



200307020104
Skagit County Auditor

7/2/2003 Page 1 of 9 2:27PM

RETURN ADDRESS

Jones & Smith
P.O. Box 1245
Mount Vernon, WA 98273

Please print neatly or type information

Document Title(s)

Affidavit in Support of Community
Property Agreement

Reference Numbers(s) of related documents

Additional Reference #'s on page _____

Grantor(s) (Last, First and Middle Initial)

Grantor pursuant to Community
Property Agreement: William G.
Willis

Additional grantors on page _____

Grantee(s) (Last, First and Middle Initial)

Grantee pursuant to Community
Property Agreement:
Dorothy E. Willis

Additional grantees on page _____

Legal Description (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

Additional legal is on page _____

Assessor's Property Tax Parcel/Account Number

Additional parcel #'s on page _____

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

STATE OF WASHINGTON DEPARTMENT OF HEALTH



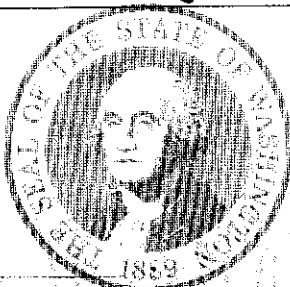
108-03
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last William George Willis				2. SEX (M/F) Male		3. DEATH DATE (Mo, Day, Yr) February 1, 2003	
4. AGE LAST BIRTH DAY (Yrs) 69		5. UNDER 1 YEAR MOs DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) Melbourne, WA	
11. CITY, TOWN OR LOCATION OF DEATH Burlington				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG RMOUT PTN 4. HOSP 5. NUR HOME 6. OTHER PLACE 504 N Gardner Rd			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) Dorothy Burrows		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Commercial Fisherman		19. KIND OF BUSINESS OR INDUSTRY Fishing		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 504 N Gardner Rd		23. CITY/TOWN, OR LOCATION Burlington		24. INSIDE CITY LIMITS? (Yes / No) Yes	25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 5 Yrs	26. STATE WA
27. ZIP CODE 98233		28. FATHER'S NAME — FIRST, MIDDLE, LAST Oliver Willis		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Violet [REDACTED]			
30. INFORMANT — NAME Dorothy Willis		31. MAILING ADDRESS 504 N Gardner Rd		CITY OR TOWN Burlington		STATE WA	ZIP 98233
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Feb 6, 2003		34. CEMETERY/CREMATORY — NAME First Cremation Services		35. LOCATION — CITY/TOWN, STATE Kent, WA	
36. FUNERAL DIRECTOR SIGNATURE <i>x John Joseph Laufer</i>		37. NAME OF FACILITY Neptune Society		38. ADDRESS OF FACILITY 19324-40 Ave W/A, Lynnwood, WA 98036			
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>x [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) 2-4-03		41. HOUR OF DEATH (24 Hrs.) 2320		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				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 2061 Hospital Dr, Sedro Woolley, WA 98284						49. ME/CORONER FILE NUMBER NJA-037	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. Metastatic Renal Cell Carcinoma				INTERVAL BETWEEN ONSET AND DEATH 1 months	
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. Renal Cell Carcinoma				INTERVAL BETWEEN ONSET AND DEATH 1 months	
		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) 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 <i>x Dorothy Epps, deputy</i>		63. DATE RECEIVED (Mo, Day, Yr) FEB - 6 2003	



200307020104
Skagit County Auditor

7/2/2003 Page 4 of 9 2:27PM

Affidavit for Correction

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
--------------------	-------------------	-------------------------------------

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
--	---

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
----------------	-----------	--------------

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

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

FEB 11 2003



200307020104
Skagit County Auditor

Howard Leibrand KK00056031
Skagit County Health Department
Howard Leibrand M.D., Health Officer

L 35418-20

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into by and between WILLIAM G. WILLIS and DOROTHY E. WILLIS, husband and wife, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either,

WITNESSETH:

That, in consideration of the love and affection that each of the 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 as follows:

FIRST: That all prior written community property agreements, if any, between the parties hereto are mutually rescinded.

SECOND: That, all property of whatsoever nature or description, whether real, personal, or mixed, and wheresoever situated, except as specified herein, now owned or hereafter acquired by them or either of them, including any separate property, shall be considered, and is hereby declared to be, community property, and each hereby conveys and quit claims to the other his or her interest in any separate property he or she may now own, or hereafter acquire, so as to convert the same to community property.

THIRD: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall vest in fee simple in the survivor of them, unless such survivor shall specifically disclaim, in a writing, acknowledged by a notary public, all or a part of the interest passing to the survivor by right of survivorship under this agreement.

FOURTH: Provided, however, that if neither party survives the other by at least thirty (30) days, the above paragraph, THIRD, only, shall be null, void, and of no effect.

FIFTH: Provided, further, that in the event of incompetency or disability of either of the parties hereto, the other party, if authorized by and acting under a written and valid durable power of attorney, may, at his or her election, and, subject to the terms and conditions of said power of attorney, terminate or rescind this Agreement by a notarized declaration to that effect, and this Agreement shall become null, void, and of no effect.

IN WITNESS WHEREOF, the said WILLIAM G. WILLIS and DOROTHY E. WILLIS have hereunto set their signatures this 7th day of September, 1993.

