



202211210075

11/21/2022 01:56 PM Pages: 1 of 6 Fees: \$208.50  
Skagit County Auditor

**Return Address:**

Terpstra Law PLLC  
709 Grover Street  
Lynden, WA 98264

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022 467b  
NOV 21 2022

Amount Paid \$ 0  
Skagit Co. Treasurer

<b>Document Title(s)</b> (or transactions contained therein):	By	Deputy
1. Community Property Agreement	LA	
<b>Reference Number(s)</b> of Documents assigned or released:		
<b>Grantor(s)</b> (Last name first, then first name and initials):		
1. Anderson, Norris J., surviving spouse		
2. Anderson, Sheila M., deceased		
<b>Grantee(s)</b> (Last name first, then first name and initials):		
1. Anderson, Norris J., surviving spouse		
<b>Legal description</b> (abbreviated: i.e. lot, block, plat or section, township, range)		
1. Lot 5, Tinas Coma, S32, T35, R04		
<input checked="" type="checkbox"/> Full legal is on page 6		
<b>Assessor's Property Tax Parcel/Account Number</b>		
1. 4755-000-005-0000/P 117040		
<input type="checkbox"/> Full tax parcel numbers are on page _____ of document		

Certified copy of death certificate altered at time of recording to redact social security number

UNRECORDED DOCUMENT

Exhibit A  
Legal Description

4755-000-005-0000/P 117040:

Lot 5, "Plat of Tinas Coma," as per plat recorded on August 11, 2000, under Auditor's File No. 200008110004, records of Skagit County, Washington.

Situate in the City of Burlington, County of Skagit, State of Washington.

**COMMUNITY PROPERTY AGREEMENT**  
**OF**  
**NORRIS JAY & SHIELA MARIE ANDERSON**

THIS COMMUNITY PROPERTY AGREEMENT is made and entered into by and between NORRIS JAY ANDERSON and SHEILA MARIE ANDERSON, husband and wife, both of King County, Washington.

**WITNESSETH:**

**WHEREAS**, the parties hereto are the owners of certain property situated in the State of Washington; and

**WHEREAS**, the parties contemplate acquiring more property in the future; and

**WHEREAS**, the parties are desirous of all of their property passing to the survivor without delay or expense in the event of the death of either of them;

**NOW, THEREFORE**, we, NORRIS JAY ANDERSON and SHEILA MARIE ANDERSON, for and in consideration of the love and affection that we have one for the other, do hereby mutually agree as follows:

1. That upon the death of the first of us to die, all of the property which we have separately, jointly or otherwise, and whether real, personal, or mixed and wheresoever situate shall be community property.

2. That upon the death of the first of us to die, the whole of the community property shall at once, in the event of the death of husband while the said wife survives, be vested in her and real property in fee simple and the personal property absolutely as her sole and separate property; and in the event of the death of the said wife leaving the said husband surviving her, the whole of said community property shall at once vest in the said husband and the real property in fee simple and the personal property absolutely as his sole and separate property.

3. This agreement may be amended or revoked by written instrument executed and acknowledged by the spouses. No such amendment or revocation by mutual consent of the spouses shall become effective except by written revocation or amendment.

4. If prior to the death of either spouse a legal guardian is appointed over the property of one of the spouses on account of incompetency, the legal guardian may join with the competent spouse in a petition to the court having jurisdiction over the guardianship proceedings for permission to enter into a modification or revocation of this agreement. Hearing on the petition shall be held after giving such notice to all interested parties as may be ordered by the court. If, after the hearing, the court deems the proposed modification or revocation to be fair and equitable and affords reasonable protection toward all parties concerned, it may authorize the

guardian to execute such modification or revocation on behalf of the incompetent spouse.

5. This agreement shall be deemed mutually rescinded and of no further force and effect upon commencement of an action by either party for dissolution of the marriage, for a decree of legal separation, for a decree of invalidity, or for a decree of separate maintenance. The rescission of the agreement terminates the characterization of future assets as community property which would have been separate property except for the agreement. The rescission of the agreement also terminates the provisions of paragraph 2 of this agreement. However, the rescission of the agreement shall not operate to recharacterize assets which were characterized by virtue of the agreement prior to its rescission.

6. Unless otherwise revoked or modified, this agreement shall remain in full force and effect regardless of the state of residence and/or domicile of the spouses at the time of the death of either or both.

IN WITNESS WHEREOF the parties have hereunto set their hands this 18<sup>th</sup> day of July, 2006.

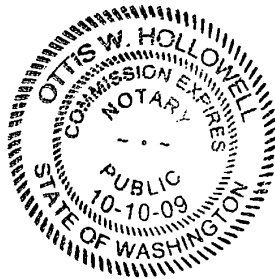
Norris Jay Anderson  
NORRIS JAY ANDERSON

Sheila Marie Anderson  
SHEILA MARIE ANDERSON

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF KING )

I certify that I know or have satisfactory evidence that NORRIS JAY ANDERSON and SHEILA MARIE ANDERSON are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in this instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 18<sup>th</sup> day of July 2006.



Ottis W. Hollowell  
O. W. HOLLOWELL, NOTARY PUBLIC in and for the State of Washington, residing at Carnation. My commission expires October 10, 2009.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Exhibit  
CERTIFICATE OF DEATH



DATE ISSUED: 08/24/2022  
FEE NUMBER:

CERTIFICATE NUMBER: 2022-042944

FIRST AND MIDDLE NAME(S): SHEILA MARIE  
LAST NAME(S): ANDERSON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 20, 2022  
HOUR OF DEATH: 08:50 PM  
SEX: FEMALE AGE: 79 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SNOHOMISH, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: NORRIS J ANDERSON

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: NORRIS J ANDERSON  
RELATIONSHIP: HUSBAND  
ADDRESS: 1266 HILLCREST DRIVE, BURLINGTON, WA, 98233

CAUSE OF DEATH:  
A: SMALL BOWEL OBSTRUCTION  
INTERVAL: DAYS  
B: METASTATIC COLON CANCER  
INTERVAL: MONTHS  
C: STAGE IV METASTATIC BREAST CANCER  
INTERVAL: MONTHS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE  
STAGE 3

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: 1266 HILLCREST DRIVE  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: SAMUEL E RICHTER  
MOTHER: AMELIA F [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: AUGUST 23, 2022

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION  
SERVICES  
ADDRESS: 281 S BURLINGTON BLVD  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
FUNERAL DIRECTOR: THOMAS CUFLEY

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: PRECIOUS L BARNES  
TITLE: DO  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: AUGUST 23, 2022

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: PRECIOUS BARNES, DO

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: AUGUST 23, 2022



Affidavit for Correction

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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.

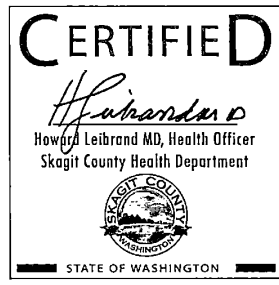
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.  
14a. Signature: 14b. Signature of 2nd parent (if required):  
Printed name: Date: Printed name: Date:

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 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. • 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.



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Certificate not valid unless the Seal of the State of Washington changes color when heat applied.