




FOURTH: That the said personal property at the date of decedent's death had an approximate value of less than \$750,000.00. 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, of 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).

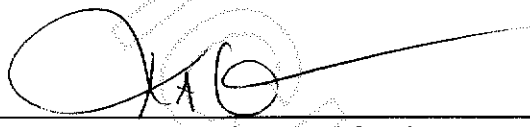
Phyllis I. Wiles (wife)  
1221 Fairhaven Avenue  
Burlington, WA 98233

  
\_\_\_\_\_  
Phyllis I. Wiles  
Personal Representative

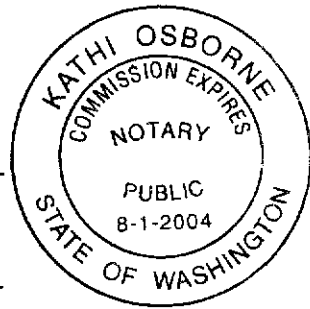


200401090071  
Skagit County Auditor

SUBSCRIBED AND SWORN to before me this 8<sup>th</sup> day of January,  
2004.



NOTARY PUBLIC in and for the  
State of Washington,  
Residing at: Mount Vernon  
My Commission Expires: 8-1-04



200401090071  
Skagit County Auditor

COMMUNITY PROPERTY AGREEMENT

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 14 day of MARCH, 1989, by and between Richard F. Wiles and Phyllis I. Wiles, husband and wife, of SKAGIT County, State of Washington, pursuant to the provisions of §26.16.120RCW, permitting agreements between husband and wife fixing 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 us has for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

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

II.

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

IN WITNESS WHEREOF, we RICHARD F. WILES and PHYLLIS I. WILES have hereunto set our hands this 14 day of MARCH, 1989.

WITNESS [Signature]

SPOUSE [Signature]

WITNESS [Signature]

SPOUSE [Signature]

STATE OF WASHINGTON, County of SKAGIT } ss.

This is to certify on this 14th day of MARCH, 1989, before me DOREEN DELONG a Notary Public in and for the State of Washington duly commissioned and sworn, personally came RICHARD F. WILES and PHYLLIS I. WILES husband and wife, to me known to be the individual described in and who executed the within instrument, and acknowledged to me that they signed 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.

[Signature] Notary Public in and for the State of Washington, residing at Mt. Vernon



# STATE OF WASHINGTON DEPARTMENT OF HEALTH



990-03  
LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

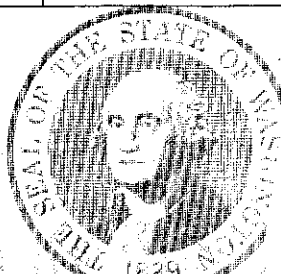
146

STATE FILE NUMBER

1. NAME First: <b>Richard</b> Middle: <b>Fredrick</b> Last: <b>Wiles</b>			2. SEX (M / F) <b>Male</b>	3. DEATH DATE (Mo, Day, Yr) <b>12/05/2003</b>
4. AGE LAST BIRTH-DAY (Yrs) <b>80</b>	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr) [REDACTED]	8. BIRTHPLACE (City, State or Foreign Country) <b>Belfast, WA</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>Burlington</b>		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RACOUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE <b>1221 Fairhaven Avenue</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>Phyllis Hurn</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+)
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Laborer</b>	19. KIND OF BUSINESS OR INDUSTRY <b>State Highway Dept.</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>1221 Fairhaven Avenue</b>	23. CITY/TOWN, OR LOCATION <b>Burlington</b>	24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>	25A. COUNTY <b>Skagit</b>	25B. LENGTH OF RES. IN CO. <b>80 yrs.</b>
26. STATE <b>WA</b>		27. ZIP CODE <b>98233</b>		
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Ellery Quincy Wiles</b>			29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Mable Louise [REDACTED]</b>	
30. INFORMANT — NAME <b>Phyllis Wiles</b>		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>1221 Fairhaven Avenue, Burlington, WA 98233</b>		
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Cremation</b>	33. DATE (Mo, Day, Yr) <b>12/08/2003</b>	34. CEMETERY/CREMATORY — NAME <b>Mount Vernon Cemetery</b>		35. LOCATION — CITY/TOWN, STATE <b>Mount Vernon, WA</b>
36. FUNERAL DIRECTOR SIGNATURE <i>x Paul H. Lukan</i>		37. NAME OF FACILITY <b>Hulbush Funeral Home &amp; Cremation Svc.</b>		
		38. ADDRESS OF FACILITY <b>281 S. Burlington Blvd., Burlington, WA, 98233</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>12/8/2003</b>	41. HOUR OF DEATH (24 Hrs.) <b>1925</b>	44. DATE SIGNED (Mo., Day, Yr)	46. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		45. 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>Roger Estep, MD, 2116 East Section Street, Mount Vernon, WA 98273</b>				49. ME/CORONER FILE NUMBER <b>NJA 316</b>
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>Cerebrovascular Accident (embolic stroke)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>
	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 GIVE ABOVE. <b>Diabetes mellitus, type 2; hyperlipidemia, HTN</b>			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 <b>x Dorothy Epps, deputy</b>		63. DATE RECEIVED (Mo., Day, Yr) <b>DEC - 8 2003</b>

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-006 (Rev. 7/91) (formerly DSHS 9-150)



200401090071  
Skagit County Auditor

1/9/2004 Page

5 of 6 1:34PM

(5/99)

# 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
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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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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:
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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 Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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**Birth Certificates:**

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

**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 certifying physician or the coroner/medical examiner.
3. 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:**

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

**\*CERTIFIED\***

DEC 08 2003



200401090071  
Skagit County Auditor

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

KK00399629