FILED RECORDED
10L 654
PAGE 1158
Pioneer Title Co. Of Island County
SEP 8 2 53 PM '93

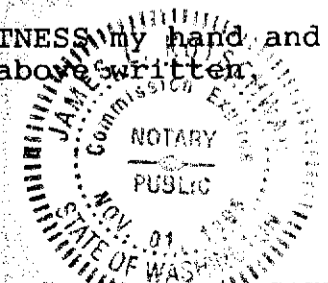
William G. Willis
WILLIAM G. WILLIS

Dorothy E. Willis
DOROTHY E. WILLIS

ART HYLAND, AUDITOR
ISLAND COUNTY, WASH.
STATE OF WASHINGTON)
)ss.
County of Island)

This certifies that on the 7th day of September, 1993, personally appeared WILLIAM G. WILLIS and DOROTHY E. WILLIS, to me known to be the individuals who executed the foregoing instrument, and acknowledged 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.



James L. Kobelawa
Notary Public in and for the State of Washington, residing at Oak Harbor
My commission expires November 1, 1996



93017908

That portion of Lot Twenty-four (24), U.S. Survey 3481 (the northeasterly one-half of the portion of Lot 24 south-east of the North Sitka Highway), more particularly described as follows:

Beginning at Corner No. 4 of said lot, identical with the southeast corner:

Thence North 22° 00' East a distance of 82.50 feet to a point as Corner No. 1 and the true point of beginning;

Thence North 68° 00' West a distance of approximately 407.36 feet but in any event until intersection with the southeasterly boundary of the North Sitka Highway right-of-way as Corner No. 2;

Thence meandering northeasterly along said right-of-way a distance of approximately 82.50 feet but in any event to intersection of said right-of-way and the northeasterly boundary of said Lot 24 as Corner No. 3;

Thence South 68° 00' East a distance of approximately 407.36 feet but in any event until Corner No. 3 of said Lot 24 is reached as Corner No. 4 of this description;

Thence South 22° 00' West a distance of 82.50 feet to Corner No. 1 and the true point of beginning; including those water rights the Grantors herein now have relative to the aforementioned real property.

SUBJECT TO:

1. Reservations and restrictions as contained in U.S. Patent No. 1202788, recorded in Book 14, Page 413, Sitka Recorder's Office.
2. Reservations and restrictions as contained in State of Alaska Patent No. 100 recorded in Book 19, Page 84, Sitka Recorder's Office.
3. Reservation of water rights running with the land for joint and equal use by the occupiers of Lot 24, more specifically set forth in Warranty Deed recorded April 11, 1964, in Deed Book 19, Page 134, Sitka Recorder's Office; and amplified by Notice of Location and Appropriation of Water Rights recorded in Book 11, Page 224, on August 25, 1966, Sitka Recorder's Office.



200307020104
Skagit County Auditor

8 2-22 204
\$ 44.00
RECORDED
SITKA REC.
DISTRICT
Dec 20 3 04 PM '92
REQUESTED BY STAT
ADDRESS SITKA

8

SKAGIT COUNTY WASHINGTON

9808060029

38 AUG -6 #121

Return Address:
WILLIAM G. WILLIS and DOROTHY E. WILLIS
504 NORTH GARDNER
BURLINGTON, WA 98223

RECORDED _____ FILED _____
REQUEST OF _____

Statutory Warranty Deed

ESCROW NO. 03-55480
FILED FOR RECORD AT REQUEST OF
FIRST AMERICAN TITLE COMPANY

ORIGINAL

Grantor/borrower: LINDA J. KNAPP-STROBEL
Grantee/assignee/beneficiary: WILLIAM G. WILLIS and DOROTHY E. WILLIS

Abbreviated Legal:
Lot 11, SPARR'S ADDITION
Additional legal(s) on page:
Assessor's Tax Parcel Number(s):
4018-000-011-0019

FIRST AMERICAN TITLE CO.
B55480

THE GRANTOR LINDA J. KNAPP-STROBEL, WHO ACQUIRED TITLE AS LINDA J. KNAPP, AS HER SEPARATE ESTATE

for and in consideration of: TEN DOLLARS AND OTHER VALUABLE CONSIDERATION

in hand paid, conveys and warrants to WILLIAM G. WILLIS and DOROTHY E. WILLIS, husband and wife

the following described real estate, situated in the County of SKAGIT, State of Washington:

Lot 11, "SPARR'S ADDITION", as per plat recorded in Volume 8 of Plat 72, in the records of Skagit County, State of Washington.

DATED: 08/05/1998

Linda J. Knapp-Strobel
LINDA J. KNAPP-STROBEL



STATE OF WASHINGTON
COUNTY OF *Skagit*

On this day personally appeared before me LINDA J. KNAPP-STROBEL to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand official seal this 05 day of August, 1998.

24505
SKAGIT COUNTY WASHINGTON
Auditor

Linda Reynolds
Linda Reynolds
Notary Public in and for the State of
Washington residing at *1111 1st St*

AUG 5 - 1998

Auditor Fee \$135
\$135.00
By *[Signature]*



200307020104
Skagit County Auditor

7/2/2003 Page 9 of 9 2:27PM

9808060029

BR185|PG0411