



11/14/2023 02:05 PM Pages: 1 of 7 Fees: \$209.50  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Shelley Burrow  
DATE 11/14/23

DOCUMENT TITLE(S):

AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR:  
  
(DECEASED)

LOIS E. STAHLEY, AS SURVIVING  
SPOUSE OF LESLIE W. STAHLEY

GRANTEE:

LOIS E. STAHLEY

ASSESSOR'S PARCEL NUMBER:

P121279 (4828-000-034-0000)

LEGAL DESCRIPTION:

Unit 34, FARMINGTON SQUARE  
CONDOMINIUM, according to the  
Declaration thereof recorded January 28,  
2004, under Auditor's File No.  
200401280083, and Survey Map and  
Plans thereof recorded January 28, 2004,  
under Auditor's File No. 200401280084,  
records of Skagit County, Washington.

Situated in Skagit County, Washington.

**AFFIDAVIT IN SUPPORT  
OF  
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON        )  
  ) ss.  
COUNTY OF SKAGIT         )

LOIS E. STAHLEY, being first duly sworn, on oath, deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated the 8th day of January, 2014, executed by LESLIE W. STAHLEY and LOIS E. STAHLEY, husband and wife (the "Agreement"), which is attached hereto as Exhibit "A" and incorporated herein by this reference. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the property commonly known as 472 Windmill Lane, Burlington, Washington, and legally described as follows:

**Assessor's Parcel Number: P121279 (4828-000-034-0000)**

Unit 34, FARMINGTON SQUARE CONDOMINIUM, according to the Declaration thereof recorded January 28, 2004, under Auditor's File No. 200401280083, and Survey Map and Plans thereof recorded January 28, 2004, under Auditor's File No. 200401280084, records of Skagit County, Washington.

Situate in Skagit County, Washington.

2. LESLIE W. STAHLEY (the "Decedent") was one of the parties to the Agreement and died on September 8, 2023, as a resident of Skagit County, Washington. A copy of the Decedent's Death Certificate is attached hereto as Exhibit "B" and incorporated herein by this reference.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreement which would have the effect of abrogating or nullifying the Agreement.

4. The Decedent left no separate property.

5. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

6. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
LOIS E. STAHLEY 472 Windmill Lane Burlington, WA 98233	Spouse	Legal
DAVID W. STAHLEY 7505 72nd Drive NE Marysville, WA 98270	Son	Legal
TODD A. STAHLEY 7505 72nd Drive NE Marysville, WA 98270	Son	Legal
PHILLIP L. STAHLEY 9247 Marshall Road Bow, WA 98232	Son	Legal

8. I, LOIS E. STAHLEY, affirm that I am the sole and rightful heir to the property legally described above.

9. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(a).

DATED this 9<sup>th</sup> day of November, 2023.

Lois E. Stahley  
LOIS E. STAHLEY

SIGNED AND SWORN to before me this 9<sup>th</sup> day of November, 2023.



LAWRENCE A. PIRKLE  
[Signature]  
NOTARY PUBLIC in and for the  
State of Washington,  
Residing at Mount Vernon  
My Commission Expires: 5/7/27

## COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 8th day of January, 2014, between LESLIE W. STAHLEY and LOIS E. STAHLEY, 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:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

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

D. *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.

E. *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.

F. *Optional Revocation by One Party.* This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the Skagit County, Washington, Recorder's Office where real property transactions in Skagit County, Washington are recorded.

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

ORIGINAL





# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



DATE ISSUED: 10/03/2023  
FEE NUMBER: 311023

CERTIFICATE NUMBER: 2023-044295

FIRST AND MIDDLE NAME(S): **LESLIE WAYNE**  
LAST NAME(S): **STAHLEY**

COUNTY OF DEATH: **SKAGIT**  
DATE OF DEATH: **SEPTEMBER 08, 2023**  
HOUR OF DEATH: **04:00 AM**  
SEX: **MALE** AGE: **87 YEARS**  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: **LAUREL, MT**

MARITAL STATUS: **MARRIED**  
SURVIVING SPOUSE: **LOIS EILERS**

OCCUPATION: **SERVICE MANAGER**  
INDUSTRY: **TECHNOLOGY**  
EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**  
US ARMED FORCES: **NO**

INFORMANT: **LOIS STAHLEY**  
RELATIONSHIP: **SPOUSE**  
ADDRESS: **472 WINDMILL LN, BURLINGTON, WA 98233-4033**

CAUSE OF DEATH:  
A: **NEUROENDOCRINE CARCINOMA OF THE PANCREAS**  
INTERVAL: **3 YEARS**  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **PULMONARY EMBOLISM**

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: **472 WINDMILL LN**  
CITY, STATE, ZIP: **BURLINGTON, WASHINGTON 98233-4033**

RESIDENCE STREET: **472 WINDMILL LN**  
CITY, STATE, ZIP: **BURLINGTON, WA 98233-4033**  
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**  
TRIBAL RESERVATION: **NOT APPLICABLE**  
LENGTH OF TIME AT RESIDENCE: **19 YEARS**

FATHER: **ALEXANDER STAHLEY**  
MOTHER: **HELEN [REDACTED]**

METHOD OF DISPOSITION: **CREMATION**  
PLACE OF DISPOSITION: **SEATTLE SERVICE GROUP CREMATORY**

CITY, STATE: **SEATTLE, WASHINGTON**  
DISPOSITION DATE: **SEPTEMBER 13, 2023**

FUNERAL FACILITY: **SCHAEFER-SHIPMAN FUNERAL HOME**

ADDRESS: **804 STATE AVENUE**  
CITY, STATE, ZIP: **MARYSVILLE, WASHINGTON 98270**  
FUNERAL DIRECTOR: **KELCIE K. VALDER**

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: **ERIKA POPE, DO**  
TITLE: **DO**  
CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**  
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**  
DATE SIGNED: **SEPTEMBER 12, 2023**

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

LOCAL DEPUTY REGISTRAR: **MARIA VIVANCO**  
DATE RECEIVED: **SEPTEMBER 13, 2023**



# 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
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#### Required information must match current information on record

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)					
<b>Required</b>	1. Name on Record:		2. Date of Event:	3. Place of Event:	
	First	Middle	Last	MM/DD/YYYY	(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)	
	First	Middle	Last/Maiden	First	Middle
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: 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 2 <sup>nd</sup> parent (if required):	
Printed name:	Date:	Printed name:	Date:

#### INSTRUCTIONS – go to [www.doh.wa.gov](http://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

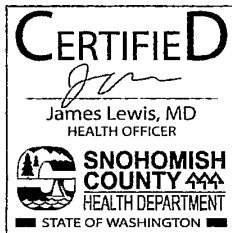
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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