AFTER RECORDING MAIL TO:

Ledgerwood and Burns, PLLC
922 6th Street
Clarkston, WA 99403

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20132894
JUL 24 2013
Amount Paid $0
Skagit Co. Treasurer
By mlm Deputy

201307240019
Skagit County Auditor
7/24/2013 Page 1 of 9 10:03AM
$80.00

Grantor: Robert Cobban, deceased
Grantee: Sheryl S. "Sherry" Cobban
Legal: Lot 4 of SP 00-0085, complete legal on page 3 of document
Parcel: 350710-0-002-0300 P117208

AFFIDAVIT OF SURVIVORSHIP
(Pursuant to Community Property Survivorship Agreement)

STATE OF WASHINGTON)
) ss.
County of Asotin)

SHERYL S. "SHERRY" COBBAN, being first duly sworn upon her oath, deposes and says:

1. That I am the surviving spouse of ROBERT K. COBBAN who died on February 9, 2013, then being a legal resident of Asotin County, Washington.

Note: A Death Certificate of decedent is attached hereto.

2. Decedent left a Last Will and Testament wherein SHERYL S. COBBAN was designated as personal representative. Your affiant does not intend to petition for probate of the Will because of the existence of a Community Property Agreement.

3. The heirs at law of decedent, and their ages, relationship to decedent and current addresses are as follows (including spouse, natural or adopted children, issue of any predeceased child, and surviving parents, brothers and sisters of decedent):

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HEIRS AT LAW

Name	Address	Relationship	Age
Sheryl S. Cobban	1505 Maple Street Clarkston, WA 99403	Spouse	Legal
Brian Cobban	920 S 19th Street Mt. Vernon, WA 98274	Son	Legal
Robert K. Cobban	2007 Edmonds Dr. SE Renton, WA 98055	Son	Legal
Gwenny Cobban	1432 10th Street Clarkston, WA 99403	Daughter	Legal

4. All the debts of the decedent and/or the marital community, including but not limited to all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid or provided for, except as follows:

None.

5. A true copy of Community Property Agreement dated January 31, 1989, and recorded on June 20, 2013, under Asotin County Auditor's Receiving No. 336390 is attached. The parties to the agreement were legally competent at the time of the agreement and executed no subsequent wills or agreements which would have the effect of abrogating or nullifying the agreement.

6. As of the date of death, the value of all of our community property was approximately $453,000, decedent's half being approximately $226,500. The decedent left no separate property.

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7. Under the terms of the Community Property Agreement, title to all real property of the community vests immediately in the survivor upon the death of either party to the agreement. Among other items of community property was the following described real estate:

A. Situated in the County of Asotin, State of Washington:

The North half of Lots 1 and 2 in Block "WW" of Vineland according to the official plat thereof filed in Book K of Plats at page 26, official records of Asotin County, Washington, excepting therefrom any portion lying within 15th Street and Maple street adjacent thereof.

Parcel No: 1-004-36-002-0001-000

commonly known as 702 15th Street, Clarkston, Washington.

B. Five acres of undeveloped property in the County of Skagit, State of Washington:

Lot 4 of SKAGIT COUNTY SHORT PLAT NO. 00-0085, approved September 12, 2000 and recorded September 13, 2000 under Auditor's File No. 20009130102, being a portion of the Southeast Quarter of the Southeast Quarter and a portion of the Northeast Quarter of the Southeast Quarter in Section 10, Township 35 North, Range 7 East of the Willamette Meridian.

Tax Parcel Number(s): 350710-0-002-0300 P117208

Commonly known as 39890 State Route 20, Concrete, Washington.

C. Situate in the County of Harris, State of Texas

Lot Thirty-Four (34) in Block Two (2) of HIGHLAND MEADOW, Section Two (2), a Subdivision in Harris County, Texas, according to the map or plat thereof recorded in Volume 315, page 28, of the map of records of Harris County, Texas.

Account No: 1154720020034

Commonly known as 11626 Highland Meadow Dr, Houston, TX. 77089

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8. This affidavit is made to induce title insurance companies to issue their policies of title insurance on real property passing to the undersigned surviving spouse by virtue of the Community Property Survivorship Agreement in reliance upon the representations set forth above.

