



201808080037

08/08/2018 12:57 PM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

Return Address:

Document Title: Community Prop Agmt

Reference Number (if applicable): _____

Grantor(s): ☐ additional grantor names on page ____

- 1) Mears, Jack _____
2) _____

Grantee(s): ☐ additional grantor names on page ____

- 1) Doris Mears _____
2) _____

Abbreviated Legal Description: ☐ full legal on page(s) ____

Lot 2 Short Plat #92-01

Assessor Parcel /Tax ID Number: ☐ additional parcel numbers on page ____

P101327
P128803

Mount Vernon, WA 98273

Jack Mears and Doris Mears, husband and wife, entered into a Community Property Agreement on November 30th 2012, through which they declared all of their property to be community property and stated that on the death of either spouse, all property was to pass to the surviving spouse. This Agreement was recorded in the Office of the Skagit County Auditor on _____, under Recorder's Number _____.

A circular notary seal for Claudia Dianne Marken. The outer ring contains the text "CLAUDIA DIANNE MARKEN" at the top and "STATE OF WASHINGTON" at the bottom. Inside this ring, the words "COMMISSION EXPIRES" are at the top and "JUNE 10, 2019" is at the bottom. In the center of the seal, the words "NOTARY" and "PUBLIC" are stacked vertically, separated by a small horizontal line.

20183490
AUG 08 2018

Amount Paid \$ 0
Skagit Co. Treasurer
By HFB Deputy

COMMUNITY PROPERTY AGREEMENT

This is an agreement dated the 30th day of November, 2012, between Jack Richard Mears and Doris Yvonne Mears, husband and wife, pursuant to the provisions of RCW 26.16.120, 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. It is hereby agreed as follows:

1. Upon the death of either party all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situate, now owned or hereafter acquired by the parties, or either of them, in any manner, shall be considered and is hereby declared to be community property. For the purpose of constituting all property community property, each party to this agreement transfers, conveys and quit claims to the other an undivided one-half interest in and to any and all separate property presently owned or which may be hereafter acquired.
2. Upon the death of either of the parties hereto and recording of this instrument ownership and title to all community property, as defined in the preceding paragraph, shall immediately vest in the survivor of them.
3. The commencement of an action for Dissolution of Marriage of the parties hereto shall automatically terminate this agreement.
4. In the event of mental incompetency of one of the parties hereto or for any other valid reason, either party may petition the Superior Court to amend or terminate this agreement and the court shall have the right to take such action as it deems best.

IN WITNESS WHEREOF, the parties hereto have executed this agreement.

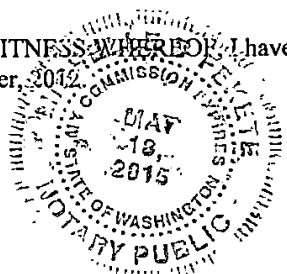
Angelica Nicolas
Witness
Charles Hays
Witness

Jack Richard Mears
JACK RICHARD MEARS
Doris Yvonne Mears
DORIS YVONNE MEARS

STATE OF WASHINGTON)
) ss:
COUNTY OF SKAGIT)

On this day personally appeared before me Jack Richard Mears and Doris Yvonne Mears, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto affixed my hand and official seal this 30th day of November, 2012.



Michelle J. Farnsworth
NOTARY PUBLIC for Washington.
My Commission Expires: 5/18/2015

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-032475

DATE ISSUED: 07/25/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JACK RICHARD
LAST NAME(S): MEARS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 21, 2018
HOUR OF DEATH: 09:39 AM
SEX: MALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED
SPOUSE: DORIS YVONNE MCFARLAND

OCCUPATION: MARINE ENGINEER
INDUSTRY: MERCHANT SEAMEN
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: DORIS YVONNE MEARS
RELATIONSHIP: SPOUSE
ADDRESS: 7876 S SUPERIOR AVE, CONCRETE, WA 98237

CAUSE OF DEATH:
A: MYOCARDIAL INFARCTION WITH ST ELEVATION
INTERVAL: 3 HOURS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE CONGESTIVE HEART FAILURE SMOKING

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: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 7876 SOUTH SUPERIOR AVENUE
CITY, STATE, ZIP: CONCRETE, WA 98237
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER/PARENT: RICHARD KEITH MEARS
MOTHER/PARENT: JUDITH HANNA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JULY 24, 2018

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: CONNIE DAVIS, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JULY 23, 2018

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JULY 25, 2018



Affidavit for Correction

201808080037

Mail to: Center for Health Statistics
08/08/2018 12:57 PM Page 5 of 5
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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Required information must match current information on record

Required	Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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 Legal 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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify)		

7. Return Mailing Address: P.O. Box or Street Address City State Zip
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Telephone Number: ()	Email Address:
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Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

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. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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

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 documentary proof.
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.

DOH 422-034 October 2015

CERTIFIED

JUL 25 2018

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



01807238



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.