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08/15/2022 12:18 PM Pages: 1 of 7 Fees: \$209.50 Skagit County Auditor

When Recorded Return to:

Elliott W Johnson Inc PS 711 S. First St Mount Vernon, WA 98273 SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX

LOZZ 3356

AUG 15 2022

## **Community Property Agreement**

Grantor(s):	Thomas C. Dunlap de ceased
[] Additional names on page of document	
Grantee(s):	Debbey L. Dunlap
[ ] Additional names on page of document	
Legal Description (abbreviated):	N/A
[ ] Additional legal description on page of document	
Assessor's Tax Parcel Number:	N/A
Reference (Auditor File Numbers of Documents assigned, released or amended:	N/A
SW NE 26/34/04 SE P27864	ee attached
P27864	
Community Property Agreement	Page 1 Jebby Sim
H:\EWJ\DUNLAPT\DUNT041.807 8/26/98 7:43	Elliot W. Johnson Inc. P.S. 711 South First Street Mount Vernon, WA 98273 (360) 336-6502 Fax 336-5616 English (1984) 2007

### **Community Property Agreement**

THIS AGREEMENT, made and entered into on August , 1998, by and between Thomas C. Dunlap and Debbey L. Dunlap, husband and wife, who reside in Mount Vernon, Skagit County, Washington. In consideration of 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 or may have been or may be 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 regarded to in this agreement as the "described community property."
- 2. <u>Vesting at death of a spouse</u>: 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. <u>Disclaimer</u>: 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 parts, 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.

Community Property Agreement

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Elliott W. Johnson Inc. P.S. 711 South First Street Mount Vernon, WA 98273 (360) 336-6502 Fax 336-5616 Email elliottj@ncia.com

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- Automatic revocation: The provisions of paragraph 2 shall be automatically revoked.
  - Upon the filing by either party of a petition, complaint or other pleading for a. separation, dissolution or divorce; or
  - Upon the establishment of a domicile out of the State of Washington by either b. party; or
  - Immediately prior to death, if the order of death cannot be ascertained.
- Optional revocation by one party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 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 guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the person 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 husband or wife 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. Revocation of inconsistent agreements: 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 the inconsistency.

Dated: August  $\partial \wp$ , 1998.

Thomas C. Dunlap

Debbey L. Dunlap

Community Property Agreement H:\EWJ\DUNLAPT\DUNT041.807

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Elliott W. Johnson Inc. P.S. 711 South First Street Mount Vernon, WA 98273 (360) 336-6502 Fax 336-5616 Email Info@EW.ILaw.com

State of Washington)
) ss.
County of Skagit
)

I certify that I know or have satisfactory evidence that Thomas C. Dunlap and Debbey L. Dunlap are the persons who appeared before me and acknowledged that they signed this instrument as their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: August <u>26</u>, 1998.

Notary Public

My appointment express



### STATE OF WASHINGTON DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH



DATE ISSUED: 10/20/2021 FEE NUMBER:

CERTIFICATE NUMBER: 2021-049861

FIRST AND MIDDLE NAME(S): THOMAS LAST NAME(S): DUNLAP

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 04, 2021
HOUR OF DEATH: 01:09 PM

SEX: MALE

SOCIAL SECURITY NUMBER

AGE: 72 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DA

BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DEBBEY NEMO

OCCUPATION: TRUCK DRIVER INDUSTRY: BREAD DELIVERY

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: DEBBEY DUNLAP

RELATIONSHIP: WIFE

ADDRESS: 16359 MOUNTAIN SPRINGS LANE, MOUNT VERNON, WA

CAUSE OF DEATH: A: STROKE

INTERVAL: 3 DAYS

B:

D:

INTERVAL:

C: INTERVAL:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:

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: 16359 MOUNTAIN SPRINGS LANE CITY, STATE, ZIP: MOUNT VERNON, WA 98274 INSIDE CITY LIMITS: NO COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 31 YEARS

FATHER: CLAUDE DUNI AS MOTHER: BETT

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON DISPOSITION DATE: OCTOBER 06, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273 Funeral director: Daniel G La Plaunt

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: NAVDEEP DHALIWAL, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

DATE SIGNED: OCTOBER 05, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NAVDEEP DHALIWAL, PHYSICIAN

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ DATE RECEIVED: OCTOBER 06, 2021

DOH 422-132 (8/18)

