



200202260101
Skagit County Auditor

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Return Address

SCHACHT & HICKS
ATTORNEYS AT LAW
PO BOX 1165
MOUNT VERNON WA 98273

Please print or type information

Document Title(s) (or transactions contained therein):

1. AFFIDAVIT RE COMMUNITY PROPERTY AGREEMENT
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:
(on page ___ of document(s))

Grantor(s) (Last name first, then first name and initials)

1. POPPE, WALTER E.
- 2.
- 3.
- 4.
5. Additional names on page ___ of document.

Grantee(s) (Last name first, then first name and initials)

1. THE PUBLIC
2. POPPE, BARBARA J.
- 3.
- 4.
5. Additional names on page ___ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)
Ptn NE. 1/4 NE 1/4 AKA Ptn Tr 4 S/P 41 DT 19, DK 12.86; Lot 2
Survey AF9209070048, Ptn Gov Lot 9; ptn Short Plat 24/72;
 Additional legal is on page / Exhibit C
of document. Tract C Short Plat 24/72

Assessor's Property Tax Parcel/Account Number

40314-1-011-0618; 40419-0-216-0005; 340314-1-007-0010
340314-1-007-0201

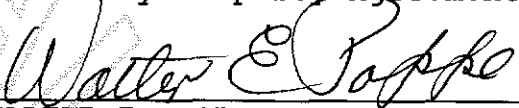
Additional legal is on page / Exhibit C
of document.

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

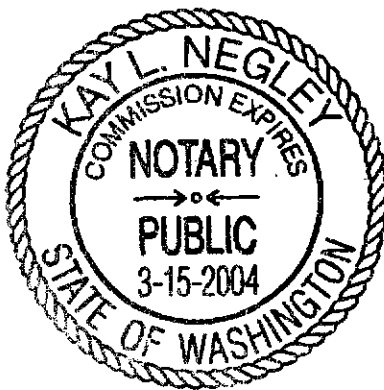
5. **INHERITANCE AND ESTATE TAXES.** That said estate is not subject to state inheritance taxes or federal estate tax, being below current exemptions, in effect as of the date of death.

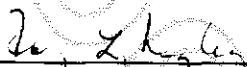
6. **REAL ESTATE.** That all of the real estate listed and described on Exhibit "C," attached hereto and by reference made a part hereof, was at the time of death the community property of decedent and has now passed to the affiant, as her surviving spouse.

7. **PURPOSES OF AFFIDAVIT.** This affidavit is made to induce all title insurance companies dealing with said real property to issue policies of title insurance upon real estate passing to the surviving spouse, and affiant herein, by virtue of said community property survivorship agreement, and in reliance upon the representations of fact hereinabove set forth. This affidavit is further executed for the purposes of giving notice of the existence and effectiveness of the Community Property Agreement.


WALTER E. POPPE

SIGNED AND SWORN to before me this 11th day of February, 2002,
by WALTER E. POPPE.




Printed name: KAY L. NEGLEY
Notary Public in and for the State of
Washington, residing at Mount Vernon.
My appointment expires: 3-15-04



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



888
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last Barbara Jean Poppe				2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) December 1, 2001	
4. AGE LAST BIRTH DAY (Yr) 68		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) Downey, Calif.	
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon				12. PLACE OF DEATH — <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 16879 Hall Place			13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Walter E. Poppe		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (10-12) College (1-4 or 5+) 12 0	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Housewife		19. KIND OF BUSINESS OR INDUSTRY Homemaking		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) Caucasian	
22. RESIDENCE — NUMBER AND STREET 16879 Hall Place		23. CITY/TOWN, OR LOCATION Mount Vernon		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skagit	
25B. LENGTH OF RES. IN CO. 39 yrs.		26. STATE WA		27. ZIP CODE 98273			
28. FATHER'S NAME — FIRST, MIDDLE, LAST Henry Louis Jay				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Eillie M. [REDACTED]			
30. INFORMANT — NAME Walter E. Poppe			31. MAILING ADDRESS STREET OR RFD NO. 16879 Hall Pl.		CITY OR TOWN Mount Vernon, Wash.		STATE WA
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Dec. 4, 2001		34. CEMETERY/CREMATORY — NAME Mount Vernon Crematory		35. LOCATION — CITY/TOWN, STATE Mount Vernon, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Kern Funeral Home		38. ADDRESS OF FACILITY 1122 South 3rd. Mount Vernon, Washington			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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>				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 X			
40. DATE SIGNED (Mo, Day, Yr) 12/3/01		41. HOUR OF DEATH (24 Hrs) 0400		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) Flanna Isis, MD 1400 E Kuncrad St Mount Vernon WA 98274				49. ME/CORONER FILE NUMBER NJA-227			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death) Aspiration		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 1 Day			
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. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH			
C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH					
D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH					
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: CORO, HTN				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 EVIDENCE REVIEWED BY DATE			62. REGISTRAR SIGNATURE x Dorothy Epps, deputy			63. DATE RECEIVED (Mo, Day, Yr) DEC - 3 2001	

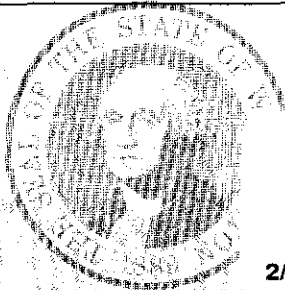


EXHIBIT A



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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

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

This is a legal document.
Complete in ink and do not alter.



