



202210060050

10/06/2022 12:15 PM Pages: 1 of 7 Fees: \$209.50
Skagit County Auditor

Filed for Record at the Request of:

Aaron M. Rasmussen
Barron Smith Daugert, PLLC
300 N. Commercial St.
Bellingham, WA 98225

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022 4106
OCT 06 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By *GT* Deputy

DOCUMENT TITLE: Community Property Affidavit

GRANTOR: Ward C. Narron, Deceased

GRANTEE: Pamela I. Narron, Surviving Spouse

ABBREV. LEGAL DESCRIPTION (Parcel 1) S27-T34-R04 -- Lot 53, Eaglemont Phase 1A
ASSESSOR'S TAX/PARCEL ID (Parcel 1) 4621-000-053-0002 / P104320

ABBREV. LEGAL DESCRIPTION (Parcel 2) S27-T34-R08 -- Lot E-8 Lake Tyee, Division No. II
ASSESSOR'S TAX/PARCEL ID (Parcel 2) Incl. Park Model 12X34 Cavco
4229-005-008-0008 / P79112

COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

PAMELA I. NARRON, being first duly sworn, upon oath deposes and says:

- I am the the lawful surviving spouse of WARD C. NARRON ("Decedent"), who died on August 24, 2022 at Mount Vernon, Washington. Decedent's death certificate is attached hereto. At that time and at all times referenced in this document, Decedent and I both resided in the State of Washington.
- On February 15, 1991, Decedent and I, while married, executed an agreement entitled "Community Property Agreement" ("the Agreement"), the original of which is attached hereto. In the Agreement, Decedent and I declared all property we then owned (other than separate property specified to be such under the Agreement, and none was specified to be separate), along with any future property acquired from the proceeds of our property, to be our community property. The Agreement further provides that such community property immediately vested in my sole ownership as the surviving spouse upon Decedent's death. Decedent and I were both legally competent at the time of the Agreement and executed no subsequent Wills or other instruments that would have had the effect of abrogating or nullifying the Agreement.

3. At the time of and as a result of the Agreement, and at all subsequent times, all real and personal property in which the either Decedent or I had any interest was our community property.
4. Among the items that Decedent and I held as community property at the time of his death was the following described real estate, situated in the County of Skagit, State of Washington, together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in any wise appertaining:
 - (a) Assessor's Tax Parcel No. 4621-000-053-0002 / P104320

Lot 53, "PLAT OF EAGLEMONT PHASE 1A", as per plat recorded in Volume 15 of Plats, pages 130 through 146 inclusive, records of Skagit County, Washington.

Subject to: Restrictions, Reservations, Easements, and other matters of record.
 - (b) Assessor's Tax Parcel No. 4229-005-008-0008 / P79112

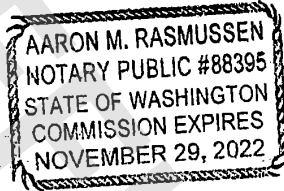
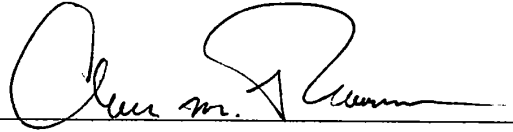
Lot E-8, "LAKE TYEE DIVISION NO. II", as per plat recorded in Volume 11 of Plats, pages 15 through 24 inclusive, records of Skagit County, Washington.

Subject to: Restrictions, Reservations, Easements, and other matters of record.
5. All expenses of Decedent's last illness, funeral, and costs of administration were paid, and there were no are no unpaid creditors of Decedent or our former community estate, other than unmaturred installment obligations that are current and being satisfied in due course.
6. No state or federal transfer taxes were payable in Decedent's estate.
7. Decedent executed a Will on February 15, 1991, designating me as the sole beneficiary of his estate. No proceedings have occurred, nor are any proceedings contemplated, to probate Decedent's estate.
8. This affidavit is made to induce any and all title insurance companies to issue policies of title insurance on real property that passed to me as Decedent's surviving spouse, whether acquired as community property or converted to community property by operation of the Agreement, in reliance upon the representations herein set forth.

