

That all expenses of the Decedent's last illness, funeral and costs of administration have been paid and I know of no unpaid creditors of the Decedent or of our former marital community.

That among the property that the Decedent and I held as community property was the following described real estate:

LOTS 14, 15, 16 AND THE WEST ½ OF 17, BLOCK 165 AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 4, MAP OF THE CITY OF ANACORTES, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SUBJECT TO ENCUMBRANCES OF RECORD

SITUATE IN THE COUNTY OF SKAGIT AND STATE OF WASHINGTON

And

LOTS 5 TO 12, BLOCK 6, SEATTLE SYNDICATE FIRST ADDITION TO ANACORTES, WASHINGTON, ACCORDING TO THE PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 25, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SUBJECT TO ENCUMBRANCES OF RECORD.

The Decedent's estate is not subject to estate tax for the federal government or the State of Washington, as the surviving spouse is a citizen of the United States, with an unlimited marital deduction.

Dated this 28th day of July 2022.

Hazel Cherry Monahan
Hazel Cherry Monahan, surviving spouse

SUBSCRIBED AND SWORN to before me this 28th day of July, 2022.



Stephanie M. Gonzales
Stephanie M. Gonzales
NOTARY PUBLIC in and for the State of
Washington, residing in Anacortes.
My commission expires 11/19/2022.

After recording return to:

Alexis Oles
Souders Law Group
913 Seventh Street
Anacortes, WA 98221

DOCUMENT TITLE: **COMMUNITY PROPERTY AGREEMENT**

DOCUMENT DATE: **APRIL 13, 2018**

PARTIES: **HAZEL CHERRY MONAHAN; WILLIAM J. MONAHAN, deceased**

COVER SHEET

TO

COMMUNITY PROPERTY AGREEMENT

COMMUNITY PROPERTY AGREEMENT

William Joe Monahan, Jr. ("Husband") and **Hazel Cherry Monahan** ("Wife"), husband and wife, acting pursuant to the provisions of Revised Code of Washington 26.16.120, providing for agreements between husband and wife for fixing of the status and disposition of community property, **HEREBY AGREE AS FOLLOWS:**

1. All property now owned or hereafter acquired by either Husband or Wife is designated as Community Property, unless, after the date of this Agreement, the parties shall agree otherwise by making a separate property designation signed by both of them. This designation of Community Property applies even though some items of property 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.

2. If one spouse dies and the other spouse survives by ten (10) days, all Community Property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. 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 property. The interest disclaimed shall pass as if the provisions of Section 2 above had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.

4. Property held by the parties in joint tenancy, and any transfer or attempted transfer of Community Property into joint tenancy form, shall not change its status as Community Property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and such property shall be Community Property and ownership and title shall vest as provided in Section 2 above.

5. The provisions of Section 2 above 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. Immediately prior to death if neither party survives the other by ten days.

Community Property Agreement of
William Joe Monahan, Jr. & Hazel Cherry
Monahan, Husband and Wife
Page 1 of 2

Souders Law Group
913 Seventh Street
Anacortes, Washington 98221
(360) 299-3060

WJM HCM

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 12/07/2021
FEE NUMBER: 311221

CERTIFICATE NUMBER: 2021-061519

FIRST AND MIDDLE NAME(S): WILLIAM JOE
LAST NAME(S): MONAHAN JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 05, 2021
HOUR OF DEATH: 01:40 AM
SEX: MALE AGE: 86 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BORGER, TX

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: HAZEL CHERRY MONAHAN

OCCUPATION: SOCIAL WORKER
INDUSTRY: PRIVATE
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: YES

INFORMANT: HAZEL CHERRY MONAHAN
RELATIONSHIP: SPOUSE
ADDRESS: 1810 9TH ST. ANACORTES, WA. 98221

CAUSE OF DEATH:
A: RESPIRATORY ARREST
INTERVAL: 0
B: POSSIBLE ASPIRATION/ASPIRATION PNEUMONIA
INTERVAL: DAYS
C: PONTINE STROKE
INTERVAL: WEEKS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: TYPE 2 DIABETES, 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: EMERGENCY ROOM
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 1810 9TH ST.
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 50 YEARS

FATHER: WILLIAM JOE MONAHAN SR
MOTHER: LUVELLA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: DECEMBER 03, 2021

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: BRENT J. GLENN

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: MARK LISOWSKI, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: DECEMBER 02, 2021

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

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: DECEMBER 03, 2021



Affidavit for Correction

09/06/2022 11:47 AM Page 2 of 3

This is a legal document. Complete in ink and do not alter.

Mail to: Washington State Department of Health
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Birth Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction, 7. Return Mailing Address, 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: 8, 10, 12. The true fact is: 9, 11, 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.

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 Acknowledgement 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.
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 proof documentation are required.
• 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 birth date, place of birth, or name, one proof documentation is required.

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.



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