

After Recording Return To:

North Sound Law Group, PLLC
300 N. Commercial Street
Bellingham, WA 98225Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20252705
Date 08/21/2025

DOCUMENT TITLE:

AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENTREFERENCE NUMBER OF
RELATED DOCUMENT:

197802090798 (King County)

GRANTOR:

STEVEN CHARLES WOOD, Deceased

GRANTEE:

SUSAN MARIE WOOD, Surviving Spouse

ABBREVIATED LEGAL DESCRIPTION:

Anacortes SP 98-004, Lt 7

ADDITIONAL LEGAL DESCRIPTION ON PAGE(S): 2-3

ASSESSOR'S TAX PARCEL NUMBER: P115776 / 3834-010-007-0700

**AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT****ESTATE OF STEVEN CHARLES WOOD, DECEASED**STATE OF WASHINGTON)
) ss.
COUNTY OF Skagit)SUSAN MARIE WOOD, after being first duly sworn upon oath, deposes and
says:

1. Agreement as to Status of Community Property. This Affidavit is for the
purpose of supplying information for record pertaining to that certain Community

Property Agreement executed by STEVEN CHARLES WOOD and SUSAN MARIE WOOD, husband and wife, which Agreement was dated February 6, 1978, (the original is recorded under King County Auditor's number 197802090798, true and correct copy of which is attached hereto as Exhibit A), and also for the Estate of Steven Charles Wood, Deceased, one of the parties to said Agreement.

2. Decedent. Steven Charles Wood died on July 15, 2025, in Anacortes, Skagit County, Washington. Recorded herewith as Exhibit B is a true and correct copy of the death certificate that was issued.

3. No Subsequent Agreements. The parties to the Community Property Agreement referred to above entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement. The above-mentioned Community Property Agreement was in full force and effect at the time of Decedent's death.

4. Community Property. Among other items of community property was the following described real estate and personal property:

- a) Residence located at 3803 West 12th Street, Anacortes, Skagit County, Washington, legally described as follows:

LOT 7 OF ANACORTES SHORT PLAT NO. 98-004 AS APPROVED MAY 18, 1999, AND RECORDED MAY 24, 1999 IN VOLUME 14 OF SHORT PLATS, PAGES 30 AND 31, UNDER AUDITOR'S FILE NO. 9905240012, RECORDS OF SKAGIT COUNTY, WASHINGTON. (ALSO KNOWN AS LOT 7 OF ROCK RIDGE PHASE II).

BEING A PORTION OF BLOCK 1324, NORTHERN PACIFIC ADDITION TO ANACORTES," AS PER PLAT RECORDED IN

VOLUME 2 OF PLATS, PAGE 9, RECORDS OF SKAGIT COUNTY, WASHINGTON AND BLOCKS 10 AND 11, "TUTTLE & BUCKLEY'S PLAT OF ANACORTES, SKAGIT CO., WASH.," AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 23, RECORDS OF SKAGIT COUNTY, WASHINGTON.

TOGETHER WITH VACATED STREETS.

SITUATE IN THE CITY OF ANACORTES, COUNTY OF SKAGIT, STATE OF WASHINGTON.

SUBJECT TO: THIS CONVEYANCE IS SUBJECT TO COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS, IF ANY, AFFECTING TITLE, WHICH MAY APPEAR IN THE PUBLIC RECORD, INCLUDING THOSE SHOWN ON ANY RECORDED PLAT OR SURVEY.

Skagit County Tax Parcel No. P115776

- b) All Checking, Savings, Investment, and Retirement and Annuity Accounts.
- c) All Motor Vehicles.
- d) All Household Furniture, Furnishings, Jewelry, Clothing, and Other Items of Personal Property.

5. Separate Property. The Decedent left no separate estate.

6. Debts. All obligations of the community owing at the date of death of Decedent have been paid in full, and all expenses of last illness and for funeral and burial services have been paid. The decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS), including nursing facility services, home or community-based services, hospital, prescription drugs, or any other services.

7. Estate Tax Return. No federal or state estate tax return was required to be filed.

9. Heirs. Decedent was survived by the following persons:

<u>Name</u>	<u>Relationship to Decedent</u>	<u>Address</u>
Susan Marie Wood	Surviving Spouse	3803 West 12 th Street Anacortes WA 98221
James E. Wood	Adult Sibling	n/a
Charles S. Wood	Adult Sibling	n/a
Robert R. Wood	Adult Sibling	n/a
Thomas A. Wood	Adult Sibling	n/a
Donald M. Wood	Adult Sibling	n/a
Michael J. Wood	Adult Sibling	n/a

10. Reliance. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties dealing with the real estate described herein.

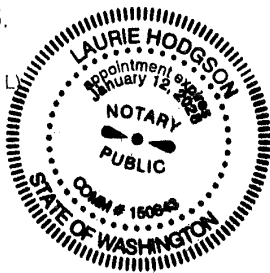
DATED this 18 day of August, 2025.

