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After recording return to: 06/12/2024 12:58 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Alan R. Souders
Souders Law Group
913 Seventh Street
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 0937
JUN 12 2024

Amount Paid \$
Skagit Co. Treasurer
By Deputy

DOCUMENT TITLE: **AFFIDAVIT REGARDING COMMUNITY PROPERTY**

GRANTOR: **LUCIEN A. D'AMELIO; KATHRYN J. D'AMELIO, deceased**

GRANTEE: **THE PUBLIC**

ASSESSOR'S PARCEL/TAX NUMBERS: **P55974; 3772-155-020-0008**

ABBREVIATED LEGAL DESCRIPTION: **LT 19 AND 20, BLK 155, VOL 2, PG 4, SKAGIT CO, WA**

AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

LUCIEN A. D'AMELIO, being first duly sworn, upon oath, deposes and says:

That I am the surviving spouse of KATHRYN J. D'AMELIO (the Decedent), who died January 4, 2024, in Anacortes, Skagit County, Washington. At that time, the Decedent and I were both residents of Anacortes, Skagit County, Washington.

That this Affidavit is for the purpose of supplying information pertaining to the Estate of Kathryn J. D'Amelio, and it is intended that the statements set forth herein shall be considered representations of fact, which may be relied upon by all persons dealing with the real property described herein and with any other community property.

That at the time of the death of Kathryn J. D'Amelio, there was in full force and effect, a Community Property Agreement, executed by myself, Lucien A. D'Amelio, and Kathryn J. D'Amelio, on March 1, 2004. The original Agreement is attached hereto. The Agreement specifies that all property of myself, and my late wife, whenever acquired from any source and including all property to be acquired after the date of the Agreement shall be considered to be community property. The Agreement further provided that in the event of the death of either spouse, all community property, whether real or otherwise, would immediately become the sole property of the surviving spouse.

That the Decedent also executed a Last Will and Testament, but probate will not be pursued, in view of this Community Property Affidavit.

That all expenses of the Decedent's last illness, funeral and costs of administration have been paid and I know of no unpaid creditors of the Decedent or of our former marital community.

That among the property that the Decedent and I held as community property was the following described real estate:

LOTS 19 AND 20, BLOCK 155, MAP OF THE CITY OF ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 4, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

The Decedent's estate is not subject to estate tax for the federal government or the State of Washington, as I the surviving spouse am a citizen of the United States, with an unlimited marital deduction.

Dated this 29 day of MAY 2024.

Lucien A. D'Amelio
Lucien A. D'Amelio, surviving spouse

SUBSCRIBED AND SWORN to before me this 29th day of May 2024.



Claudia Ridgway
Claudia Ridgway
NOTARY PUBLIC in and for the State of
Washington, residing in Anacortes.
My commission expires 01/17/2026.

After Recording Return To:

BETTS AUSTIN JOHNSON, PLLC

1616 Cornwall Avenue, Suite 209

Post Office Box 2788

Bellingham, WA 98227-2788

DOCUMENT TITLE: COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER OF RELATED DOCUMENT: N/A

GRANTORS: LUCIEN A. D'AMELIO and KATHRYN J. D'AMELIO

GRANTEES: LUCIEN A. D'AMELIO and KATHRYN J. D'AMELIO

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is made this 1 day of MARCH, 2004, between LUCIEN A. D'AMELIO ["Husband"] and KATHRYN J. D'AMELIO ["Wife"], husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements below, the parties agree as follows:

1. **Property Affected.** All property now owned by either Husband or Wife and all property acquired after the signing of this agreement by either Husband or Wife, even though some items may have been or may be purchased or acquired by one or the other or both shall be considered as their community property, subject to the community property laws of the State of Washington, regardless of whether the property is located in the State of Washington, or in another state or country.

1.1 **Automatic Revocation.** The provisions of paragraph 1 shall not affect the character of property acquired after either party files a petition, complaint or other pleadings for separation, dissolution or divorce, or upon the parties living separate and apart from one another for more than one year.

2. **Vesting at Death of a Spouse.** If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-000714

DATE ISSUED: 01/10/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): KATHRYN JUNE
LAST NAME(S): D'AMELIO

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 04, 2024
HOUR OF DEATH: 11:50 AM
SEX: FEMALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 1014 I AVENUE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 1014 I AVENUE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: JAMAICA, NY

FATHER: KARL SHANK
MOTHER: [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LUCIEN D'AMELIO

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: LOAN OFFICER
INDUSTRY: BANKING
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JANUARY 10, 2024

INFORMANT: LUCIEN D'AMELIO
RELATIONSHIP: HUSBAND
ADDRESS: 1014 I AVENUE, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: COLE B. ERIKSON

CAUSE OF DEATH:
A: RESPIRATORY FAILURE
INTERVAL: IMMEDIATE
B: 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: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: HELEN YOUNG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
DATE SIGNED: JANUARY 09, 2024

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 240104-918
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JANUARY 10, 2024



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: 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 nd 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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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

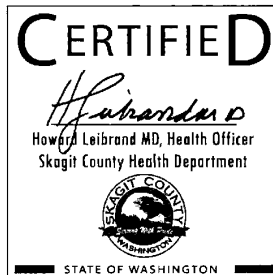
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- To change the date of 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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