202210280076 10/28/2022 02:23 PM Pages: 1 of 6 Fees: \$208.50 Skegit County Auditor

After recording return to:

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

DOCUMENT TITLE: AFFIDAVIT REGARDING COMMUNITY PROPERTY

JANET RICE; DAVID JAMES RICE, deceased

GRANTEE: THE PUBLIC

ASSESSOR'S PARCEL/TAX NUMBERS: P55998

LOSSI-2 BL158 (Hyof Amagates

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX 2002 YYU

OCT 2 8 2022

AFFIDAVIT

Amount Paid \$ 6 Skagit Co. Treasurer Deputy

STATE OF WASHINGTON) SS COUNTY OF SKAGIT

Janet Rice, being first duly sworn, upon oath, deposes and says:

That I am the surviving spouse of David James Rice (the Decedent), who died May 4, 2012, at Anacortes, Skagit County, Washington. At that time, the Decedent and I were both residents of Anacortes, Skagit County, Washington.

This Affidavit is for the purpose of supplying information pertaining to the Estate of David James Rice and it is intended that the statements set forth herein shall be considered representations of fact, which may be relied upon by all persons dealing with the real property described herein and with any other community property.

That at the time of the death of David James Rice, there was in full force and effect a Community Property Agreement, executed by myself, Janet Rice and David James Rice on March 24, 1975. The original Agreement is attached hereto. The Agreement specifies that all property of myself, and my late husband, whenever acquired from any source and including all property to be acquired after the date of the Agreement shall be considered to be community property. The Agreement further provided that in the event of the death of either spouse, all community property, whether real or otherwise, would immediately become the sole property of the survivor spouse.

The Decedent also executed a Last Will and Testament, but no probate is planned, in view of this Community Property Affidavit.

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 1 AND 2, BLOCK 158, CITY OF ANACORTES, ACCORDING TO THE RECORDED PLAT THEREOF IN THE OFFICE OF THE AUDITOR OF SKAGIT COUNTY WASHINGTON, IN VOLUME 2 OF PLATS, PAGES 4-7.

SITUATE IN THE CITY OF ANACORTES, COUNTY OF SKAGIT AND STATE OF WASHINGTON

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 /8 day of October 2022.

Janet Rice, surviving spouse

SUBSCRIBED AND SWORN to before me this day of October 2022.

STEPHANIE M MARTINO NOTARY PUBLIC #203645 STATE OF WASHINGTON COMMISSION EXPIRES NOVEMBER 19, 2026

tephanie M. Martino

NOTARY PUBLIC in and for the State of Washington, residing in Anacortes. My commission expires 11/19/2026.

After recording return to:

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

DOCUMENT TITLE: COMMUNITY PROPERTY AGREEMENT

DOCUMENT DATE: MARCH 24, 1975

PARTIES: JANET RICE; DAVID JAMES RICE, deceased

COVER SHEET

TO

COMMUNITY PROPERTY AGREEMENT

AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY After Death of One of the Spouses

KNOW ALL MEN BY THESE PRESENTS:

That this agreement, made and entered into this $\frac{3.9 \, \text{Cm}}{\text{March}}$, 1975, by and between DAVID J. RICE and JANET L. RICE, husband and wife, of Anacortes, Skagit County, Washington,

WITNESSETH: That whereas the said parties are owners of certain property, all of which, regardless of method of acquisition or source, they hereby declare to be community property, constituting all of the property now owned by said parties, and said parties are desirous that said property, together with all other property of whatsoever nature, either real or personal, which may be hereafter acquired or received by either or both of them, whether by gift, inheritance, purchase, or otherwise, shall be deemed to be community property, and in the event either party now owns or hereafter acquires any property which might otherwise be the separate property of that party, said party herewith conveys and quit claims to the other party a community interest in said property, so that the same will be community property, and that the same shall pass without delays or undue expense upon the death of either to the survivor.

NOW, THEREFORE, for and in consideration of the sum of ONE DOLLAR (\$1.00), the receipt of which is hereby acknowledged by each party hereto, and also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of David J. Rice while said Janet L. Rice survives, then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said Janet L. Rice in fee simple; and in the event of the death of the said Janet L. Rice while the said David J. Rice survives, then the whole of said community property now owned together with all other community property, real and personal, that may hereafter be acquired, shall at once vest in said David J. Rice in fee simple; and each party conveys and quit claims to the surviving party all said community property and all other property which were it not for this agreement might be the separate estate of the conveying party, in compliance herewith.

IN WITNESS WHEREOF, the said DAVID J. RICE and JANET L. RICE have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered) in the Presence of: (SEAL) STATE OF WASHINGTON) :SS COUNTY OF SKAGIT

THIS IS TO CERTIFY that on this 34th day of March, 1975, before me, W. V. Wells, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally came DAVID J. RICE and JANET L. RICE, to me known to be the individuals described in and who musculed the within instrument, and acknowledged that they signed line called the same as their free and voluntary act and deed, for the cuses of purposes therein mentioned.

