8/19/22



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-011750

DATE ISSUED: 03/15/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONALD ALFRED
LAST NAME(S): MENDUM

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 11, 2018
HOUR OF DEATH: 11:30 PM

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1905 8TH STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1905 8TH STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 27 YEARS

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

FATHER/PARENT: WILFRED CECIL MENDUM
MOTHER/PARENT: MARGARET AGNES [REDACTED]

BIRTH DATE: [REDACTED]
BIRTHPLACE: OAKLAND, CA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

MARITAL STATUS: MARRIED
SPOUSE: GAYLE ELAINE WYNN

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: MARCH 15, 2018

OCCUPATION: OWNER/OPERATOR
INDUSTRY: AUTO REPAIR INDUSTRY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

INFORMANT: GAYLE E MENDUM
RELATIONSHIP: WIFE
ADDRESS: 1004 COMMERCIAL AVE, PMB #331, ANACORTES, WA 98221

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

CAUSE OF DEATH:
A: PROGRESSIVE MUSCULAR ATROPHY
INTERVAL: MONTHS
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

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

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: MARCH 14, 2018

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: MARCH 15, 2018

EXHIBIT A



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

Required information must match current information on record
Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record: First, Middle, Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: City, Co. County
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: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other (specify)

7. Return Mailing Address: P.O. Box or Street Address, City, State, Zip

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: 8, 9, 10, 11, 12, 13, 14, 15. The true fact is:

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 2nd parent (if required):

Printed name: Date: Printed name: 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

- 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

MAR 15 2018

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



0 1 8 0 2 5 7 5

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

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT made this 10th day of August, 2012, between **DONALD ALFRED MENDUM** and **GAYLE ELAINE MENDUM**, husband and wife, both of whom are domiciled in the State of Washington. In consideration of the mutual benefits to be derived and their mutual agreements set forth below, the parties agree as follows:

1. Property Covered: This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both of may have been registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is referred to in this Agreement as the "described community property".

2. Vesting at Death of a Spouse: If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. 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 reference to specific parties, shares or assets thereof, in which event the interest 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 alternate disposition.

4. Automatic Revocation: The provisions of paragraph 2 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) upon the establishment of a domicile out of the State of Washington by either party; or

(c) immediately prior to death, if the order of death cannot be ascertained.

5. Optional Revocation by One Party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 3 and each party designates the other as Attorney-in-Fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in Washington signs a statement declaring that the spouse is unable to manage his or her own affairs.

6. Powers of Appointment: This Agreement shall not affect any power of appointment now held by or hereafter given to Wife or Husband or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

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

Catherine Thompson
Witness

[Signature]
Witness

Donald A. Mendum
DONALD ALFRED MENDUM

Gayle Elaine Mendum
GAYLE ELAINE MENDUM

STATE OF WASHINGTON)
) :SS
COUNTY OF SKAGIT)

On August 10, 2012, personally appeared before me **Donald Alfred Mendum** and **Gayle Elaine Mendum** to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal on the date first set out above.



Shelly L. Ewing
NOTARY PUBLIC in and for the State of Washington, residing at Anacortes
My commission expires: 02-04-14