

Return Address:
Henry F. Cecil
4905 Paisley Place
Anacortes, WA 98221



200107310211
Skagit County Auditor

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PA-97480-E

LAND TITLE COMPANY OF SKAGIT COUNTY

DOCUMENT TITLE(S) (for transactions contained therein): 1. AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY 2. CERTIFICATE OF DEATH 3. 4.
Reference Number(s) of Documents assigned or released: (on page ___ of document(s))
Grantor(s) 1. VERNON CLARENCE LEONHARDT 2. 3. 4. Additional Names on page ___ of document.
Grantee(s) 1. ROSEMARY H. LEONHARDT 2. 3. 4. Additional Names on page ___ of document.
Legal Description (abbreviated i.e. lot, block, plat or section, township, range) Additional legal is on page ___ of document.
Assessor's Property Tax Parcel/Account Number P59907/3825-000-060-0004
The Auditor/Recorder will rely on information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

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 this 8 day of January, 1992, by and between VERNON CLARENCE LEONHARDT and ROSEMARY H. LEONHARDT, husband and wife, of 4905 Paisley Place, Anacortes, Skagit County, Washington,

WITNESSETH; That whereas, the said parties are owners of certain property, all of which, regardless of method of acquisition or source, they hereby declare to be community property, constituting all of the property now owned by said parties, and said parties are desirous that said property, together with all other property of whatsoever nature, either real or personal, which may be hereafter acquired or received by either or both of them, whether by gift, inheritance, purchase, or otherwise, shall be deemed to be community property, and in the event either party now owns or hereafter acquires any property which might otherwise be the separate property or quasi community property of that party, said party hereby conveys and quit claims to the other party a community interest in said property, so that the same will be community property, and that the same shall pass without delays or undue expense upon the death of either to the survivor.

NOW, THEREFORE, for and in consideration of the sum of ONE DOLLAR (\$1.00), the receipt of which is hereby acknowledged by each party hereto, and also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of VERNON CLARENCE LEONHARDT while ROSEMARY H. LEONHARDT survives, then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said ROSEMARY H. LEONHARDT in fee simple; and in the event of the death of ROSEMARY H. LEONHARDT while VERNON CLARENCE LEONHARDT survives, then the whole of said community property now owned together with all other community property, real and personal, that may hereafter be acquired, shall at once vest in said VERNON CLARENCE LEONHARDT in fee simple; and each party conveys and quit claims to the surviving party all of said community and all other property which were it not for this agreement might be the separate estate or quasi community property of the conveying party, in compliance herewith.

IN WITNESS WHEREOF, the said VERNON CLARENCE LEONHARDT and ROSEMARY H. LEONHARDT have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered
 in the presence of

W. V. Wells ; Vernon Clarence Leonhardt
Barbara Bell ; Rosemary H. Leonhardt (SEAL)

STATE OF WASHINGTON)
) SS.
 COUNTY OF SKAGIT)

THIS IS TO CERTIFY that on this 8th day of January, 1992, before me, W. V. WELLS, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally came VERNON CLARENCE LEONHARDT and ROSEMARY H. LEONHARDT, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged 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.

W. V. Wells
 NOTARY PUBLIC in and for the State of
 Washington, residing at Anacortes

My appointment expires Nov. 11, 1992



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

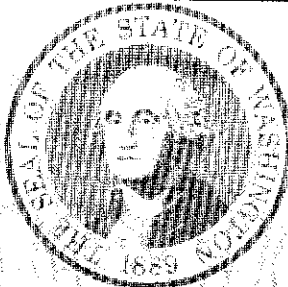


CERTIFICATE OF DEATH

488 LOCAL FILE NUMBER

146 STATE FILE NUMBER

1. NAME First: Vernon Middle: Clarence Last: Leonhardt			2. SEX (M/F) M	3. DEATH DATE (Mo, Day, Yr) Jun 22, 2001		
4. AGE LAST BIRTHDAY (Yrs) 83	5. UNDER 1 YEAR MOS 0	6. UNDER 1 DAY HOURS 0 MINS 0	7. BIRTHDATE (Mo, Day, Yr) 06/24/1918	8. BIRTHPLACE (City, State or Foreign Country) New Orleans, LA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes	10. COUNTY OF DEATH Skagit
11. CITY, TOWN OR LOCATION OF DEATH Anacortes		12. PLACE OF DEATH — 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 type="checkbox"/> HOSP 5. <input checked="" type="checkbox"/> NURS HOME 6. <input type="checkbox"/> OTHER PLACE Alliance Living Community of Anacortes		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) Rosemary (nmi) Zecckine	16. SOCIAL SECURITY NO. [REDACTED]	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 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 Aircraft Industry	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 4905 Paisley Place	23. CITY/TOWN OR LOCATION Anacortes	24. INSIDE CITY LIMITS? (Yes/No) Yes	25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 13 yrs	26. STATE WA	27. ZIP CODE 98221
28. FATHER'S NAME — FIRST, MIDDLE, LAST William C. Leonhardt			29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Mildred M. [REDACTED]			
30. INFORMANT — NAME Rosemary (nmi) Leonhardt		31. MAILING ADDRESS STREET OR RFD NO. 4905 Paisley Place, Anacortes, WA 98221 CITY OR TOWN STATE ZIP				
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation	33. DATE (Mo, Day, Yr) 6/29/2001	34. CEMETERY/CREMATORY — NAME Northwest Crematory		35. LOCATION — CITY/TOWN, STATE Anacortes, WA		
36. FUNERAL DIRECTOR SIGNATURE [Signature]		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 1105 32nd Street Anacortes, WA 98221		
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 [Signature]			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 [Signature]			
40. DATE SIGNED (Mo., Day, Yr) 06/26/01	41. HOUR OF DEATH (24 Hrs.) 0245	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) C. Les Conway M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221			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)				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).		A. Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH Days		
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. atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH [Signature]		
		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 GIVE ABOVE			52. AUTOPSY? (Yes/No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No		
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 [Signature]		63. DATE RECEIVED (Mo., Day, Yr) JUL -2 2001		



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DOH 01-003 (5/99)

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER	for	
2. NAME		3. DATE OF EVENT	4. PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do:

**Skagit County Health Department
 Howard Leibrand M.D., Health Officer**

Howard Leibrand
 Date Issued

JUL 02 2001



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 , Skagit County Auditor

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