

When Recorded Return to:

Elliott W Johnson Inc PS
711 S. First St
Mount Vernon, WA 98273



199908100078

Kathy Hill, Skagit County Auditor
8/10/1999 Page 1 of 8 3:06:50PM

Affidavit Re: Community Property Agreement

Grantor(s): Eleanor T. Higman

Additional names on page
___ of document

Grantee(s): The Public

Additional names on page
___ of document

Legal Description (abbreviated): E 1/2 L2, B4, BINGHAM ACREAGE

Additional legal
description on page 2 of
document

Assessor's Tax Parcel Number: 3864 004 002 0108 P62198

**Reference (Auditor File Numbers
of Documents assigned, released or
amended):** n/a

Additional references on page ___
of document

Affidavit re:
Community Property Agreement

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8/2/99 7:22
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Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616
Email Info@EWJLaw.com

In the Matter of the Estate of

Thomas C. Higman,

Deceased.

Affidavit Re:
Community Property
Agreement

State of Washington)

) ss.

County of Skagit)

Eleanor T. Higman, being first duly sworn, deposes and says:

1. I am the surviving spouse of **Thomas C. Higman** who died at a resident of Skagit County, Washington at Mount Vernon on June 14, 1999, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated June 20, 1988.
2. There are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness.
3. The decedent left surviving him five children who are all adults.
4. The estate is fully solvent.
5. There was no separate property.
6. Among other items of community property was the following described real estate:

The East half of Lot 2, Block 4, "Bingham Acreage" according to the plat recorded in volume 4 of Plats, page 24, records of Skagit County, Washington.
7. This affidavit is made to induce Title Companies to issue their policies of title insurance on real property passing to the surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations herein set forth.



Eleanor T. Higman

Affidavit re:
Community Property Agreement

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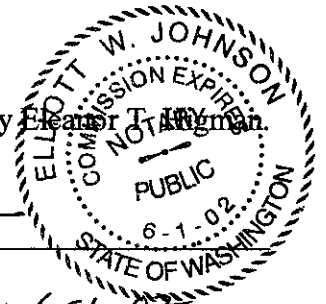
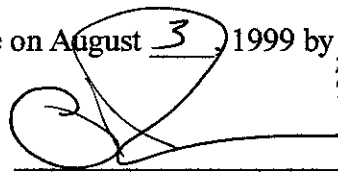
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SUBSCRIBED AND SWORN to before me on August 3, 1999 by Eleanor T. Higman.



Notary Public

My appointment expires: 6-1-02

UNOFFICIAL DOCUMENT

Affidavit re:
Community Property Agreement

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Community Property Agreement

Grantor(s): Thomas C. Higman

Additional names on page
___ of document

Grantee(s): Eleanor T. Higman

Additional names on page
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Legal Description (abbreviated): n/a

Additional legal
description on page ___ of
document

Assessor's Tax Parcel Number: n/a

**Reference (Auditor File Numbers
of Documents assigned, released or
amended):** n/a

Community Property Agreement

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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 20th day of June, 1988 by and between THOMAS C.HIGMAN and ELEANOR T. HIGMAN, husband and wife, Mount Vernon, Skagit County, 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 regarded 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.

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ELLIOTT W. JOHNSON
ATTORNEY AT LAW
709-711 SOUTH FIRST STREET
MOUNT VERNON, WASHINGTON 98273
TELEPHONE (206) 336-6502

- 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
- 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 guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, 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.


THOMAS C. HIGMAN, Husband


ELEANOR T. HIGMAN, Wife



STATE OF WASHINGTON)
) SS.
COUNTY OF SKAGIT)

On this day personally appeared before me THOMAS C. HIGMAN and ELEANOR T. HIGMAN, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 20th day of June, 1988.

Denise M. Nelson

Notary Public in and for the State of Washington residing at Mount Vernon My commission expires 4-1-89



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STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

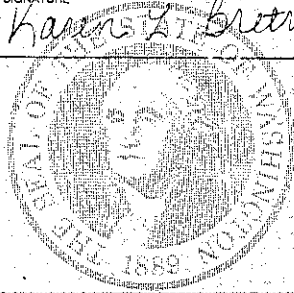
TYPE OR PRINT IN PERMANENT BLACK INK

414
LOCAL FILE NUMBER

146

STATE FILE NUMBER

1. NAME First: THOMAS Middle: CHARLES Last: HIGMAN			2. SEX (M / F) M		3. DEATH DATE (Mo. Day, Yr) June 14, 1999		
4. AGE LAST BIRTHDAY (Yrs) 77		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		7. BIRTHDATE (Mo. Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) Canada	
11. CITY, TOWN OR LOCATION OF DEATH Mt. Vernon			12. PLACE OF DEATH— <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 23050 Buchanan			13. SMOKING IN LAST 15 YEARS? (Yes / No) No	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Eleanor T. Hanson		16. SOCIAL SECURITY NO.		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Foreman		19. KIND OF BUSINESS OR INDUSTRY Lumber Mill		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 23050 Buchanan		23. CITY/TOWN, OR LOCATION Mt. Vernon		24. INSIDE CITY LIMITS? (Yes/No) No		25. COUNTY Skagit	
26. LENGTH OF RES. IN CO. 15 yrs		27. STATE WA		28. ZIP CODE 98273			
28. FATHER'S NAME—FIRST, MIDDLE, LAST Ernest Higman				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Georgina			
30. INFORMANT—NAME Eleanor T. Higman			31. MAILING ADDRESS 23050 Buchanan Mt. Vernon, WA 98273				
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo. Day, Yr) June 18, 1999		34. CEMETERY/DREMATORY—NAME Greenacres Cemetery		35. LOCATION—CITY/TOWN, STATE Ferndale, WA	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Lemley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284					
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> MD				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i>			
40. DATE SIGNED (Mo., Day, Yr) 6/16/99		41. HOUR OF DEATH (24 Hrs.) 1930		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Geoffrey Spielmann MD 1918 Hospital Dr Sedro-Woolley, WA 98284				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Geoffrey Spielmann MD 1918 Hospital Dr Sedro-Woolley, WA 98284						49. ME/CORONER FILE NUMBER NJA-070	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH min	
		B. Coronary artery disease				INTERVAL BETWEEN ONSET AND DEATH years	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE. hyperlipidemia, hypertension						52. AUTOPSY? (Yes / No) NO	
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes		54. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr)		56. HOUR OF INJURY (24 Hrs.)	
57. DESCRIBE HOW INJURY OCCURRED:		58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY REVIEWED BY DATE				62. REGISTRAR SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo., Day, Yr) 6-17-1999	



Howard Leibrand M.D.
Health Officer
Signed *Karen Bretwick*
(Skagit County Deputy Registrar)

Date June 18 1999



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Kathy Hill, Skagit County Auditor
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