



201308080003

Skagit County Auditor

\$77.00

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6 8:34AM

Recorded by and return to:

Stiles & Stiles, Inc., P.S.
P.O. Box 228
Sedro-Woolley, WA 98284

Legal: Summer Meadow, Lot 34, Map book 15, Map Page 176-178
Tax Parcel # P107018

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Elizabeth Ekblad, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Eric J. Ekblad, who died at Mount Vernon, County of Skagit, State of Washington, on June 7, 2013, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated July 6, 2012, which agreement has been recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit, Washington.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. That the value of the community estate as of the date of death, including all real and personal property, was over \$10,000.00, and the value of all separate property of said decedent was \$0.00 as of the date of his death. Among other items of community property was the following described real estate:

Address: 915 Presidio Place, Sedro-Woolley, Washington 98284
Parcel ID: P107018

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

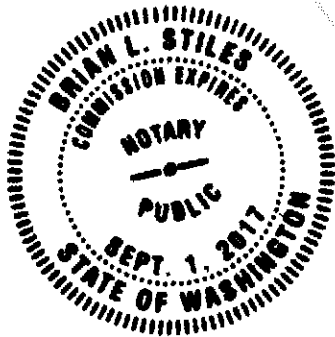
DATE: August 5, 2013

Elizabeth Ekblad
Elizabeth Ekblad

State of Washington) ss.
County of Skagit)

On this day personally appeared before me Elizabeth Ekblad, who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on August 5 2013



Brian Stiles
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro-Woolley
Commission Expires: 9/1/2017



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RECORDED AT THE REQUEST OF:

Stiles & Stiles, Inc., P.S.
P.O. Box 228
Sedro-Woolley, Washington 98284

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT made and entered into by and between Eric J. Ekblad and Elizabeth Ekblad, husband and wife, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for 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 and description, whether real, personal or mixed, and wheresoever situated now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be community property.

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



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IN WITNESS WHEREOF, Eric J. Ekblad and Elizabeth Ekblad, husband and wife, have hereunto set their hands and seals on

July 6th, 2012

Eric Ekblad
Eric J. Ekblad

Elizabeth Ekblad
Elizabeth Ekblad

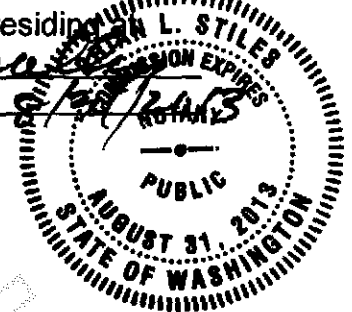
STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

This certifies that Eric J. Ekblad and Elizabeth Ekblad, husband and wife, personally appeared before me and known to me to be the individuals described in and who executed the foregoing instrument and acknowledged the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official seal on July 6, 2012

Brian L. Stiles
NOTARY PUBLIC in and for the
State of Washington, residing at Adrian Washington

Commission expires: 8/31/2013



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-010090

DATE ISSUED: 06/11/2013

FEE NUMBER: 0000000029

GIVEN NAMES: ERIC JOHN
LAST NAME: EKBLAD

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 07, 2013
HOUR OF DEATH: 10:15 A.M.
SEX: MALE
AGE: 67 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MAY 10, 1946
BIRTHPLACE: NEW YORK, NEW YORK CNTY, NEW YORK

MARITAL STATUS: MARRIED
SPOUSE: ELIZABETH ANNE GILBERT

OCCUPATION: JOURNEYMAN CARPENTER
INDUSTRY: RESIDENTIAL AND COMMERCIAL CON
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: BETTY EKBLAD
RELATIONSHIP: WIFE
ADDRESS: 915 PRESIDIO PLACE, SEDRO WOOLLEY, WA 98284

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: MIRA VISTA CARE CENTER
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 915 PRESIDIO PLACE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER: STIG EMANUEL EKBLAD
MOTHER: DORIS RAGGER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MT. VERNON CEMETERY CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: JUNE 10, 2013

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

- CAUSE OF DEATH:
- A. INTRACRANIAL HEMORRHAGE WITH LEFT SIDED HEMIPLEGIA
INTERVAL: DAYS
 - B. DYSPHAGIA DUE TO INTRACRANIAL HEMORRHAGE
INTERVAL: DAYS
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



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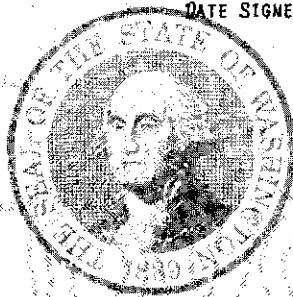
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MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

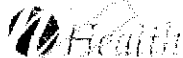
CERTIFIER NAME: SANDEEP BAL, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: JUNE 07, 2013



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-337
ATTENDING PHYSICIAN:
SANDEEP BAL MD

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JUNE 10, 2013

DOH 01-003 (1/13)



Affidavit for Certification

Skagit County Health Statistics
P.O. Box 11511
Olympia, WA 98504-7214
(360) 452-4271

This is a legal document. Complete to the best of your ability.

STATE OF WASHINGTON

State File Number: Rec Number: Date: Attest: _____

Use this space for notes for requesting any changes to the record.

Report Type: Birth, Death, Marriage, Divorce, Dissolution

1. Name of person: _____ Place of Birth: _____

4. Father's Full Name (For Birth): _____ Spouse or Husband for Marriage or Divorce: _____
5. Mother's Full Name (For Birth): _____ Spouse or Wife for Marriage or Divorce: _____

6. The document is correct as received: ☐ Yes ☐ No ☐ Not Known

8. _____

10. _____

12. _____

14. I am a _____ (Married, Single, Widowed, Divorced, Separated, etc.) _____

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

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

All vital records are registered as received.

We do not accept as proof: Driver's License, Social Security Card, a Hospital Record, a Death Certificate, etc.

Examples of documentary proof: Certificate of Naturalization, Naturalization Report (Social Security Administration), Birth Certificates (Official), Hospital/Medical Record, Military Record (DD-214), Marriage License, Divorce Decree, Birth Certificate (Official), Life Insurance Policy, Police Report, Death Certificate (Official), Marriage/Divorce Record, Court Order, etc.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18) or the child themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, in this affidavit stating a 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.
- 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 may be changed on a birth certificate if the parents, in writing, name it on the certificate or combined birth for two. After age one a court order and legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit and notarizing. No proof is needed.
 - To correct personal information (e.g. date of birth, sex, etc.) proof must be filed or shown within 90 days of the date of birth.
- Adults 18 and older:**
 - Only the person themselves can change a birth certificate.
 - Birth certificate must be original, two pieces of documentary proof are required.
 - If the information is misreported, two pieces of documentary proof are required.
 - The correct full name, place of birth or parent's information, and date of birth must be recited.
 - Proof must be filed or shown (e.g. years old or have been established within five years of birth).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment, form DD-CHS 021)

Death Certificate:

- Only the informant, informant's spouse, or a first-degree relative of the deceased can change a death certificate. The informant must have the birth and death information on file and be the one making the change. If someone other than the informant is requesting the change, the informant must be present.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- 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:

- 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.
- To change the date or place of marriage or dissolution, the official (marriage) or clerk of court (dissolution) must sign the affidavit.

Revised: October 2012



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CERTIFIED

JUN 11 2013

Skagit County Public Health Department
Howard Leibrand M.D. Health Officer

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