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Howard Leibrand
 Date Issued DEC - 3 2001

II00304945

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 7th day of July, 19 71,
 by and between Walter E. Poppe
 and Barbara J. Poppe, husband and wife,
 of Mount Vernon, Skagit 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 Walter E. Poppe
 and Barbara J. Poppe have hereunto set their hands
 and seals this 7th day of July, 19 71.



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Walter E. Poppe (SEAL)
Barbara J. Poppe (SEAL)

STATE OF WASHINGTON,

County of Skagit

SS.

This is to certify that on this 7th day of July, 19 71, before me
Marilyn Starkowal a Notary Public in and for the State of Washington
 duly commissioned and sworn, personally came Walter E. Poppe

and Barbara J. Poppe 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.



Marilyn Starkowal
Mount Vernon

Notary Public in and for the State of Washington residing at

EXHIBIT B

PARCEL A:

Portion of Tract 4 Short Plat 41-86 recorded under Auditor's File No. 8611190017 being portion of the NE 1/4 of the NE 1/4 of Section 14, Township 34, Range 3 Except that portion of tract 4 Short Plat 41-86 lying within plat of "Hall Place".

Tax Parcel No. 340314-1-011-0618/P21917

PARCEL B:

That portion of Government Lot 9, Section 19, Township 34 North, Range 4 East, W.M., described as follows:

Beginning at a point 645.9 feet south (South 1°26'44" East for this description) and 471.32 feet West (South 88°33'16" West for this description) of the Northeast corner of said Section 19, said point being on the West line of First Street, as established in the City of Mount Vernon, Washington; thence north 1°26'44" West 30.00 feet along the West margin of said First Street; thence South 88°33'16" West 70.00 feet; thence North 1°26'44" West 20.00 feet; thence North 37°54'53" West 29.84 feet; thence south 88°33'16" West 15.26 feet; thence North 1°26'44" West 18.00 feet; thence South 88°33'16" West 66.94 feet to the East line of the Burlington Northern Railroad (formerly Great Northern Railroad) right of way; thence Southwesterly along a curve to the left having an initial tangent bearing of South 13°48'31" West, a radius of 1452.07 feet, through a central angle of 3°43'56", and arc distance of 94.59 feet to a point which bears South 88°33'16" West from the point of beginning; thence North 88°33'16" East 191.84 feet to the point of beginning.

SUBJECT TO and TOGETHER with easements, reservations, restrictions, covenants and other instruments of record.

Tax Parcel No. 340419-0-216-0005/P26562

EXHIBIT C - page 1



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PARCEL C:

1. That portion of Tract "C" of Short Plat No. 24-72, approved April 12, 1972, and being a portion of the Northeast 1/4 of the Northeast 1/4 of Section 14, Township 34 North, Range 3 East, W.M., more particularly described as follows:

Beginning at a point on the South line of the North 281.1 feet of the Northeast 1/4 of the Northeast 1/4 of said Section 14, at a point 160 feet West of the East line thereof, said point being the Northwest corner of Tract "D" of said Short Plat No. 24-72; thence West, along the North line of Tract "C" of said Short Plat No. 24-72, a distance of 17.5 feet; thence South, parallel with the West line of said Tract "D", a distance of 70.00 feet; thence East a distance of 17.5 feet, more or less, to a point on the West line of said Tract "D", 10.00 feet North of the Southwest corner thereof; thence North along the West line of said Tract "D" a distance of 70.00 feet, more or less, to the point of beginning.

2. The South 80.00 feet of the North 361.10 feet of the East 132.50 feet of the North 40 rods of the East 40 rods of the Northwest 1/4 of the Northeast 1/4 of Section 14, Township 34 North, Range 3 East, W.M. EXCEPT the East 20.00 feet for Dunbar Road, and EXCEPT ditch rights of way.
(The above described tract of land is shown as Tract "D" of Short Plat No. 24-72, approved April 12, 1972)

Tax Parcel No. 340314-1-007-0010/P21906

EHXIBIT C - page 2



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PARCEL D:

Beneficial interest in Deed of Trust on Real Estate described as follows:

Tax account No. 340314-1-007-0201/P105360

PARCEL "A":

The South 228.00 feet of the North 509.10 feet of the East 335.00 feet of the North 40 rods of the East 40 rods of the Northeast 1/4 of the Northeast 1/4 of Section 14, Township 34 North, Range 3 East, W.M.

EXCEPT from the above described tract of land, the North 80.00 feet of the East 132.50 feet thereof, and EXCEPT the Dunbar County Road, AND EXCEPT ditch rights of way.

The above described tract of land is shown as Tract "C" of Short Plat No. 24-72, as approved April 12, 1972.

Situate in the County of Skagit, state of Washington.

PARCEL "B":

The Easterly 10 feet of Lot 11, "HALL PLACE FIRST ADDITION", as per plat recorded in Volume 14 of Plats, page 108 and 109, records of Skagit County, Washington.

EXHIBIT C - page 3



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