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01/20/2021 11:34 AM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

After recording please return to:

Mrs. Grace Hubbard
PO Box 157
La Conner, WA 98257

RECORDING COVER PAGE

DOCUMENT TITLE: AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER OF RELATED DOCUMENT: 8007030023

GRANTORS: JACK T. HUBBARD and GRACE M. HUBBARD

GRANTEES: THE PUBLIC

PARCEL NO.: P69097

LEGAL DESCRIPTION: Tract 17, Shelter Bay, Division No. 1, Skagit County, Washington, as per plat recorded in Volume 9 of Plats, pages 80 and 81, records of Skagit County. Situated in the County of Skagit, State of Washington.

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT
OF
JACK T. HUBBARD and GRACE M. HUBBARD**

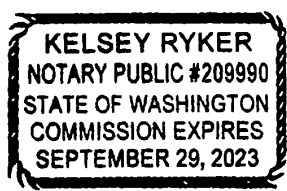
State of Washington)
) ss.
County of Skagit)

Grace M. Hubbard, being first duly sworn, deposes and says:

1. I am the surviving spouse of Jack T. Hubbard (aka John Thomas Hubbard), who died on October 15, 2020.
2. Jack T. Hubbard and I, as husband and wife, executed a Community Property Agreement on February 9, 2005, which provided for the disposition of all community property as between ourselves. The original Community Property Agreement is attached to this Affidavit and will be recorded with the Skagit County Auditor's Office.
3. The Community Property Agreement was validly executed, and was in full force and effect on the date of Jack T. Hubbard's death.
4. By virtue of the Community Property Agreement, all property owned by Jack T. Hubbard passed to me as sole owner.
5. There are no unpaid creditors of Jack T. Hubbard, nor unpaid funeral expenses or expenses of last illness. No state or federal estate tax is due on his estate.
6. This Affidavit is made to induce a title company to issue its policies of title insurance on real property passing to the surviving spouse, and to induce financial institutions to transfer funds or securities, by virtue of said community property agreement, and in reliance upon the representations set forth above.

Grace M. Hubbard
Grace M. Hubbard

Subscribed and sworn to before me this 19 day of January, 2021 by Grace M. Hubbard.



Kelsey Ryker
Notary Public in and for the State
of Washington, residing at Anacortes.
My Commission Expires: 09/29/2023

Community Property Agreement

THIS AGREEMENT is made February 9, 2005, at La Conner, Washington, between JACK T. HUBBARD (“Husband”) and GRACE M. HUBBARD (“Wife”), husband and wife, pursuant to Section 26.16.120 of the Revised Code of Washington.

FOR GOOD AND VALUABLE CONSIDERATION the parties agree as follows:

1. Status of Property. All property (including, but not limited to, property owned at the time of their marriage, property received up to the date of this Agreement by gift, bequest, legacy, devise or inheritance, or proceeds, income, rents, issues, profits, gains and appreciation from such property) of whatsoever nature and description, whether real or personal, wherever situated, now owned by Husband and Wife, or by either of them, or hereafter acquired, during the existence of the marital community, is and shall be considered community property.

2. Disposition of Community Property at Death. Upon the death of either of the aforementioned parties, title to all community property as herein defined shall immediately vest in fee simple in the surviving party.

3. Powers of Appointment. This Agreement shall not affect any power of appointment that is now held or is hereafter given to Husband or Wife, nor shall it obligate Husband or Wife to exercise such power of appointment in any way.

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

5. Termination. This Agreement shall terminate (the “Termination”) upon mutual agreement of the parties in writing. In the absence of other evidence indicating the parties’ intent to terminate this Agreement, it shall nevertheless be deemed mutually terminated upon the earlier to occur of (i) the termination of the marital community; or (ii) the filing by either party of a petition for dissolution of their marriage, for divorce or for the annulment of their marriage. Following the Termination, property thereafter acquired by Husband or Wife shall be the acquiring spouse’s separate property, and the income, rents, issues, profits, gains and appreciation attributable to property which was their community property shall be their respective separate property in equal shares. Any property which was community property at the Termination shall not cease to be such merely by reason of the Termination.

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-048110

DATE ISSUED: 10/20/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN THOMAS
LAST NAME(S): HUBBARD

AKA: JACK THOMAS HUBBARD

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 15, 2020

HOUR OF DEATH: 04:39 PM

SEX: MALE AGE: 99 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: STOCKTON, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: GRACE MARTIN

OCCUPATION: TRAINING OFFICER

INDUSTRY: DEPT OF MENTAL HEALTH

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: GRACE MARY HUBBARD

RELATIONSHIP: WIFE

ADDRESS: 17 MAKAH WAY LACONNER, WA 98257

CAUSE OF DEATH:

A: E.COLI URINARY TRACT INFECTION AND BACTEREMIA

INTERVAL: 72 HOURS

B:

INTERVAL:

C:

INTERVAL:

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: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 17 MAKAH WAY

CITY, STATE, ZIP: LACONNER, WA 98257

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER: MARVIN THOMAS HUBBARD

MOTHER: AIDA CYRELLE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: OCTOBER 20, 2020

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

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

CERTIFIER NAME: GEORGIA LEAKE, DO

TITLE: DO

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: OCTOBER 20, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: GEORGIA LEAKE, PA

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: OCTOBER 20, 2020



Affidavit for Correction

01/20/2021 11:34 AM Page 1 of 6
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

Form fields for State Office Use Only including State File Number, Fee Number, Initials, Date, Affidavit Number, Record Type (Birth, Death, Marriage, Dissolution), Name on Record, Date of Event, Place of Event, Father/Parent Full Birth Name, Mother/Parent Full Birth Name, Name of Person Requesting Correction, Relationship to Person on Record, Return Mailing Address, Telephone Number, and Email Address.

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table with 2 columns: 'The record currently shows:' and 'The true fact is:'. Rows 8-13 for recording discrepancies.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature fields for 14a (Signature) and 14b (Signature of 2nd parent if required), including printed name and date.

INSTRUCTIONS - go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: Birth/Marriage/Divorce record, Military record (DD-214), School transcripts, Social Security Numident Report, Certificate of Naturalization, Hospital/medical record, Copy of Passport / Enhanced ID, Green/Permanent Resident card (I-551). You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
To correct the sex of the child, one proof documentation from a medical provider is required.
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



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

CERTIFIED

OCT 20 2020

Signature of Howard Leibrand M.D., Health Officer



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