



202403120035

03/12/2024 11:25 AM Pages: 1 of 5 Fees: \$307.50  
Skagit County Auditor

When recorded return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2024 9851  
MAR 12 2024

Amount Paid \$   
Skagit Co. Treasurer  
By LT Deputy

COVER SHEET

Document Title: Community Property Agreement

Reference Number: \_\_\_\_\_

Grantor(s): \_\_\_\_\_ ( ) additional grantor names on page \_\_\_\_\_

Glenn Edward Caddell Estate

Grantee(s): \_\_\_\_\_ ( ) additional grantee names on page \_\_\_\_\_

Joyce C. Caddell

Abbreviated legal description(s): \_\_\_\_\_ ( ) full legal on page \_\_\_\_\_

TR 2 S/P 20-75 Pfn Lt 6 R.A. 3 SL Moodys

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

67527

**COMMUNITY PROPERTY AGREEMENT**

KNOW ALL PERSONS BY THESE PRESENTS:

**WHEREAS**, the undersigned GLENN EDWARD CADDELL and JOYCE CAROL CADDELL, of the City of Burlington, State of Washington, are husband and wife, and they desire to set forth their agreement as to the status, disposition and succession of property now owned or hereafter acquired by either or both of them.

**NOW, THEREFORE**, in consideration of their mutual love and affection, and the mutual agreements contained herein, the parties agree as follows:

All of their property, real, personal or mixed, now and hereafter owned, shall be deemed, treated and known as community property, irrespective of how or in whose name such property or any interest therein was acquired or hereafter is acquired. The intent, purpose and effect of this agreement is a voluntary transfer and conveyance from one party to the other and jointly to their community property of all such property, commencing the date hereof.

In the event of the death of either party, the then community estate, whether heretofore existing, or as herein transferred or conveyed, or hereafter acquired, immediately shall vest in fee simple in the survivor of these parties, providing he or she shall survive the deceased spouse by at least thirty (30) days.

If either of the parties shall be declared incompetent by a court of competent jurisdiction, then the competent party hereto, during such incompetency, at his or her election may declare this agreement terminated by executing and recording an instrument to that effect.

**IN WITNESS WHEREOF**, GLENN EDWARD CADDELL, and JOYCE CAROL CADDELL, have executed this agreement this 25<sup>th</sup> day of July, 1991.

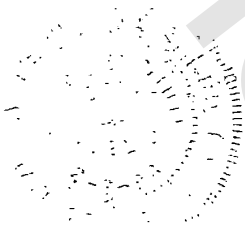
Glenn Edward Caddell  
GLENN EDWARD CADDELL

Joyce Carol Caddell  
JOYCE CAROL CADDELL

STATE OF WASHINGTON )  
 ) ss.  
County of Island )

This is to certify on this 25<sup>th</sup> day of July, 1991, before the undersigned Notary Public, personally came GLENN EDWARD CADDELL and JOYCE CAROL CADDELL, husband and wife, who proved on the basis of satisfactory evidence to be the individuals described in and who executed the within instrument; and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

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



A. De Wayne Storm  
NOTARY PUBLIC in and for the  
State of Washington residing  
at Oak Harbor.

My commission expires:

9 MAR 94

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-021136

DATE ISSUED: 05/01/2023  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GLENN EDWARD  
LAST NAME(S): CADDELL

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 27, 2023  
HOUR OF DEATH: 08:15 PM  
SEX: MALE AGE: 86 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 18859 JOLLY ROAD  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

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

RESIDENCE STREET: 18859 JOLLY ROAD  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 43 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: STEARNS, KY

FATHER: ELMER CADDELL  
MOTHER: GRACE [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JOYCE CAROL BRANDSTROM

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: GREENHILLS CEMETERY

OCCUPATION: SENIOR CHIEF JET MECHANIC  
INDUSTRY: U. S. NAVY  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: YES

CITY, STATE: BURLINGTON, WASHINGTON  
DISPOSITION DATE: MAY 19, 2023

INFORMANT: JOYCE CADDELL  
RELATIONSHIP: WIFE  
ADDRESS: 18859 JOLLY ROAD, BURLINGTON, WA 98233

FUNERAL FACILITY: LEMLEY CHAPEL

CAUSE OF DEATH:  
A: IDIOPATHIC PULMONARY FIBROSIS  
INTERVAL: 3 YEARS  
B: INTERVAL:  
C: INTERVAL:  
D: INTERVAL:

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC RESPIRATORY FAILURE; PULMONARY HYPERTENSION.

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: APRIL 28, 2023

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: MAY 01, 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

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	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.

#### Death Certificates

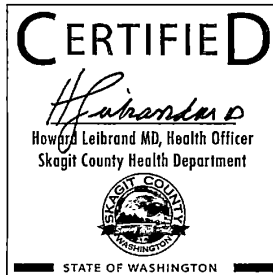
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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