



202309080062

09/08/2023 01:55 PM Pages: 1 of 7 Fees: \$227.50
Skagit County Auditor

When recorded return to:

M. Jane Selin
Bx 315
Concrete WA
98237

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023-7997
SEP 08 2023

Amount Paid \$
By Skagit Co. Treasurer Deputy

COVER SHEET

Document Title: Community Property Agreement + DC

Reference Number: 2023 7997

Grantor(s): Martha J Selin () additional grantor names on page ____

1. Thomas J Selin (deceased)

2. A

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

1. Martha J. Selin

2. _____

Abbreviated legal description: () full legal on page 7

See attached ptN Lot 3 BL A Garden Add etal

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

P 70603

P 70745

P 70604

COMMUNITY PROPERTY AGREEMENT
OF
THOMAS H. SELIN AND MARTHA J. SELIN

THIS AGREEMENT, is made on the date set forth below, between **Thomas H. Selin** and **Martha J. Selin**, Husband and Wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

1. Property Covered. This agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items 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 or may have been registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is regarded to in this Agreement as the "subject property."

2. Vesting at Death. On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

3. Disclaimer. Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

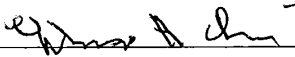
4. Automatic Revocation. In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

ORIGINAL

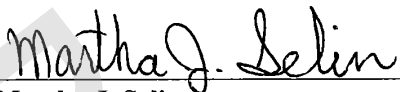
5. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

6. Survivorship. As used herein, the term "survivor", "survive", or "survivorship" shall mean living for a period of thirty days following the death of the first of the aforementioned parties to die.

DATED December 6, 2022.



Thomas H. Selin



Martha J. Selin

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-042077

DATE ISSUED: 09/08/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): THOMAS H
LAST NAME(S): SELIN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 25, 2023

HOUR OF DEATH: 10:40 AM

SEX: MALE AGE: 73 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BREMERTON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARTHA JANE CAVE

OCCUPATION: MAINTENANCE SUPERVISOR

INDUSTRY: CITY GOVERNMENT

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: NO

INFORMANT: MARTHA JANE SELIN

RELATIONSHIP: WIFE

ADDRESS: 45943 ALBERT ST, CONCRETE, WA, 98237

CAUSE OF DEATH:

A: LIVER CANCER

INTERVAL: 3 MONTHS

B: LUNG CANCER

INTERVAL: 6 MONTHS

C:

INTERVAL:

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 45943 ALBERT ST

CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 45943 ALBERT ST

CITY, STATE, ZIP: CONCRETE, WA 98237

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 51 YEARS

FATHER: JOHN VANE SELIN

MOTHER: FAYE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: AUGUST 31, 2023

FUNERAL FACILITY: SKAGIT CREMATION SERVICES, LLC

ADDRESS: PO BOX 433

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: COLE B. ERIKSON

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DANIEL H. GARCIA, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 7438 SOUTH D AVENUE

CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

DATE SIGNED: AUGUST 28, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: AUGUST 31, 2023



Affidavit for Correction

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
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		
	1. Name on Record: <small>First Middle Last</small>	2. Date of Event: <small>MMDDYYYY</small>	3. Place of Event: <small>(City or County)</small>
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) <small>First Middle Last Maiden</small>	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) <small>First Middle Last Maiden</small>	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____		

7. Return Mailing Address: P.O. 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 2 nd parent (if required):
Printed name:	Printed name:
Date:	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.

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.

*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

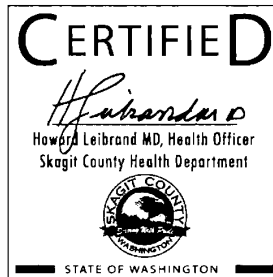
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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 5 6 0 9 7 2

EXHIBIT A

THE SOUTH 115 FEET OF THE WEST HALF OF LOT 3, AND THE SOUTH 80 FEET OF THE EAST ½ OF LOT 3, BLOCK A, GARDEN ADDITION TO BAKER, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 3 OF PLATS, PAGE 73, RECORDS OF SKAGIT COUNTY, WASHINGTON

EXCEPT THAT PORTION CONVEYED TO THE TOWN OF CONCRETE FOR HIGHWAY PURPOSES, BY DEED RECORDED IN JUNE 24, 1914, IN VOLUME 97 OF DEEDS PAGE 191, RECORDS OF SKAGIT COUNTY, WASHINGTON

SITUATED IN SKAGIT COUNTY WASHINGTON

LOTS 2 TO 4, BLOCK 1, CROFOOTS FIRST ADDITION TO THE TOWN OF CONCRETE, RECORDED IN VOLUME 3 PLATS PAGE 88 RECORDS OF SKAGIT COUNTY WASHINGTON

S 80 FT OF E ½ LOT 3, BLOCK A, GARDEN ADDITION TO BAKER, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 3 OF PLATS PAGE 73, RECORDS OF SKAGIT COUNTY WASHINGTON

