



**202609220023**

09/22/2026 11:29 AM Pages: 1 of 7 Fees: \$308.50  
Skagit County Auditor

After Recording Return To:

K. T. Esp, Attorney at Law  
301 Prospect Street  
Bellingham, WA 98225

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2026-3116  
SEP 22 2026

Amount Paid ~~50~~  
Skagit Co. Treasurer  
By  Deputy

DOCUMENT TITLE: AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER OF RELATED DOCUMENT: 202109270072; 201403250006

GRANTORS: JEFFERY FRANCIS & TAMELA FRANCIS

ADDITIONAL GRANTORS: N/A

GRANTEE: JEFFERY FRANCIS

ADDITIONAL GRANTEES: N/A

ABBREVIATED LEGAL DESCRIPTION: LOTS 1, 2, 6, 7 AND 8, BLOCK 14, ADDITION TO BAYVIEW, WASH., (BY ARCHIBALD SEIGFRED AND MARY K SEIGFRED), AS PER PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 11, RECORDS OF SKAGIT COUNTY, WASHINGTON, TOGETHER WITH THAT PORTION OF VACATED ALLEY WHICH UPON VACATION REVERTED TO SAID PREMISES BY OPERATION OF LAW. SURVEY RECORDED AF#200408240104. ALSO TOGETHER WITH THE SOUTH 1/2 OF E STREET ABUTTING LOTS 1 AND 8 OF SAID PLAT.

ADDITIONAL LEGAL DESCRIPTION: SEE ATTACHED EXHIBIT B

ASSESSOR'S TAX/PARCEL NUMBER: 4068-014-002-0000

**AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON       )  
                                          ) ss.  
COUNTY OF WHATCOM       )

I, **JEFFERY FRANCIS**, being first duly sworn on oath, depose and say:

1. I am the surviving spouse of Tameela Francis, who died at Mount Vernon,

Skagit County, state of Washington on August 9, 2025, (see Certificate of Death

AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT - 1  
PROBFILEVFRANCISIAFF

attached hereto as "Exhibit A"); having provided for the disposition of all of her property by a Community Property Agreement.

2. On September 23, 2021, Tamela Francis and Jeffery Francis validly executed a Community Property Agreement which has remained valid and in full force since its execution. The Agreement was recorded in the Auditor's Office of Skagit County, Washington, on September 27, 2021, under Recording Number 202109270072.

3. The Community Property Agreement covers all property owned by the parties including but not limited to their bank accounts, securities, tangible personal property and the real property commonly known as 11223 4<sup>th</sup> Street, Mount Vernon, Washington 98273 (Parcel No. 4068-014-002-0000), and legally described on "Exhibit B" attached hereto.

4. I am making this Affidavit for recordation regarding the Community Property Agreement. The statements I make in this Affidavit are representations of fact that all parties dealing with the real property located in Skagit County, Washington, and more fully described on Exhibit B, may rely upon. In addition, I am making this Affidavit regarding the Community Property Agreement for any financial institutions to rely upon under RCW 30A.22.190(1) as well as any corporations or transfer agents for any share or security to rely upon under RCW 11.02.120.

5. There is no federal or Washington state estate tax due.

6. No probate proceedings have been commenced on the death of Tamela

Francis.

AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT - 2  
PROBFILE\FRANCIS\AFF

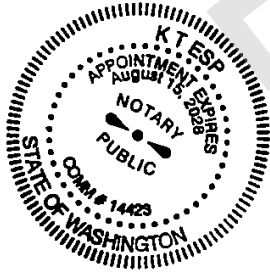
DATED this 21 day of August, 2026.

Jeffrey Francis  
JEFFERY FRANCIS

STATE OF WASHINGTON )  
 ) ss:  
COUNTY OF WHATCOM )

I certify that I know or have satisfactory evidence that **JEFFERY FRANCIS** is the person who appeared before me, and said person acknowledged that he signed this **AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT**, and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: August 21, 2026.  
(SEAL/STAMP)



[Signature]  
NOTARY PUBLIC  
Printed Name: K. T. Esp  
My Commission Expires: August 15, 2028

**EXHIBIT "A"**

**CERTIFICATE OF DEATH**

See attached an original Certificate of Death.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH



### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-038971

DATE ISSUED: 08/12/2026  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): TAMELA LYNN  
LAST NAME(S): FRANCIS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 09, 2026  
HOUR OF DEATH: 03:00 AM  
SEX: FEMALE  
SOCIAL SECURITY NUMBER: [REDACTED] AGE: 61 YEARS

