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03/30/2022 02:43 PM Pages: 1 of 7 Fees: \$209.50
Skagit County Auditor

UNOFFICIAL DOCUMENT

Recorded by and return to:

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

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY *Shera Thompson*
DATE 3.30.22

Grantor: Norma Vacek, surviving spouse and sole heir of the estate of Richard E. Vacek
Grantee: Norma Vacek
Legal: LOT 88, WILDERNESS VILLAGE DIV. #3 TGW PTN. OF LOT 4, EAGLE HILL
Tax Parcel # P104376 / 4614-000-088-0007
P108415 / 4660-000-004-0300

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Norma Vacek, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Richard E. Vacek, who died at Sedro Woolley, County of Skagit, State of Washington, on December 24, 2021, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated January 8, 2019, 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:

Parcel ID: P104376 / 4614-000-088-0007
P108415 / 4660-000-004-0300

PARCEL "A":

Lot 88, "PLAT OF VALLEYS WEST-WILDERNESS VILLAGE DIVISION NO. 3", as per plat recorded in Volume 15 of Plats, page 116, records of Skagit County, Washington.

PARCEL "B":

Portion Lot 4, "PLAT OF EAGLE HILL" as per plat recorded in Volume 16 of Plats, page 67, records of Skagit County, Washington, ALSO KNOWN AS:

That portion of Government Lot 3 of Section 9, Township 35 North, Range 8 East, W.M., lying North of the following described line:

Beginning at the Southeast corner of the "PLAT OF VALLEYS WEST WILDERNESS VILLAGE, DIVISION NO. 3", as per plat recorded in Volume 15 of Plats, page 116, records of Skagit County, Washington; thence South 89 degrees 28'13" East along the Easterly projection of the South line of said Plat, a distance of 100 feet; thence North 70 degrees 00'00" East to the Skagit River and the terminus of said line, and lying Southerly of the North line of Tract 86 of said Plat, and said North line projected Easterly.

EXCEPT that portion of the above described parcel lying Southerly of the South line of Lot 88 and that portion lying Northerly of the North line of Lot 88 of said "PLAT OF VALLEYS WEST WILDERNESS VILLAGE, DIVISION NO. 3", projected Easterly.

INCLUDING any easements, covenants and restrictions of record.

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: 03/28/2022

Norma Vacek
Norma Vacek

State of Washington) ss.
County of Skagit)

On this day personally appeared before me **Norma Vacek**, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on March 28, 2022.

Julie Ann Huerta
Commission Exp 12/20/2022
Notary
Public
Comm #151453
State of Washington

Julie Huerta
NOTARY PUBLIC in and for the State of
Washington, residing at Sedro Woolley
Commission Expires: 12-20-22

COMMUNITY PROPERTY AGREEMENT

This **COMMUNITY PROPERTY AGREEMENT** dated January 8, 2019, is between **Richard E. Vacek and Norma J. Vacek** (the "parties"), as husband and wife.

The parties are married to each other, are residents of the State of Washington, and desire to enter into this Agreement in order to set forth the status of their property as Community Property and to provide for its disposition to the survivor of them at the death of the first of them to die.

WHEREFORE, the parties revoke all prior Community Property Agreements and any other agreement regarding the status or disposition of his, her, or their property to the extent of any inconsistency with this Agreement and agree as follows:

1. Financial Disclosure. Each party has fully disclosed to the other party his/her assets, incomes, debts, and liabilities, and the other party is satisfied that full disclosure has been made.

2. Status of Property. All property of whatever nature or description, whether separate, community, or quasi community and whether real, personal, or mixed, wherever located, within or without the State of Washington, now owned or hereafter acquired by either party or both of the parties shall be and is the Community Property of the parties.

3. Disposition of Property. Upon the death of either party survived by the other party, all interest of the deceased party in the then current Community Property of the parties shall vest in the survivor at the moment of death and pass to and become the sole and separate property of the surviving spouse.

4. Disclaimer. Upon the death of either party survived by the other party, the surviving spouse may disclaim, in whole or in part, and if in part, any specific part, share, or asset, any interest passing under this Agreement. Upon such disclaimer, the disclaimed interest shall pass as if Paragraph 3 immediately above had been revoked as to that interest at the deceased spouse's death but with the surviving spouse continuing to be entitled to any benefits by any alternative disposition.

5. Automatic Revocation of Paragraph 3. Paragraph 3 above shall be automatically revoked upon the occurrence of any of the following events:

- A. The simultaneous death of both parties or if the order of their deaths cannot be reasonably determined; or
- B. The filing in a Court of competent jurisdiction by either party or both parties of a Petition for Marital Dissolution, Legal Separation, or Declaration of Marital Invalidity followed by the death of either party before such proceeding is dismissed, abandoned or completed with its completion being determined by the entry of an Order of Dissolution, Legal Separation, or Marital Invalidity, respectively.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-065984

DATE ISSUED: 12/28/2021
FEE NUMBER:FIRST AND MIDDLE NAME(S): RICHARD EDGAR
LAST NAME(S): VACEK SR

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: [REDACTED]

HOUR OF DEATH: 10:10 PM

SEX: MALE

AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: DECEMBER 15, 1942

BIRTHPLACE: GLENDALE, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: NORMA JO JACKSON

OCCUPATION: ELECTRICAL LINEMAN

INDUSTRY: POWER COMPANY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: RICHARD VACEK JR

RELATIONSHIP: SON

ADDRESS: P. O. BOX 949, CONCRETE, WA 98237

CAUSE OF DEATH:

A: ACUTE RESPIRATORY FAILURE WITH HYPOXIA

INTERVAL: 2 WEEKS

B: SUPERIOR VENA CAVA SYNDROME

INTERVAL: 2 WEEKS

C: METASTATIC POORLY DIFFERENTIATED ADENOCARCINOMA OF THE LUNG

INTERVAL: 4 WEEKS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPONATREMIA, DEEP VENOUS
THROMBOSES, PERICARDIAL EFFUSION, ATRIAL FIBRILLATION

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: UNITED GENERAL HOSPITAL

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 43956 EAGLE VIEW COURT

CITY, STATE, ZIP: CONCRETE, WA 98237

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: ROBERT MALCOLM ELLINGTON

MOTHER: ELIZABETH LOIS [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: DECEMBER 28, 2021

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: EDUARDO GOO, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

DATE SIGNED: DECEMBER 25, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: DECEMBER 28, 2021



Affidavit for Correction

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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 or County)
4. Father/Parent Full Birth 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: 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 currently shows: The true fact is:
8. 9.
10. 11.
12. 13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.
14a. Signature: 14b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: 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 Adult (18 years or older)
• If legal guardian(s), include certified court order proving guardianship. • Only the adult can change his or her birth certificate.
• 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. • If the first or middle name is missing, three pieces of proof documentation are required.
• No proof is required to change the first or middle name.* • If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
• To correct parent's information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, 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.

CERTIFIED

DEC 28 2021

Handwritten signature

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.



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