DATED: 19th day of July, 2013.

Sheryl S. Cobban
SHERYL S. COBBAN

SIGNED AND SWORN to before me this 19th day of July, 2013, by SHERYL S. COBBAN.

THOMAS L LEDGERWOOD
NOTARY PUBLIC
STATE OF WASHINGTON
MY COMMISSION EXPIRES
OCT 29 2015

Thomas L. Ledgerwood
Notary Public in and for the State of Washington, residing at Clarkston.
Appointment expires: 10/29/15

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number | **Washington State Certificate of Death** | State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Robert	Middle: Kendell	LAST: Cobban	Suffix	2. Death Date: Feb. 09, 2013	
3. Sex (M/F): Male	4a. Age – Last Birthday: 66	4b. Under 1 Year: Months / Days	4c. Under 1 Day: Hours / Minutes	5. Social Security Number: [redacted]	6. County of Death: Asotin
7. Birthdate: [redacted]	8a. Birthplace (City, Town, or County): Seldovia	8b. (State or Foreign Country): Alaska	9. Decedent's Education: High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No	11. Decedent's Race(s): White		12. Was Decedent ever in U.S. Armed Forces? Yes		
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 1505 Maple Street	13b. City or Town: Clarkston				
13c. Residence: County: Asotin	13d. Tribal Reservation Name (if applicable): N/A	13e. State or Foreign Country: Washington	13f. Zip Code + 4: 99403	13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk	
14. Estimated length of time at residence: 9 Years	15. Marital Status at Time of Death: Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Sherry S. Walker			
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Owner/Manager	18. Kind of Business/Industry (Do not use Company Name): Dog Grooming/Boarding				
19. Father's Name (First, Middle, Last, Suffix): Kendell Cobban	20. Mother's Name Before First Marriage (First, Middle, Last): Gwendolyn L. [redacted]				
21. Informant's Name: Sherry S. Cobban	22. Relationship to Decedent: Wife	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 1505 Maple Street, Clarkston, Wa. 99403			
24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home				
25. Facility Name (If not a facility, give number & street or location): 1505 Maple Street	26a. City, Town, or Location of Death: Clarkston	26b. State: Wa.	27. Zip Code: 99403		
28. Method of Disposition: Removal/Cremation	29. Place of Final Disposition (Name of cemetery, crematory, other place): Mountain View Crematory	30. Location-City/Town, and State: Lewiston, Idaho			
31. Name and Complete Address of Funeral Facility: Merchant Funeral Home, 1000-7th Street, Clarkston, Wa. 99403	32. Date of Disposition: February 13, 2013				
33. Funeral Director Signature X: Jerry Bartlow					

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

34. Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Cardiac arrest	0
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of): Coronary artery disease	17 years
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Hypertension & Hypercholesterolemia	36. Autopsy? ☐ Yes ☒ No	37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No

38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown

41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	44. Injury at Work? ☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street: Apt No.

City or Town: County: State: Zip Code+ 4:

46. Describe how injury occurred	47. If transportation injury, specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

48a. **Certifying Physician** - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

X [signature] HARRIES, M.D.

48b. **Medical Examiner/Coroner** - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

49. Name and Address of Certifier – Physician, Medical Examiner or Coroner (Type or Print): 907 St. Johns Way #4 Dr. L.D. Harries MD Lewiston, Idaho 83501		50. Hour of Death (24hrs): 0300
51. Name and Title of Attending Physician or Other Certifier (Type or Print): Lewiston, Idaho 83501		52. Date Signed (MM/DD/YYYY): 2/11/13
53. Title of Certifier: MD	54. License Number: MD3120	55. Coroner File Number:	56. Was case referred to ME/Coroner?

57. Registrar Signature X: [signature]

58. Amendments

THE STATE OF WASHINGTON 1889

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATI

201307240019
Skagit County Auditor $80.00
7/24/2013 Page 5 of 9 10:03AM

Affidavit for Correction

Health

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Use the section below for requesting any changes on the record.

