

RETURN ADDRESS

Scott W. Swindell, Attorney at Law, P.C.PO Box 264Vancouver, WA 98666-0264Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20250165
Date 01/22/2025

Please print neatly or type information

Document Title(s)Affidavit in Support of Community Property Agreement**Reference Number(s) of related documents:**N/A

Additional Reference #'s on page ____

Grantor(s) (Last name, First name and Middle Initial)Starr, Karen Sofie

Additional grantors on page ____

Grantee(s) (Last name, First name and Middle Initial)The Public

Additional grantees on page ____

Legal Description: (abbreviated form: i.e. lot, block, plat or section township, range, quarter/quarter)Lot 197, Leif Erikson Lots

Additional legal is on page ____

Assessor's Property Tax Parcel/Account NumberP108929

Additional parcel #'s on page ____

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 requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording process may cover up or otherwise obscure some part of the text of the original document.Signature of Requesting Party

When Recorded Return To:

Scott W. Swindell, Attorney at Law, P.C.
 205 E. 11th Street, Suite 102
 P. O. Box 264
 Vancouver, WA 98666-0264

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

Grantor: Starr, Karen Sofie
 Grantee: The Public
 Legal Description (abbreviated): Lot 15, Landover Hills-4 G/460
 Additional legal on page 2
 Assessor's Parcel No. 110172150
 Reference number of related document(s): N/A

In the Matter of the Estate of)
)
 KAREN S. STARR,)
)
 Deceased.)

STATE OF WASHINGTON)
 : ss.
 County of Clark)

JOEL F. STARR, states on oath:

1. This Affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement executed by **Joel F. Starr** and **Karen S. Starr**, husband and wife, which agreement was dated July 21, 2011, a copy of which is marked Exhibit A, attached hereto and incorporated by this reference. I make this affidavit based on my own personal knowledge.

2. The facts herein set forth are given to the general public and are to be used for the purpose of informing the general public as to the status of the property belonging to the parties to said agreement.

AFFIDAVIT IN SUPPORT OF COMMUNITY
PROPERTY AGREEMENT - 1

3. The real property in which the parties had an interest is located in the County of Clark, State of Washington, more particularly described as follows:

Lot 15 of LANDOVER HILLS-4, according to the plat thereof,
recorded in Book "G" of Plats, page 460, records of Clark County,
Washington.

The postal address of which is 13115 NE 22nd Street, Vancouver, Washington, 98684.
Additionally, the parties had an interest in real property located in Skagit County,
Washington, described as Lot 197, Leif Erikson Lots, APN P108929.

4. Karen Sofie Starr died on November 6, 2024, in Vancouver, Clark County,
Washington. A copy of the certified death certificate is marked Exhibit B, attached hereto
and incorporated by this reference.

5. The parties to said agreement have entered into no subsequent joint wills or
agreements which would have the effect of abrogating or nullifying the above-mentioned
Community Property Agreement.

6. The decedent left no separate estate.

7. All obligations of the community owing at the date of death have been paid in
full, and all expenses of last sickness and funeral expenses which would constitute a lien upon
the above-described real estate have been paid. There is no inheritance or estate tax due any
governmental agency.

8. The decedent left surviving her the following persons: Joel Fleming Starr,
surviving spouse; Kurt Olaf Starr, son; and Andrew Jerry Starr, son. All of the parties
mentioned above are over the age of majority.

DATED this 15 day of January, 2025.

Joel Fleming Starr
Joel Fleming Starr

SIGNED AND SWORN to before me this 15th day of January, 2025,
by Joel Fleming Starr.

NOTARY PUBLIC
STATE OF WASHINGTON
DAWN MARIE STEEL
MY COMMISSION EXPIRES
MAY 22, 2028
COMMISSION # 75556

Dawn Marie Steel
Notary Public
My Commission Expires 5-22-28

AFFIDAVIT IN SUPPORT OF COMMUNITY
PROPERTY AGREEMENT - 2

EXHIBIT A

COMMUNITY PROPERTY AGREEMENT

ORIGINAL

COMMUNITY PROPERTY AGREEMENT

This AGREEMENT is made and entered into this 21 day of July, 2011, by and between Joel F. Starr ("Husband") and Karen S. Starr ("Wife"), of Clark County, Washington.