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BELLINGHAM, WASHINGTON

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JEFFREY FRANCIS

OCCUPATION: PURCHASER  
INDUSTRY: REFINERY  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: JEFFREY FRANCIS  
RELATIONSHIP: HUSBAND  
ADDRESS: 11223 4TH ST, MOUNT VERNON, WA 98273

CAUSE OF DEATH:  
A: RECURRENT BREAST CANCER, WIDELY METASTATIC  
INTERVAL: 4 YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: SEIZURES FROM BRAIN METASTASES

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: 11223 4TH ST  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-7204

RESIDENCE STREET: 11223 4TH ST  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-7204  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER: ROLPH BRILLAND  
MOTHER: THELM [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: AUGUST 12, 2026

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: HELEANA FOLEY

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: LISSA ANDERSON, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: AUGUST 10, 2026

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: AUGUST 12, 2026

**Affidavit for Correction**

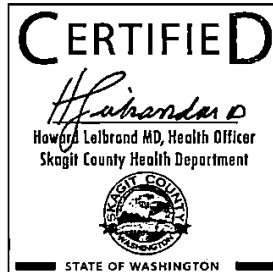
09/22/2026 11:29 AM  
 P.O. Box 47814  
 Olympia, WA 98504-7814  
 360-236-4300

**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   |
| <b>Required information must match current information on record</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                   |                                                                         |                    |
| <b>Record Type:</b> <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                   |                                                                         |                    |
| 1. Name on Record:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | 2. Date of Event: |                                                                         | 3. Place of Event: |
| First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Middle     | Last              | MM/DD/YYYY                                                              | (City or County)   |
| 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                   | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) |                    |
| First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Middle     | Last/Maiden       | First                                                                   | Middle Last/Maiden |
| 6. Name of Person Requesting Correction: Relationship to Person on Record:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                   |                                                                         |                    |
| <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital<br><input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                   |                                                                         |                    |
| 7. Return Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                   |                                                                         |                    |
| PO Box or Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                   | City                                                                    | State Zip          |
| Telephone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                   | Email Address:                                                          |                    |
| ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                   |                                                                         |                    |
| <b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                   |                                                                         |                    |
| The record currently shows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | The true fact is: |                                                                         |                    |
| 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | 9.                |                                                                         |                    |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | 11.               |                                                                         |                    |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | 13.               |                                                                         |                    |
| <b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                   |                                                                         |                    |
| 14a. Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                   | 14b. Signature of 2 <sup>nd</sup> parent (if required):                 |                    |
| Printed name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                   | Printed name:                                                           |                    |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                   | Date:                                                                   |                    |
| <b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                   |                                                                         |                    |
| Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                   |                                                                         |                    |
| <ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record    • Military record (DD-214)    • School transcripts    • Social Security Numident Report</li> <li>• Certificate of Naturalization    • Hospital/medical record    • Copy of Passport / Enhanced ID    • Green/Permanent Resident card (I-551)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                     |            |                   |                                                                         |                    |
| You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                   |                                                                         |                    |
| <b>Birth Certificates</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                   |                                                                         |                    |
| 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).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                   |                                                                         |                    |
| <b>Child under 18</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                   |                                                                         |                    |
| <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul> |            |                   |                                                                         |                    |
| <b>Adult (18 years or older)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                   |                                                                         |                    |
| <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>                                                                                                                                                                                                                  |            |                   |                                                                         |                    |
| *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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                   |                                                                         |                    |
| <b>Death Certificates</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                   |                                                                         |                    |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                   |                                                                         |                    |
| <b>Marriage/Dissolution (Divorce) Certificates</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                   |                                                                         |                    |
| 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 2 0 6 8 7 8

**EXHIBIT "B"**

**LEGAL DESCRIPTION**

Real property located at 11223 4<sup>th</sup> Street, Mount Vernon, Washington 98273  
which is legally described as follows:

Lots 1, 2, 6, 7 and 8, Block 14, addition to Bayview, Wash.,  
(by Archibald Seigfred and Mary K Seigfred), as per plat  
recorded in Volume 1 of Plats, Page 11, records of Skagit  
County, Washington. Together with that portion of vacated  
alley which upon vacation reverted to said premises by  
operation of law. Survey recorded AF#200408240104.  
Also together with the South 1/2 of E Street abutting Lots  
1 and 8 of said plat.