#### 202208150057

## Westington State Department of Health

#### **Affidavit for Correction**

08/15/2022 12x18cPMeRage Seath Statistics
P.O. Box 47814
Olympia, WA 98504-7814

DOH	422-034 August 2019		ms is a legal doct				o not alter.	360-236-4300		
04-4	File Namels and	y	Le. M.	STATE OFFI	CE USE			LAG L NAL L		
State	e File Number		Fee Number			Initials	Date	Affidavit Number		
			Required inform	nation must n	natch cu	rrent info	rmation on record			
	Record Type:	Birth	☐ Death		Marriage Dissolution (Divorce)					
1 P	1. Name on Record:						2. Date of Event:	3. Place of Event:		
[≛]	First	Middle	3	Last			1. \$45 <u>2</u> 26 Wing	Country Country		
🗗	1. Name on Record:    First   Middle   Last   A. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)   First   Middle   Last Max on					r/Parent Fu	ll Birth Name (Spouse	B for Marriage or Dissolution)		
18	First	Micdle		Last Makten	1 151		Militia	. act Marcen		
_	6. Name of Person Req	uesting Cor	rection:	Relationship t		Self		☐ Informant ☐ Hospital		
				Person on Re	cord: 🗌	Parent(s)	☐ Funeral Director [	U Other (specify)		
7. Return Mailing Address: PO Box or Street Address CS C										
	phone Number:				Email Ac	ldress:		7/60 4.0		
(	)									
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:										
	The	record curr	ently shows:		The true fact is:					
8.					9.					
10.					11.					
12.					13.			· · · · · · · · · · · · · · · · · · ·		
$\vdash$	l declare unde	r nenalty	of periury under th	e laws of the	State of	Washing	ton that the forgoin	ng is true and correct.		
14a.	Signature:	r penalty	or perjury arraer tr	ie laws of the			d parent (if required):	ig is true and correct.		
				,						
Print	ted name:		Di	ate:	Printed r	name:		Date:		
INSTRUCTIONS – go to www.doh.wa.gov for more information										
								f documentation include:		
	Birth/Marriage/Divorce re Certificate of Naturalization		Military record (DD-21		School trai			al Security Numident Report en/Permanent Resident card (I-551)		
• (			Hospital/medical reco				birth certificate as p			
Birth	Certificates		·					<del>-</del>		
	inly a parent(s), legal gu									
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.										
<ol> <li>This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).</li> </ol>										
	d under 18					B years or o				
	If legal guardian(s), inclu						an change his or her bi			
	Up to age one or up to one year following the filing of an Acknowledgement    If the first or middle name is missing, three pieces of proof documentation are of Parentage form, last name can be changed once to either parents' name    required.									
	on certificate (can be any combination of the first, middle or last names);  • If the first, middle and/or last name is misspelled, or month and/or day of bi									
	thereafter, a court order is required to change the last name. is incorrect, two pieces of proof documentation are required.									
	<ul> <li>No proof is required to change the first or middle name.*</li> <li>To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>									
provider is required.										
	*To change any part of the i certificate with request.	name of a chil	d using this form, signate	ıres from both pa	rents liste	d on the cert	ificate are required. If one	e parent is deceased, submit a death		
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.										
Marı	riage/Dissolution (Divo	rce) Certific	ates							
(1 C	oreonal facts (minor end	lling change	e in namo, dato or nia	co of hirth or re	(Annahia	may ha cha	nged by the person wit	th one piece of proof documentation		

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 docume
 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.

OCT 20 2021

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



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#### Exhibit "A"

PARCEL A THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 SECTION 26, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.H., EXCEPT THE WEST 15 FEET THEREOF. TOGETHER WITH A NON-EXCLUSIVE BASEMENT FOR INGRESS AND EGRESS OVER AND ACROSS THAT PORTION OF THE SOUTH 20 FEET OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SAID SECTION LYING EASTERLY OF THE NORTHERLY EXTENSION OF THE WEST LINE OF THAT CERTAIN 30 FOOT PRIVATE ROAD DESCRIBED IN INSTRUMENT DATED AUGUST 26. 1969 RECORDED SEPTEMBER 2, 1969 UNDER AUDITOR'S FILE NO. 730528 FROM DONALD M. GILBERT, ETUX, ETAL, TO ROBERT PEDERSON, A SINGLE MAN, SAID LINE BEING 315 FRET, MORE OR LESS, WEST OF THE EAST LINE OF SAID NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF THE NORHTEAST 1/4. ALSO TOGETHER WITH A NON-EXCLUSIVE RIGHT AND EASEMENT TO USE FOR ROAD PURPOSES THAT CERTAIN EXISTING ROADWAY BEING 30 FEET IN WIDTH IN THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 AND THAT PORTION OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 LYING NORTHERLY OF MOUNTIAN VIEW ROAD OF SAID SECTION 26, DESCRIBED IN INSTRUMENT DATED AUGUST 26, 1969, RECORDED SEPTEMBER 2. 1969, UNDER AUDITOR'S FILE NO. 730528. PARCEL B A NON-EXCLUSIVE BASEMENT FOR INGRESS AND EGRESS OVER AND ACROSS THE SOUTH 20 FRET OF THE WEST 15 FEET OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 26, TOWNSHIP SUBJECT TO: 1) RESERVATIONS AND EXCEPTIONS RECORDED AUGUST 22. 1905 AUDITOR'S NO. 53220. 2) RESERVATION OF PERMANENT HIGHWAY RECORDED IN VOLUME 130 OF DEED PAGE

184 AND 185. 3) RESERVATION OF RIGHT OF WAY RECORDED MARCH 5, 1924, VOLUME 132 OF DEED PAGE 393. 4) EASEMENT RECORDED SEPTEMBER 25. 1934 AUDITOR'S NO. 26484.