When recorded return to:
1204 38th Street
Anacortes, WA 98221

202003040034
03/04/2020 10:36 AM Pages: 1 of 6 Fees: $108.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2020786
MAR 04 2020
Amount Paid $ 0
Skagit Co. Treasurer
By HB Deputy

QUIT CLAIM DEED

THE GRANTORS Ruth E. Keith surviving spouse of Stacy D. Keith

for and in consideration of Inheritance WAC NO. 458-61-A-202 in hand paid, conveys and quit claims to Ruth E. Keith, as her separate estate

the following described real estate, situated in the County of Skagit, State of Washington

together with all after acquired title of the grantor herein:

Lots 11 and 12, Block 5, "CHILD'S AND HAGADORN'S FIRST ADDITION TO ANACORTES", County of Skagit, State of Washington, recorded in Volume 2 of Plats, Page 29.

Abbreviated Legal: Lots 11 & 12 Blk. 5, Child & Hagadorn's to Ana.

Tax Parcel Number: P57110

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Dated: 3/2/2020

Ruth E. Keith
Ruth E. Keith

STATE OF WASHINGTON
ss.
COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that **Ruth E. Keith** is the person who appeared before me, and said person acknowledged that **she** signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 3/2/2020

KRISTY MAHONEY NOTARY PUBLIC 180663 COMMISSION EXPIRES 9-03-23 STATE OF WASHINGTON

Kristy Mahoney
Notary name printed or typed: Kristy Mahoney
Notary Public in and for the State of Washington
Residing at Anacortes
My appointment expires: 9-03-2023

UNOFFICIAL DOCUMENT

202003040034

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2019-049763**

DATE ISSUED: **11/25/2019**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **STACY DEE**
LAST NAME(S): **KEITH**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **NOVEMBER 11, 2019**
HOUR OF DEATH: **05:28 PM**
SEX: **MALE** AGE: **85 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: **ANACORTES, WA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **RUTH ELIZABETH LINNEY**

OCCUPATION: **REFINERY WORKER**
INDUSTRY: **OIL INDUSTRY**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **YES**

INFORMANT: **RUTH E KEITH**
RELATIONSHIP: **WIFE**
ADDRESS: **1204 - 38TH STREET, ANACORTES, WA 98221**

CAUSE OF DEATH:
A: **LEWY BODY DEMENTIA**
INTERVAL: **YEARS**
B:
INTERVAL:
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:

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

PLACE OF DEATH: **NURSING HOME/LONG TERM CARE FACILITY**
FACILITY OR ADDRESS: **ASHLEY GARDENS**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**

RESIDENCE STREET: **3807 COLLEGE WAY**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **3 YEARS**

FATHER: **JOHN RAYMOND KEITH**
MOTHER: **MYRTLE VIOLA** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **NORTHWEST CREMATORY**

CITY, STATE: **ANACORTES, WASHINGTON**
DISPOSITION DATE: **NOVEMBER 14, 2019**

FUNERAL FACILITY: **EVANS FUNERAL CHAPEL & CREMATORY, INC.**

ADDRESS: **1105 32ND STREET**
CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221**
FUNERAL DIRECTOR: **LEONARD J. WILLIAMS**

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: **NO RESPONSE**

CERTIFIER NAME: **NANCY H. LLEWELLYN, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **PO BOX 190**
CITY, STATE, ZIP: **LA CONNER, WA 98259**
DATE SIGNED: **NOVEMBER 13, 2019**

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

LOCAL DEPUTY REGISTRAR: **ISABEL M. CARBAJAL**
DATE RECEIVED: **NOVEMBER 13, 2019**

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

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Washington State Department of Health

Affidavit for Correction

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

Mail to: 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

Required information must match current information on record

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:

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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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 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 2nd parent (if required):	
Printed name:	Date:	Printed name:	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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Passport
- Social Security Numident Report
- 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 using this form, **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). 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 January 2015

THE SEAL OF THE STATE OF WASHINGTON 1889

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

CERTIFIED

NOV 25 2019

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

0 3 2 6 5 9 4 5

UNOFFICIAL DOCUMENT

UNOFFICIAL DOCUMENT

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 14th day of NOVEMBER, 1991, between STACY D. KEITH and RUTH E. KEITH, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. **Property Covered:** This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is referred to in this Agreement as the "described community property."

2. **Vesting at Death of a Spouse:** If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. **Disclaimer:** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement, in whole or in part, or with reference to specific parts, shares, or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. **Automatic Revocation:** The provisions of paragraph 2 shall be automatically revoked:

a. Upon the filing by either party of a petition, complaint, or other pleading for separation, dissolution, or divorce; or

b. Upon the establishment of a domicile out of the State of Washington by either party; or

ORIGINAL

LAW OFFICES OF
ANDERSON & RODE
8TH AND "O" AVENUE
P. O. BOX 727
ANACORTES, WASHINGTON 98221
TELEPHONE (206) 293-3177

c. Immediately prior to death if the order of death cannot be ascertained.

5. **Optional Revocation by One Party:** If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

6. **Powers of Appointment:** This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

7. **Revocation of Inconsistent Agreements:** To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

Stacy D. Keith
STACY D. KEITH

Ruth E. Keith
RUTH E. KEITH

Karen R Wallace
(Witness)

Judy L. Kresser
(Witness)

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that STACY D. KEITH and RUTH E. KEITH signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: 11/14/91

Karen R Wallace
Notary Public in and for the State of Washington, residing at Sedro-Woolley
My appointment expires: 3-30-92.

A&R/1/87

LAW OFFICES OF
ANDERSON & RODE
8TH AND "O" AVENUE
P. O. BOX 727
ANACORTES, WASHINGTON 98221
TELEPHONE (206) 293-3177

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