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10/25/2021 04:03 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

Recorded by and return to:

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

Legal: PTN NE 1/4 SE 1/4, 17-35-7, W.M
Tax Parcel #: 350717-4-001-0400 / P111732

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Julius C. Schulze, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Maria L. Schulze, who died at Concrete, County of Skagit , State of Washington, on September 2, 2015, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated January 29, 2004, 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: 37842 Schulze Road
Parcel ID: 350717-4-001-0400 / P111732

The North 270 feet of that portion of the Northeast Quarter of the Southeast Quarter of Section 17, Township 35 North, Range 7 East of the Willamette

Meridian, lying Westerly of the center line of a 10-foot road as hereinafter described:

EXCEPT any portion lying within Schulze Road, and Short Plat No. 93-009;

AND FURTHER EXCEPTING any portion lying within the boundaries of that portion conveyed to Alina Putnam and Don Putnam, by deed recorded May 13, 1999, under Auditor's File No. 9905130009, records of Skagit County, Washington.

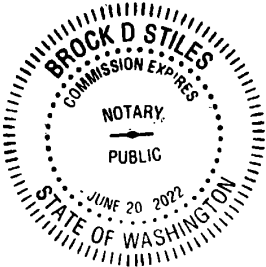
4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

DATE: October 20, 2021, Julius C. Schulze
Julius C. Schulze

State of Washington) ss.
County of Skagit)

On this day personally appeared before me **Julius C. Schulze**, 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 October 20, 2021.



Brock D Stiles
NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolley
Commission Expires: 6-20-2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-024453

DATE ISSUED: 09/10/2015

FEE NUMBER: 000000029

GIVEN NAMES: MARIA LUISA
LAST NAME: SCHULZE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 02, 2015
HOUR OF DEATH: 09:30 P.M.

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 37842 SCHULZE ROAD
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

SEX: FEMALE
AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 37842 SCHULZE ROAD
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
INSIDE CITY LIMITS? NO

HISPANIC ORIGIN: MEXICAN
RACE: MEXICAN

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 51 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: CORTIJO HILDALGO MICHOACAN, MEXICO

FATHER: CRESCENCIO ROMERO GARCIA
MOTHER: MARIA CONCEPCION [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: JULIUS SCHULZE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: HAMILTON CEMETERY
CITY, STATE: HAMILTON, WA
DISPOSITION DATE: SEPTEMBER 11, 2015

OCCUPATION: CUSTODIAN
INDUSTRY: SCHOOL DISTRICT
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: TOBI G. STIOMAN

INFORMANT: JULIUS SCHULZE
RELATIONSHIP: HUSBAND
ADDRESS: 37842 SCHULZE ROAD, CONCRETE, WA 98237

CAUSE OF DEATH:
A. GALLBLADDER CANCER
INTERVAL: 9 MONTHS
B. INTERVAL:
C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: SEPTEMBER 03, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-535
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: SEPTEMBER 04, 2015

NUMBER(S): NONE
DATE(S): NONE



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 |
| 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: First Middle Last | | 2. Date of Event: MM/DD/YYYY | | 3. Place of Event: (City or County) |
| 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden | | | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden | |
| 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: PO 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: | 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: Printed name: Date: | 16b. Signature of 2 nd parent (if required): 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 using this form, 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). 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 January 2015

CERTIFIED

SEP 10 2015

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

CC00232469

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 27 day of January, 2004, by and between **Julius Schulze**, and **Maria Schulze**, husband and wife, of Skagit County, Washington,

WITNESSETH

That in consideration of the love and affection that each of the said 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:

I.

That all property of whatsoever nature or description, whether real or 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.

II.

That 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 survivor of them.

IN WITNESS WHEREOF the said **Julius Schulze** and **Maria Schulze** have hereunto set their hands and seals this 29 day of January, 2004.

Julius Schulze
JULIUS SCHULZE

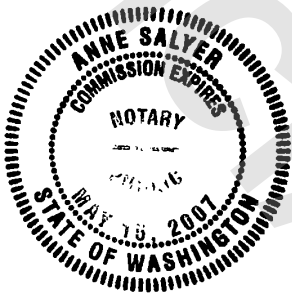
Maria L Schulze
MARIA SCHULZE

ORIGINAL

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

This is to certify that on this 29 day of January, 2004, appeared before me, the undersigned notary public, **Julius Schulze and Maria Schulze**, to me known to be the individuals described in and who executed the foregoing instrument and did acknowledge that they signed the same as their free and voluntary act and deed for the uses and purposes herein mentioned.

IN WITNESS WHEREOF I have hereunto set my hand and seal the day and year first above-written



Anne Salyer
NOTARY PUBLIC in and for the
State of Washington
Commission Expires 5/15/07