



199912100050

Kathy Hill, Skagit County Auditor

12/10/1999 Page 1 of 4 10:42:36AM

After recording return to:

Stephen C. Schutt  
PO Box 1032  
Anacortes, WA 98221

PROBATE AFFIDAVIT  
COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON )  
: SS  
COUNTY OF SKAGIT

DOROTHY P. NOBLE, being first duly sworn, on oath  
deposes and says:

That she is a resident of Anacortes, Skagit County,  
Washington. That Glen Howard Noble was her husband. That  
Glen Howard Noble died a resident of Anacortes, Skagit  
County, Washington on November 20, 1999. A copy of the  
death certificate is attached hereto. Glen Howard Noble  
died leaving property in Skagit County all of which was the  
community proper of affiant and decedent, Glen Howard Noble.

That at the time of the death of Glen Howard Noble,  
there was in full force and effect a Community Property  
Agreement executed by affiant and decedent on August 28,  
1967, which Agreement is attached to this affidavit.

That there are no unpaid creditors of said decedent  
or of the former marital community nor unpaid funeral  
expenses, or last illness except as follows: none

That the decedent left no Will.

That the decedent's estate is not being probated.

That the property owned by affiant and  
consisted of the following:

REAL ESTATE

1. STREET: 1409 - 16th Street, Anacortes, Washington  
TAX ID: P 55766 3772-120-005-0001  
LEGAL: Anacortes Lot 5 Blk 120 4 & 5

PERSONAL PROPERTY

1. Household furniture valued at \$500.00
2. Motor vehicles valued at \$ 0
3. Bank accounts and cash valued at \$500.00

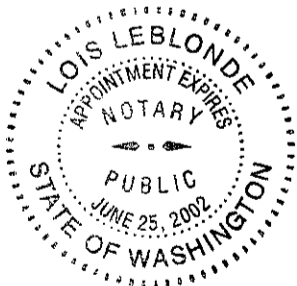
That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

Dated this 9 th day of December, 1999.

X *Dorothy P. Noble*  
DOROTHY P. NOBLE

SUBSCRIBED and SWORN TO before me this 9 th day of December, 1999.



*Lois LeBlonde*  
Notary Public in and for the State of Washington, residing at Anacortes, Wa.

My appointment expires: 6-25-02.



