




FOURTH: That the said assets at the date of decedent's death had an approximate market value of less than \$440,000.00. That the value of decedent's estate at the date of death was within the exemptions allowed under federal and Washington estate tax regulations, so no estate taxes are owing by decedent's estate.

FIFTH: That all obligations of the Estate owing at the date of death of said decedent have been paid in full, and all expenses of last illness and for funeral services have been paid, except as follows: (enumerate if any, or indicate NONE).


1) **NONE**

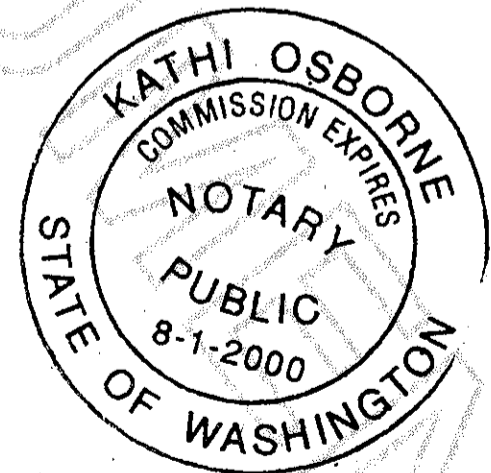
SIXTH: That the following list comprises all of the heirs at law by whom said decedent was survived: (Show age of each heir opposite name. If any heirs are under 18, this affidavit is not applicable).

1) **Margie K. Bunting, of legal age.**

  
Margie K. Bunting

SUBSCRIBED AND SWORN to before me this 28<sup>th</sup> day of June, 2000.

  
NOTARY PUBLIC in and for the  
State of Washington,  
Residing at: Mount Vernon  
My Commission Expires: 8-1-2000



200007120036

Kathy Hill, Skagit County Auditor

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

423  
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146  
STATE FILE NUMBER

1. NAME First Middle Last <b>Jackie W. Bunting</b>			2. SEX (M / F) <b>Male</b>		3. DEATH DATE (Mo. Day, Yr) <b>June 4, 2000</b>		
4. AGE LAST BIRTH-DAY (Yrs) <b>63</b>		5. UNDER 1 YEAR MOS. DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo. Day, Yr)	
8. BIRTHPLACE (City, State or Foreign Country) <b>Cheyenne, WY</b>			9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>		10. COUNTY OF DEATH <b>Skagit</b>		
11. CITY, TOWN OR LOCATION OF DEATH <b>Mount Vernon</b>			12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>Skagit Valley Hospital and Health Center</b>			13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>Yes</b>	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (if wife, give maiden name) <b>Margie K. Fahcher</b>		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b>0</b>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Salesman</b>		19. KIND OF BUSINESS OR INDUSTRY <b>MacGregor Publishing</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No</b>		21. RACE (Specify) <b>White</b>	
22. RESIDENCE—NUMBER AND STREET <b>16612 So. Wall Street</b>		23. CITY/TOWN, OR LOCATION <b>Mount Vernon</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>No</b>		25A. COUNTY <b>Skagit</b>	
25B. LENGTH OF RES. IN CO. <b>1 1/2 yrs</b>		26. STATE <b>Wa.</b>		27. ZIP CODE <b>98273</b>			
28. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Wayne W. Bunting</b>			29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Mary C. [REDACTED]</b>				
30. INFORMANT—NAME <b>Margie K. Bunting</b>		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>16612 S. Wall St. Mount Vernon, Wash. 98273</b>					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Cremation</b>		33. DATE (Mo. Day, Yr) <b>June 6, 2000</b>		34. CEMETERY/CREMATORY—NAME <b>Mount Vernon Crematory</b>		35. LOCATION—CITY/TOWN, STATE <b>Mount Vernon, Washington</b>	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY <b>Kern Funeral Home</b>		38. ADDRESS OF FACILITY <b>1122 South 3rd. Mount Vernon, Washington</b>			
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 <b>X</b> <i>[Signature]</i>				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>			
40. DATE SIGNED (Mo., Day, Yr) <b>June 5, 2000</b>		41. HOUR OF DEATH (24 Hrs.) <b>0134</b>		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)				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) <b>Margaret Russo, MD 1400 E. Kincaid St. Mount Vernon, Wa. 98274</b>						49. ME/CORONER FILE NUMBER	
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. <b>Sepsis syndrome</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>			
		B. <b>Escherichia Coli bacteremia</b>		INTERVAL BETWEEN ONSET AND DEATH			
		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: <b>Cirrhosis, emphysema, acute renal failure</b>				52. AUTOPSY? (Yes / No) <b>No</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</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 <b>X</b> <i>Dorothy Epps, deputy</i>			63. DATE RECEIVED (Mo. Day, Yr) <b>6-5-00</b>	



*[Signature]*  
Howard Leibrand M.D.  
Health Officer

Signed *[Signature]*  
Dorothy Epps  
(Skagit County Deputy Registrar)

Date JUN 05 2000

200007120036  
Kathy Hill, Skagit County Auditor  
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**AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY**

After Death Of One of the Spouses

**Know All Men By These Presents**, that this agreement made and entered into by and between **Jack W. Bunting and Margie K. Bunting**, husband and wife, of Skagit County, Washington, and pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status of community property to take effect upon the death of either:

**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 wheresoever situated, now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be their 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 parties have hereunto set their hands and seals this

3-29, 2000:

Jack W. Bunting  
Jack W. Bunting

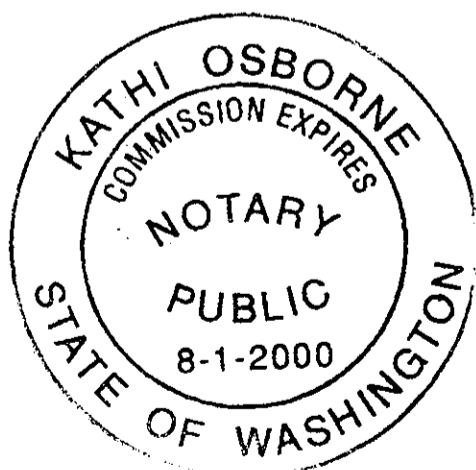
Margie K. Bunting  
Margie K. Bunting

STATE OF WASHINGTON

} SS

COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that Jack W. Bunting and Margie K. Bunting are husband and wife and they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the said document this 29<sup>th</sup> day of March, 2000:



KAG

Notary Public in and for the State of Washington, residing at Mount Vernon  
My Commission Expires: 8-1-2000