For and in consideration of the love and affection that each has for the other, and in consideration of the mutual benefits to be derived by each, the parties agree as follows:

1. **Property Covered.** This agreement shall apply to all community and separate 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 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 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 shall be regarded as community property upon the death of the first spouse. (The parties agree that at the present time all properties they now own, whether titled individually or collectively, are community property and that neither has any separate 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. **Mutual Amendments/Revocation:** This agreement may be amended or revoked by written instrument executed and acknowledged by both spouses.

5. **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, in which case this agreement shall be null and void as of its inception as though it were never executed; or

(b) Immediately prior to death, if the order of death cannot be ascertained.

6. **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 guardian(s), 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.

7. **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.

8. **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.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals the day and year first above written.

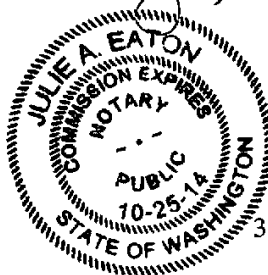
Joel F. Starr
Joel F. Starr

Karen S. Starr
Karen S. Starr

STATE OF WASHINGTON)
 : ss.
County of Clark)

I certify that I know or have satisfactory evidence that Joel F. Starr and Karen S. Starr, husband and wife, signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 21st day of July, 2011.



Julie A. Eaton
Notary Public
Print Name: Julie A. Eaton
My appointment expires: 10-25-14

EXHIBIT B

CERTIFICATE OF DEATH

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-054171

DATE ISSUED: 11/08/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): KAREN SOFIE

LAST NAME(S): STARR

COUNTY OF DEATH: CLARK

DATE OF DEATH: NOVEMBER 06, 2024

HOUR OF DEATH: 12:10 AM

SEX: FEMALE AGE: 64 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: MOSES LAKE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JOEL FLEMING STARR

OCCUPATION: MEDIA ASSISTANT

INDUSTRY: EDUCATION

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: JOEL FLEMING STARR

RELATIONSHIP: HUSBAND

ADDRESS: 13115 NE 22ND STREET VANCOUVER, WA 98684

CAUSE OF DEATH:

A: RECURRENT BRAIN MENINGIOMA

INTERVAL: 3 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: DECEDENT'S HOME

FACILITY OR ADDRESS: 13115 NE 22ND ST

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98684-6824

RESIDENCE STREET: 13115 NE 22ND ST

CITY, STATE, ZIP: VANCOUVER, WA 98684-6824

INSIDE CITY LIMITS: YES

COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 37 YEARS

FATHER: OLAF JOHANNES ODEGAARD

MOTHER: GRETHE EKERN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: NOVEMBER 07, 2024

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE - VANCOUVER

ADDRESS: 605 E. BARNES STREET SUITE 206

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

FUNERAL DIRECTOR: NICHOLAS R. BROWN

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: DANNA OGDEN, DO

TITLE: DO

CERTIFIER ADDRESS: 500 NE MULTNOMAH ST

CITY, STATE, ZIP: PORTLAND, OREGON 97232

DATE SIGNED: NOVEMBER 06, 2024

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ARIEL LORANCE

DATE RECEIVED: NOVEMBER 07, 2024

**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
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Required	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: (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 ☐ Self ☐ Guardian ☐ Informant ☐ Hospital Person on Record: ☐ 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 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:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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:

- 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

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

- 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.
- *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.

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 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.

Death Certificates

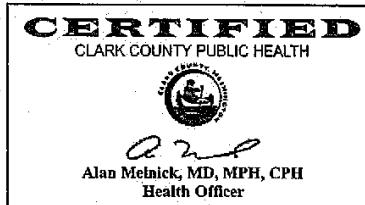
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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

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 2 4 0 6 7