



**202411180050**


11/18/2024 10:55 AM Pages: 1 of 11 Fees: \$313.50  
Skagit County Auditor

**RETURN TO:**

COLIN R. MORROW  
CARMICHAEL CLARK, PS  
P.O. BOX 5226  
BELLINGHAM, WA 98227  
PHONE: (360) 647-1500

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20242967  
NOV 18 2024

Amount Paid \$  
Skagit Co. Treasurer  
By  Deputy

**DOCUMENT TITLE:**

COMMUNITY PROPERTY AFFIDAVIT FOR RECORDATION

**REFERENCE NUMBER OF RELATED DOCUMENT:**

N/A

**GRANTOR:**

NORMA JEAN CLARK, deceased.

**GRANTEE:**

ROBERT D. CLARK, surviving spouse.

**ABBREVIATED LEGAL DESCRIPTIONS:**

PTN SW 1/4 OF NE 1/4, S36, T34N, R4E OF W.M

**ASSESSOR'S TAX PARCEL NUMBERS:**

P67104



**8. Property Subject to Agreement.** All of the community property owned by Decedent and myself is subject to the Agreement, all of its disposition is controlled by the Agreement, and all of it passed to me upon Decedent's death. Among other items of community property owned by Decedent and myself are the following:

A. The following parcel of real property in Bellingham, Whatcom County, Washington legally described as follows:

i. Parcel No. 390420 295075 0000; PID 106904

THE WEST HALF OF THE WEST HALF OF THE SOUTHEAST QUARTER OF SECTION 20, TOWNSHIP 39, RANGE 4 EAST OF W.M.; EXCEPT THE NORTH 1,200 FEET (AS MEASURED BY AVERAGING THE BEARINGS OF THE WEST AND EAST BOUNDARIES THEREOF).

SITUATE IN WHATCOM COUNTY, WASHINGTON.

B. The real property commonly known as 17148 Lakeview Boulevard, Mount Vernon, Skagit County, Washington 98274 and legally described as follows:

i. Parcel No. P67104

THAT PORTION OF TRACTS 41 AND 42 OF "PLAT 1, LAKEVIEW TRACTS", ACCORDING TO THE PLAT RECORDED IN VOLUME 5 OF PLATS, PAGES 2 AND 3, RECORDS OF SKAGIT COUNTY, WASHINGTON, AND OF TRACT 42, "PLAT OF CHEASTY'S BIG LAKE TRACTS" ACCORDING TO THE PLAT RECORDED IN VOLUME 4 OF PLATS, PAGE 49, RECORDS OF SKAGIT COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF SAID TRACT 41 OF "PLAT 1, LAKEVIEW TRACTS"; THENCE NORTHWESTERLY ALONG THE NORTHEASTERLY LINE OF SAID TRACT 41, A DISTANCE OF 21.65 FEET TO THE TRUE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE SOUTH 64° 49' 45" WEST TO THE SHORELINE OF BIG LAKE; THENCE NORTHWESTERLY ALONG SAID SHORE LINE TO THE NORTHWEST CORNER OF SAID TRACT 42, "PLAT 1, LAKEVIEW TRACTS"; THENCE SOUTH 83° 34' 30" EAST ALONG THE NORTH LINE OF SAID TRACT 42, "PLAT 1, LAKEVIEW TRACTS", A DISTANCE OF 86.0 FEET TO THE NORTHEAST CORNER THEREOF; THENCE SOUTHEASTERLY ALONG THE EAST LINE OF SAID TRACTS 42 AND 41, "PLAT 1, LAKEVIEW TRACTS", A DISTANCE OF 51.05 FEET TO THE TRUE POINT OF BEGINNING.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

COMMUNITY PROPERTY AFFIDAVIT  
FOR RECORDATION - PAGE 3 OF 4

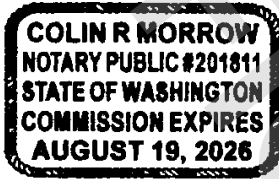



CARMICHAEL CLARK, P.S.  
ATTORNEYS AT LAW  
P.O. Box 5226  
Bellingham, WA 98227  
P. 360 647 1500 • F. 360 647 1501

IN WITNESS WHEREOF, I have executed this Affidavit on this 14 day of March,  
2024.

  
ROBERT D. CLARK

SUBSCRIBED and SWORN to before me on this 14 day of March, 2024 by  
ROBERT D. CLARK.



  
Notary Public in and for the State of Washington  
Residing at: Bellingham.  
My commission expires: 08/19/2026

**EXHIBIT A**

CERTIFIED COPY OF CERTIFICATE OF DEATH

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 08/09/2022  
FEE NUMBER:

CERTIFICATE NUMBER: 2022-039664

FIRST AND MIDDLE NAME(S): JEAN

LAST NAME(S): CLARK

AKA: NORMA JEAN CLARK

COUNTY OF DEATH: KING

DATE OF DEATH: JULY 28, 2022

HOUR OF DEATH: 06:46 PM

SEX: FEMALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BELLINGHAM, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ROBERT DWAYNE CLARK

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: ROBERT D CLARK

RELATIONSHIP: SPOUSE

ADDRESS: 3133 GOSHEN ROAD, BELLINGHAM, WASHINGTON 98226

CAUSE OF DEATH:

A: CARDIAC TAMPONADE

INTERVAL: MINUTES

B: SEPTAL MYECTOMY COMPLICATED BY LEFT VENTRICLE PERFORATION

INTERVAL: MINUTES

C: HYPERTENSIVE AND VALVULAR CARDIOMYOPATHY WITH LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION

INTERVAL: YEARS

D: HYPERTENSION AND IDIOPATHIC CALCIFIC MITRAL STENOSIS

INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: PULMONARY HYPERTENSION,  
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, TYPE 2 DIABETES MELLITUS

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: HOSPITAL

FACILITY OR ADDRESS: UNIVERSITY OF WASHINGTON MEDICAL CENTER

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195

RESIDENCE STREET: 3133 GOSHEN ROAD

CITY, STATE, ZIP: BELLINGHAM, WA 98226

INSIDE CITY LIMITS: NO

COUNTY: WHATCOM

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER: LEWIS ADRIAN CHASE

MOTHER: MARGARET CHRISTINE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: AUGUST 08, 2022

FUNERAL FACILITY: SIG'S FUNERAL SERVICES

ADDRESS: 809 W. ORCHARD DRIVE, SUITE 2

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

FUNERAL DIRECTOR: JUSTIN M. AASE

MANNER OF DEATH: NATURAL

AUTOPSY: YES

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: YES

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DESIREE MARSHALL, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1959 NE PACIFIC ST (BOX 356100)

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195

DATE SIGNED: AUGUST 03, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: KCME-22-2276

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: GRACIE TANGALAN

DATE RECEIVED: AUGUST 05, 2022



### 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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<b>Required</b>	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)				
	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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify) <input type="checkbox"/> Hospital					

7. Return Mailing 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: Printed name: Date:

14b. Signature of 2nd parent (if required): 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**

- 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 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.
- 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**

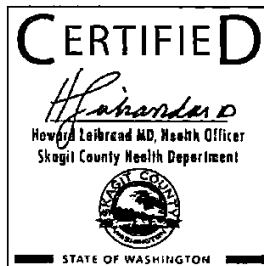
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



**AGREEMENT AS TO STATUS OF PROPERTY**

**BETWEEN**

**ROBERT D. CLARK**

**AND**

**NORMA JEAN CLARK**

**Lesa R. Starkenburg  
Starkenburg-Kroontje  
Attorney at Law, P.S.  
P.O. Box 231, Lynden, WA 98264  
(360) 354-7822**

**AGREEMENT AS TO STATUS OF PROPERTY****OF****ROBERT D. CLARK and NORMA JEAN CLARK**

THIS AGREEMENT, is made and entered into this 11<sup>th</sup> day of NOV., 2015, by and between ROBERT D. CLARK and NORMA JEAN CLARK, husband and wife, both now domiciled in Whatcom County, Washington. Pursuant to RCW 26.16.120 and in consideration of the mutual agreements set forth below, the parties agree as follows:

1. All property, except any powers of appointment, now owned or hereafter acquired by the parties, or either of them, after the date hereof, is declared, effective upon the death of either of them, to be the community property of the parties.

2. Notwithstanding the provisions of Paragraph 1, above, either spouse may, with respect to the effect of this agreement, disclaim in whole or in part any interest hereafter acquired which would be the separate property of the other spouse, by written disclaimer issued in accordance with the provisions found in Title 11 RCW.

3. If either party dies and the other survives the decedent by at least thirty (30) days, all of the community property of the parties shall vest in the survivor as of the moment of death.

4. The provisions of Paragraph 3, above, shall be automatically revoked upon any one of the following:

- a) the filing by either party of a petition, complaint or other pleading for separation or the dissolution of the marriage of the parties; or
- b) the establishment of a domicile outside the State of Washington by at least one of the parties; or
- c) the failure of either party to survive the other by at least thirty (30) days.

5. If either party becomes disabled, the other 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. The termination shall be exercised by delivery of written notice thereof to the disabled spouse and his or her legal guardian, if any. A spouse shall be deemed disabled upon execution by a duly licensed Washington physician of a statement declaring that the affected spouse is unable to manage his or her own affairs.

6. This agreement revokes, to the extent inconsistent, any prior agreement or other contractual arrangement between the parties affecting their Community Property.

7. In the event that either or both of said parties execute wills, the survivor shall have the option of taking such community property pursuant to the terms of the will or pursuant to this Agreement, whichever in his or her sole discretion the survivor shall determine.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the day and year first above written.

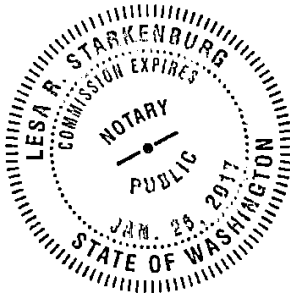
*Robert D Clark*  
ROBERT D. CLARK

*Norma Jean Clark*  
NORMA JEAN CLARK

STATE OF WASHINGTON )  
  ) ss.  
COUNTY OF WHATCOM )

On this day personally appeared before me, **ROBERT D. CLARK** and **NORMA JEAN CLARK**, to me known to be the individual(s) described herein and who executed the within and foregoing instrument and acknowledged to me that they signed the same as their free and voluntary act for the purposes herein mentioned.

Dated this 11<sup>th</sup> day of November, 2015.



*Lesa R Starkenburg*  
Notary Public in and for the State of Washington  
Residing in Lynn  
My commission expires: 1/25/17