Susan Marie Wood
SUSAN MARIE WOOD

SUBSCRIBED AND SWORN TO before me this 18 day of August, 2025.

2025.

(SEAL)



Laurie Hodgson
Notary Public

Print Name: Laurie Hodgson

My Commission Expires: 01-12-2028

Agreement as to Status of Community Property

After Death of One of the Spouses

FEB 9 2 21 PM '78
FEB 9

RECORDED KC RECORDS

Know All Men by These Presents:

That this agreement, made and entered into this 6th day of FEBRUARY, 19 78
by and between STEVEN CHARLES WOOD
and SUSAN MARIE WOOD, husband and wife,
of BUTTELL, KING County, State of Washington, WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised:

I.

That all property of whatsoever nature or description whether real, personal or mixed and where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said STEVEN CHARLES WOOD
and SUSAN MARIE WOOD have hereunto set their hands
and seals this 6 day of February, 19 78.

Steven Charles Wood (SEAL)
Susan Marie Wood (SEAL)

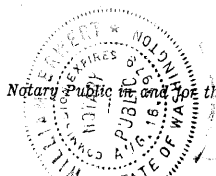
STATE OF WASHINGTON,

County of King } SS.

This is to certify that on this 6 day of February, 19 78, before me
William Erwert a Notary Public in and for the State of Washington
duly commissioned and sworn, personally came STEVEN CHARLES WOOD

and SUSAN MARIE WOOD husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed 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.



Notary Public in and for the State of Washington residing at Seattle

EXHIBIT # A

7802090798

FILED for Record at Request of

by Steven C. Wood

Address 7313 NE 140th

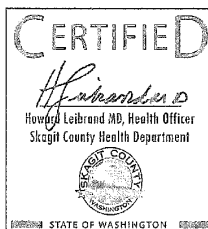
Bothell, WA 98011



STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2025-036776	DATE ISSUED: 07/25/2025 FEE NUMBER:
FIRST AND MIDDLE NAME(S): STEVEN CHARLES LAST NAME(S): WOOD	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: JULY 15, 2025 HOUR OF DEATH: 06:17 PM SEX: MALE AGE: 76 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: DECEDENT'S HOME FACILITY OR ADDRESS: 3803 W 12TH ST CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221-4534
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE BIRTH DATE: [REDACTED] BIRTH PLACE: SEATTLE, WASHINGTON MARITAL STATUS: MARRIED SURVIVING SPOUSE: SUSAN HOSELTON OCCUPATION: SALES - RETAIL INDUSTRY: SALES/RETAIL - GENERAL EDUCATION: ASSOCIATE DEGREE US ARMED FORCES: NO INFORMANT: SUSAN WOOD RELATIONSHIP: WIFE ADDRESS: 3803 W 12TH ST, ANACORTES, WA, 98221	RESIDENCE STREET: 3803 W 12TH ST CITY, STATE, ZIP: ANACORTES, WA 98221-4534 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 21 YEARS FATHER: CHARLES WOOD MOTHER: DOROTHY MA [REDACTED] METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: JULY 28, 2025 FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC. ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 FUNERAL DIRECTOR: COLE B. ERIKSON
CAUSE OF DEATH: A: CARDIAC ARREST INTERVAL: UNKNOWN B: CONGESTIVE HEART FAILURE INTERVAL: UNKNOWN C: NONISCHEMIC CARDIOMYOPATHY INTERVAL: UNKNOWN D: [REDACTED] INTERVAL: OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION, CHRONIC KIDNEY DISEASE STAGE 3A, DILATED ASCENDING AORTA, PULMONARY HYPERTENSION, MORBID OBESITY 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	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: NOT APPLICABLE CERTIFIER NAME: JASON BLAIR, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 2511 M AVE STE B CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 DATE SIGNED: JULY 23, 2025 CASE REFERRED TO ME/CORONER: YES FILE NUMBER: 250716-56 ATTENDING PHYSICIAN: NOT APPLICABLE LOCAL DEPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: JULY 24, 2025
EXHIBIT # B	
NOT VALID IF PHOTOCOPIED OR ALTERED	

Washington State Department of Health		Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
DOH 422-034 August 2019					
This is a legal document. Complete in ink and do not alter.					
STATE OFFICE USE ONLY					
State File Number		Fee Number		Affidavit Number	
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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 foregoing 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 for more information					
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">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 <ul style="list-style-type: none">• 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) <ul style="list-style-type: none">• 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. <p>*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.</p>					
Death Certificates <ul style="list-style-type: none">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 <ul style="list-style-type: none">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 7 1 9 3 1 5 0