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

Notary Washington, residing at Anacortes

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-018888

DATE ISSUED: 05/09/2016

FEE NUMBER: 000000029

GIVEN NAMES: DAVID JAMES
LAST NAME: RICE

COUNTY OF DEATH: SKAGIT DATE OF DEATH: MAY 04,2016 HOUR OF DEATH: 11:50 P.M. SEX: MALE

AGE: 10 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC

RACE: WHITE

BIRTHDATE

BIRTHPLACE: ANACORTES, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED

SPOUSE: JANET LOUISE KNAPP

OCCUPATION: CARPENTER INDUSTRY: CONSTRUCTION EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES? YES

INFORMANT: CRAIG DAVID RICE

RELATIONSHIP: SON

ADDRESS: 21817 26TH ST. E, LAKE TAPPS, WA 98391

PLACE OF DEATH: HOME FACILITY OR ADDRESS: 1701 7TH ST

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1701 7TH ST CITY, STATE, ZIP: ANACORTES, WASHINGTON 982211817 INSIDE CITY LIMITS? VES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER/PARENT: JAMES RICE MOTHER/PARENT: MARGIE BAKE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CREMATION SERVICES CITY, STATE: KENT, WA

DISPOSITION DATE: MAY 09,2016

FUNERAL FACILITY: SIMPLE CREMATION OF BELLINGHAM

ADDRESS: 1313 EAST MAPLE ST CITY, STATE, ZIP: BELLINGHAM WA 98225 FUNERAL DIRECTOR: MICHAEL GALAVIZ

CAUSE OF DEATH: A. BRAINSTEM GLIOMA

INTERVAL: 9 MONTHS

INTERVAL:

С. INTERVAL:

INTERVAL:

D.

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:

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

CERTIFIER NAME: ANITA M. MEYER, MD TITLE: PHYSICIAN

CERTIFIER

ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON WA 98273

DATE SIGNED: MAY 06,2016

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

NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MEL PEDROSA DATE RECEIVED: MAY 09,2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY: NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

DOH 01-003 (10/15)

202210280076

Af Wishington State Department of			ffidavit for	Correction	10/28/2022 02:23: PWnRAGA-6aRf Statistics		
3	H ealth	This is a legal d	ocument. Com	olete in ink and o	do not alter.	Olympia, WA 360-236-4300	98504-7814
STATE OFFICE USE ONLY							
Sta	te File Number	Fee Number		Initials	Date	Affidavit Nu	mber
Required information must match current information on record							
-	Record Type:	Birth 🗌 De	eath 🔲 <u>I</u>	larriage	Dissolution (I	Divorce)	
Req	1. Name on Record:				2. Date of Event: 3. Place of Event:		
Ξ.	4. Father/Parent Full Legal Nam	ie (Spouse A for Marr	iage or Dissolution)	5. Mother/Parent Fu	Il Birth Name (Spous		•
Required		· · · · · · · · · · · · · · · · · · ·		1 1 mg		i. 4	.c 101
-	6. Name of Person Requesting (Correction:	Relationship Person on R	to Self ecord: Parent(s)	☐ Guardian ☐ Funeral Director	☐ Informant ☐ Other (specify)	☐ Hospital
7. Return Mailing Address:							
Tele	phone Number:			Email Address:			
<u></u>)	fa i ra aviantina a	ny ahangaa' an' t	o record. The rec	ard is incorrect or	incomplete as f	Surawas.
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:							
8.	The reco	The true fact is: 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							
					parent (if required):	ong is true and c	orrect
Print	ed name:		Date:	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							
 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. 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. 							
1	3. Documentary proof must be five or more years old or established within five years of birth.						
	Child under 18 Adult (18 years or older) Only the adult can change his or her birth certificate						
:	Up to age one, last name can be	If the first or middle name is missing, three pieces of documentary proof are required					
•	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			 If the first, middle and/or last name is misspelled, or date of birth is incorrect, 			
:	No proof is required to change the first or middle name* To correct parent's information, one documentary proof is required.			two pieces of documentary proof are required To correct parent's birth date, place of birth, or name, one documentary proof			
•	To correct the sex of the child, of			is required		, , , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
*To 0	provider is required change any part of the name of a child	, signatures from both	parents listed on the	certificate are required	. If one parent is decease	ed, submit a death cert	ficate with request.
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)							
 Death Certificates 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). The informant may change marital status with proof. 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							
 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. To change the date or place of marriage or dissolution, the officiant (marriage or dissolution) must complete and submit the affidavit. 							
						DOH 422	-034 October 2015

Stranit Cour v Public Health Denartment

... ware ___otane ___o_ here's Officer

EE00085611