



202308240086

08/24/2023 04:17 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

When recorded return to:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 7809
AUG 24 2023

Amount Paid \$ ~~0~~
Skagit Co. Treasurer
By LT Deputy

COVER SHEET

Document Title: Community Property Agreement

Reference Number: _____

Grantor(s): ^{w.} () additional grantor names on page ____

1. Barry Brovan, dec.
2. _____

Grantee(s): () additional grantee names on page ____

1. Jan E. Brovan
2. _____

Abbreviated legal description: () full legal on page ____

Lt 18, BLK 0, Cape Horn on the Skagit, Lt 3 s/p 05-0122
ptn Lt 3, lot 12 Eagle Hill, et al

Parcel/Tax ID Number: () additional tax parcel number(s) on page ____

63459 63451
123265
128691

Community Property Agreement

On this day Dec 28, 2022, we Barry W Brovan and Jan Brovan, a married couple of Skagit County, Washington, enter into this Community Property Agreement with the intention of affecting the characterization and disposition of our property, as permitted by the Revised Code of Washington 26.16.120.

We revoke all prior community property agreements, and we understand that if this agreement conflicts with any other of our estate plans or other agreements, that this Community Property Agreement is likely to supersede the others, in accordance with Washington law.

With the intention of leaving all of our property to the other and avoiding the expense and delay of probate when the first of us dies, we agree that:

1. Upon the death of the first of us to die, all property we each own at that time, including separate property and jointly owned property, shall be community property.
2. Upon the death of the first of us to die, all community property of the deceased shall immediately transfer to the survivor as his or her sole and separate property.
3. We may amend or revoke this Agreement at any time. Any amendment or revocation shall be written, signed by both of us, and acknowledged by a notary public.
4. This Agreement shall be automatically revoked upon a court-ordered termination of our marriage.
5. This Agreement shall be automatically revoked if we die simultaneously, or if the order of our deaths cannot be reasonably determined.

Signature:

Barry W Brovan



Signature:

Jan Brovan



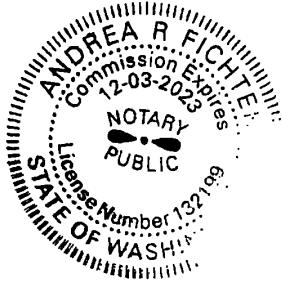
STATE OF WASHINGTON)
) ss.
COUNTY OF Snohomish)
~~KING~~

On this day personally appeared before me Benny + Jan Bruvan,
proven to be the individuals described in and who executed the within and foregoing Community
Property Agreement, and acknowledged that they signed the same as their free and voluntary act
and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal on this 27th day of December, 20 22 :

Andrea R Fichter
NOTARY PUBLIC in & for Washington

My appointment expires on: 12/03/23



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-002628

DATE ISSUED: 01/20/2023
FEE NUMBER:FIRST AND MIDDLE NAME(S): BARRY WILLIAM
LAST NAME(S): BROVANCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 17, 2023
HOUR OF DEATH: 07:05 PM
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 41939 CEDAR ST
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITERESIDENCE STREET: 41939 CEDAR ST
CITY, STATE, ZIP: CONCRETE, WA 98237
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 19 YEARSBIRTH DATE: [REDACTED]
BIRTHPLACE: KINGMAN, AZFATHER: VENTON BROVAN
MOTHER: IRENE [REDACTED]MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JAN ELIZABETH HARRISMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYOCCUPATION: ESTIMATOR/PROJECT MANAGER
INDUSTRY: CONSTRUCTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 24, 2023INFORMANT: JAN BROVAN
RELATIONSHIP: WIFE
ADDRESS: 41939 CEDAR ST, CONCRETE, WA 98237

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: DAVID LUKOVCAUSE OF DEATH:
A: PANCREATIC CANCER
INTERVAL: 6 WEEKSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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 RESPONSEDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:CERTIFIER NAME: TIFFANY L. JOHNS, PA-C
TITLE: PHYSICIAN ASSISTANT
CERTIFIER ADDRESS: 1400 E. KINCAID
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: JANUARY 19, 2023

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 23-0118-137
ATTENDING PHYSICIAN: TIFFANY JOHNS, PHYSICIAN ASSISTANT

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MELISSA M. DOSS
DATE RECEIVED: JANUARY 20, 2023

CASE ID ES-11387544

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

08/24/2023 04:17 PM Page 5 of 5
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 (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:
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.

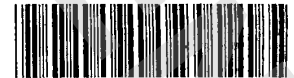
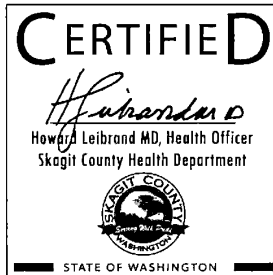
Birth Certificates
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name 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.



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



0 6 2 6 2 8 4 6