DATED this 6th day of October, 2022.


PAMELA I. NARRON

SUBSCRIBED and SWORN (or affirmed) to before me this 6th day of October, 2022.



NOTARY PUBLIC in and for the State of

Washington, residing at Mt Vernon

My appointment expires 11/29/22

UNOFFICIAL DOCUMENT

COMMUNITY PROPERTY AGREEMENT

OF

WARD CHARLES NARRON

AND

PAMELA IRENE NARRON

This agreement is entered into between Ward Charles Narron hereinafter referred to as husband, and Pamela Irene Narron hereinafter referred to as wife. Both husband and wife are domiciled and residing at 7903 - 49th Place West, Mukilteo, Snohomish County, Washington. Husband and wife hereby agree:

1. All personal and real property of whatsoever nature or description, wheresoever situated, not specified below as separate property of one party, is hereby declared to be converted into community property. This shall include all future property acquired in substitute of or from the proceeds from our community property. This includes the real property containing our personal residence located at 7903 - 49th Place West Mukilteo, Snohomish County, Washington.

2. Upon the death of either husband or wife, all the decedent's rights, title or interest in all community property as defined in paragraph 1 above shall immediately vest in fee simple in the survivor. It is the parties express intention that if either party survives, the survivor will take the decedent's portion of the community property without opening probate if such is permissible at the time of death under Washington Probate Law.

Signed this 15 day of Feb, 1991 at Seattle, Washington.

Ward Charles Narron
Ward Charles Narron

Pamela Irene Narron
Pamela Irene Narron

The declarers, Ward C. Narron and Pamela I. Narron, are personally known to us, and we believe them to be of sound mind.

Jameja Lynn Leaf
WITNESS

1822 S. 28th Ln #1001
Address

Federal Way, WA 98003

Carrington
WITNESS

300 N 130th #9202
Address

Seattle WA 98133

STATE OF WASHINGTON)
)
COUNTY OF KING) ss.

This is to certify that on this 15th day of February, 1991, before me, a Notary Public in and for the State of Washington duly commissioned and sworn, personally came Ward Charles Narron and Pamela I. Narron, to me known to be the individuals described in and who executed this Community Property Agreement, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

James J. Rego
NOTARY PUBLIC in and for the State
of Washington, residing at
Seattle

narron.wil

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



DATE ISSUED: 08/30/2022
FEE NUMBER:

CERTIFICATE NUMBER: 2022-043926

FIRST AND MIDDLE NAME(S): WARD CHARLES
LAST NAME(S): NARRON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 24, 2022
HOUR OF DEATH: 12:26 AM
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: PAMELA FINNESTAD

OCCUPATION: MANAGER
INDUSTRY: GROCERY STORE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: PAMELA NARRON
RELATIONSHIP: WIFE
ADDRESS: 1226 ALPINE VIEW DR., MOUNT VERNON, WA 98274

- CAUSE OF DEATH:
- A: RIGHT RENAL HEMATOMA
INTERVAL: DAYS
 - B: BLOOD LOSS ANEMIA
INTERVAL: DAYS
 - C: ACUTE KIDNEY INJURY
INTERVAL: DAYS
 - 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: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 1226 ALPINE VIEW DR.
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER: CHARLES HARRISON NARRON
MOTHER: LEONA GERTRUDE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 29, 2022

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: MALIK FUIMAONO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: AUGUST 26, 2022

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: AUGUST 29, 2022



Affidavit for Correction

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, 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, Relationship to Person on Record.

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:

8. The record currently shows: 9. The true fact is: 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

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.
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

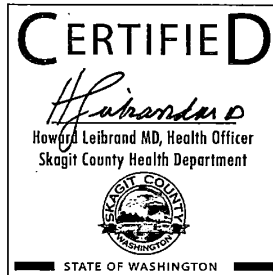
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or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