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution**

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ **Self** ☐ **Parent** ☐ **Guardian** ☐ **Informant** ☐ **Funeral Director** ☐ **Other** (Specify)

Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:

All vital records are registered as received.

Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization; Hospital /Medical Record; Life Insurance Policy; Marriage/Divorce Record; Numident Report (Social Security Administration); Military Record (DD-214); Birth Record; Passport; School Transcripts (Official); Voter's Registration Card (if it bears an effective date); Alien Registration Card (front and back); We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A Doe does not prove the name is Mary Ann Doe.
3. **Child (under 18)**
   - Only parent(s) or legal guardian can change the birth certificate.
   - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
   - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
   - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
   - To correct birth date, place of birth or parent's information, one documentary proof is required.

   Adult (18 years or older)
   - Only the adult themselves can change the birth certificate.
   - If the first or middle name is absent, three pieces of documentary proof are required.
   - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
   - To correct birth date, place of birth or parent's information, one documentary proof is required.
   - Proof must be five (or more) years old or have been established within five years of birth.
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 023**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2012

SKAGIT COUNTY HEALTH DISTRICT STATE OF WASHINGTON

Lawrence M. Garges, M.D
Health Officer

FEB 12 2013

XX00189050

201307240019

Skagit County Auditor $80.00

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Return Address:
Thomas L. Ledgerwood
Ledgerwood & Burns, PLLC
922 6th Street
Clarkston, WA 99403

Inst: 336390 06/20/2013 9:26AM
Filed: THOMAS LEDGERWOOD Fee Cd: DL03
Code: 015 Community Property 34.00
Asotin County Auditor

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document **must** be filled in)
1. Community Property Agreement 2. _____
3. _____ 4. _____

Reference Number(s) of Documents assigned or released:
Additional reference #'s on page _____ of document

Grantor(s) Exactly as name(s) appear on document
1. Robert K. Cobban, _____
2. Sheryl S. Cobban, _____
Additional names on page _____ of document.

Grantee(s) Exactly as name(s) appear on document
1. Robert K. Cobban, _____
2. Sheryl S. Cobban, _____
Additional names on page _____ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)
_____
_____
Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number ☐ Assessor Tax # not yet assigned
_____

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional $50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

_____ Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional $50 fee if the document meets margin/formatting requirements

201307240019
Skagit County Auditor $80.00
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UNOFFICIAL DOCUMENT

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COMMUNITY PROPERTY AGREEMENT

This Agreement made and entered into this 31st day of January, 1989, by and between **ROBERT K. COBBAN** and **SHERYL S. COBBAN**, husband and wife, of 776 Russell Road, Concrete, Skagit County, State of Washington 98237, pursuant to the provision of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either, WITNESSETH:

That in consideration of the love and affection that each of the 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 as follows:

FIRST: That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated and howsoever held, now owned or hereafter acquired by them or either of of them, shall be considered and is hereby declared to be community property, and each party hereby conveys to the other a community interest therein.

SECOND: That upon the death of either of the parties hereto, titled to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said **ROBERT K. COBBAN** and **SHERYL S. COBBAN**, husband and wife, have hereunto set their hands and seals this 31st day of January, 1989.

WITNESSED BY:

Lynn Bacon

Robert K. Cobban

Sheryl S. Cobban

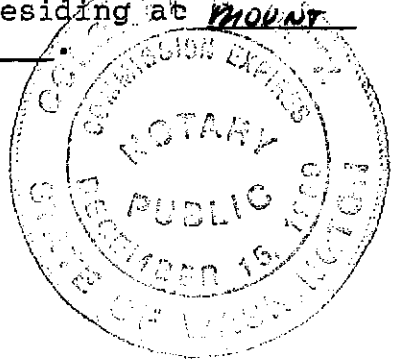
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Skagit County Auditor $80.00
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STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

THIS IS TO CERTIFY: That on this 31st day of January, 1989, personally appeared **ROBERT K. COBBAN** and **SHERYL S. COBBAN**, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged the same to be their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS MY HAND AND OFFICIAL SEAL the day and year this certificate first above written.

Notary Public in and for the State of Washington, residing at MOUNT VERNON.



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201307240019
Skagit County Auditor
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$80.00