199912100050  
Kathy Hill, Skagit County Auditor  
12/10/1999 Page 2 of 4 10:42:36AM

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

820  
LOCAL FILE NUMBER

**CERTIFICATE OF DEATH**

146  
STATE FILE NUMBER

1. NAME First: <b>Glenn</b> Middle: <b>Howard</b> Last: <b>Noble</b>			2. SEX (M / F): <b>M</b>	3. DEATH DATE (Mo, Day, Yr): <b>Nov 20, 1999</b>		
4. AGE LAST BIRTHDAY (Yrs): <b>78</b>	5. UNDER 1 YEAR: <b>MOS</b>	6. UNDER 1 DAY: <b>HOURS MINS</b>	7. BIRTHDATE (Mo, Day, Yr): <b>Aug 9, 1921</b>	8. BIRTHPLACE (City, State or Foreign Country): <b>Ferndale WA</b>	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): <b>Yes</b>	10. COUNTY OF DEATH: <b>Skagit</b>
11. CITY, TOWN OR LOCATION OF DEATH: <b>Anacortes</b>		12. PLACE OF DEATH — <input checked="" type="checkbox"/> HOME, <input type="checkbox"/> IN TRANSPORT, <input type="checkbox"/> EMERG. ROOM/OUT PTN, <input type="checkbox"/> HOSP., <input type="checkbox"/> NUR HOME, <input type="checkbox"/> OTHER PLACE: <b>1300 "O" Avenue #123</b>		13. SMOKING IN LAST 15 YEARS? (Yes / No): <b>No</b>		
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify): <b>Married</b>	15. SURVIVING SPOUSE (If wife, give maiden name): <b>Dorothy P. Maxin</b>		16. SOCIAL SECURITY NO.: <b>539-03-0030</b>	17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): <b>10</b> College (1-4 or 5-):		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): <b>Operating Engineer</b>	19. KIND OF BUSINESS OR INDUSTRY: <b>Concrete</b>	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): <b>No</b>		21. RACE (Specify): <b>White</b>		
22. RESIDENCE — NUMBER AND STREET: <b>1300 "O" Avenue #123</b>	23. CITY/TOWN, OR LOCATION: <b>Anacortes</b>	24. INSIDE CITY LIMITS? (Yes/No): <b>Yes</b>	25A. COUNTY: <b>Skagit</b>	25B. LENGTH OF RES. IN CO.: <b>11 Yrs</b>	26. STATE: <b>WA</b>	27. ZIP CODE: <b>98221</b>
28. FATHER'S NAME — FIRST, MIDDLE, LAST: <b>Henry B. Noble</b>		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: <b>Iva Clara Howard</b>				
30. INFORMANT — NAME: <b>Dorothy P. Noble</b>		31. MAILING ADDRESS: <b>1300 "O" Avenue #123, Anacortes, WA 98221</b>				
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): <b>Burial</b>	33. DATE (Mo, Day, Yr): <b>Nov 27, 1999</b>	34. CEMETERY/CREMATORY — NAME: <b>Fern Hill Cemetery</b>	35. LOCATION — CITY/TOWN, STATE: <b>Anacortes, WA</b>			
36. FUNERAL DIRECTOR SIGNATURE: <i>Joseph Wahan</i>		37. NAME OF FACILITY: <b>Evans Funeral Chapel</b>	38. ADDRESS OF FACILITY: <b>1105 32nd Street Anacortes, WA 98221</b>			
39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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>C. Les Conway</i> 40. DATE SIGNED (Mo., Day, Yr): <b>Nov. 22, 1999</b>			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: <b>X</b> 44. DATE SIGNED (Mo., Day, Yr): 45. HOUR OF DEATH (24 Hrs.):			
41. HOUR OF DEATH (24 Hrs.): <b>AM Hrs</b>			46. PRONOUNCED DEAD (Mo., Day, Yr):		47. HOUR PRONOUNCED DEAD (24 Hrs.):	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): <b>C. Les Conway M.D. 1213 24th Street, Anacortes, 98221</b>			48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print):		49. MEDICORNER FILE NUMBER: <b>NJA 168</b>	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:						
IMMEDIATE CAUSE (Final disease or condition resulting in death): <b>myocardial infarction</b>		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH: <b>minutes</b>		
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.		b. <b>ASCVD</b>		INTERVAL BETWEEN ONSET AND DEATH: <b>year</b>		
		c. <b>diabetes mellitus</b>		INTERVAL BETWEEN ONSET AND DEATH: <b>year</b>		
		d. <b>chronic renal failure</b>		INTERVAL BETWEEN ONSET AND DEATH: <b>year</b>		
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:			52. AUTOPSY? (Yes / No): <b>No</b>	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): <b>Yes</b>		
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 EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE: <i>Robert Evans</i>		63. DATE RECEIVED (Mo., Day, Yr): <b>11/22/99</b>		



Howard Leibrand M.D.  
Health Officer

Signed *Sandra Merlitz*  
(Skagit County Deputy Registrar)

Date **DEC 02 1999**

199912100050  
Kathy Hill, Skagit County Auditor  
12/10/1999 Page 3 of 4 10:42:36AM

2004694

457A  
457A

# Agreement as to Status of Community Property

OFFICIAL RECORDS

RECORDED  
VOL. 172  
PAGE 717  
REC. 1967 AUG 22 AM 10 20

CLERK OF DISTRICT COURT  
JUDICIAL DEPARTMENT  
SPOKANE COUNTY, WASH.  
J. J. McArthur

5306-1-Bookshelf

Everett WA

## After Death of One of the Spouses

Know All Men by These Presents:

That this agreement, made and entered into this 20<sup>th</sup> day of August, 1967,  
by and between Glenn H. Noble  
and Dorothy P. Noble, husband and wife,  
of Snohomish County, State of Washington, WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised:

### I.

That all property of whatsoever nature or description whether real, personal or mixed and where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

### II.

That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said Glenn H. Noble  
and Dorothy P. Noble have hereunto set their hands  
and seals this 20<sup>th</sup> day of August 1967



199912100050  
Kathy Hill, Skagit County Auditor  
12/10/1999 Page 4 of 4 10:42:36AM

Glenn H. Noble (SEAL)  
Dorothy P. Noble (SEAL)

STATE OF WASHINGTON,

County of Snohomish } SS.

This is to certify that on this 20<sup>th</sup> day of Aug. 2, 1967, before me  
Gordon R. Hey a Notary Public in and for the State of Washington  
duly commissioned and sworn, personally came Glenn H. Noble  
and Dorothy P. Noble husband and wife, to me known to be the individuals  
described in and who executed the within instrument, and acknowledged to me that they signed  
and sealed the same as their free and voluntary act and deed for the uses and purposes therein  
mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written:

Gordon R. Hey

Notary Public in and for the State of Washington residing at Everett

OFFICIAL RECORDS  
VOL 172 PAGE 717