



200410190040

Skagit County Auditor

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Document Title:

Affidavit
Re: CPA

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. Larson, Jacob L.

2.

Grantee(s):

☐ additional grantee names on page ____.

1. Public

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

NWNW 8-33-4

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P 16526

Estate of Sandra Larson

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF)

JACOB L. LARSON, being first duly sworn, deposes and says:

THAT Affiant is the surviving spouse of SAUNDRA LEE LARSON who died at ANCHORAGE ALASKA, on the 27th day of APRIL, 1981; having provided for the disposition of all community property as between Affiant and said deceased spouse under Community Property Agreement dated the N/A day of N/A, 19 ;

THAT there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expense or expense of last illness, except as follows: NONE

Probate of SAUNDRA LEE LARSON'S WILL CASE # 81478
Anchorage Court System - 1-907-264-0433
June 8, 1981 - Filed for Probate - appointed Jacob L. Larson.
Closed out September 17, 1981 - Jacob Larson discharged

THAT the value of the community estate as of the date of death, including all real and personal property, was approximately \$ N/A, and the value of all separate property of said decedent was approximately \$ N/A as of the date of death.

Amount other items of community property was the following described real estate:

N/A

This Affidavit is made to induce Stewart Title Guaranty Company to issue its policies of title insurance on real property passing to the surviving spouse by virtue of said Community Property Survivorship Agreement in reliance upon the representations hereinabove set forth.

Jacob L. Larson
Affiant

SUBSCRIBED AND SWORN to before me this 19th day of OCTOBER, 2004.

James Zaval
NOTARY PUBLIC in and for the State of Washington, residing at Burl.
My Appointment Expires: 10-105

AFFCOMM



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CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

150

81 0539

STATE FILE NUMBER

Form VS-101
REV. 1-78

TYPE OR PRINT IN
PERMANENT INK

CERTIFICATE OF DEATH

RECORDER'S NO. 81-256-D		ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES BUREAU OF VITAL STATISTICS - JUNEAU, ALASKA 99811		DATE RECEIVED JUN 11 1981	
DECEASED - NAME FIRST MIDDLE LAST SAUNDRA LEE LARSON					
1 SEX FEMALE		3 RACE (SPECIFY) WHITE		4 DATE OF DEATH (MONTH, DAY, YEAR) APRIL 27, 1981	
2 AGE - LAST BIRTHDAY 47 YEARS		5 DATE OF BIRTH (MONTH, DAY, YEAR) DECEMBER 1, 1939			
6 PLACE OF DEATH ALASKA		7 RECORDING DISTRICT ANCHORAGE		8 CITY, VILLAGE OR LOCATION ANCHORAGE	
9 HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) PROVIDENCE HOSPITAL		10 STREET AND NUMBER 3200 PROVIDENCE DR.			
11 IF HOSP OR INST. INDICATE - O.O.A., OUTPATIENT, EMER. RM., INPATIENT (SPECIFY) EMER. RM.		12 WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
13 LENGTH OF STAY IN ALASKA 15 YEARS		14 STATE OF BIRTH (IF NOT U.S.A. GIVE COUNTRY) WICHITA, KANSAS		15 CITIZEN OF WHAT COUNTRY U.S.A.	
16 MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		17 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) JACOB LAVERN LARSON			
18 SOCIAL SECURITY NUMBER 531-36-9295		19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) OWNER		20 KIND OF BUSINESS OR INDUSTRY ALERT PLUMBING & HEATING	
21 RESIDENCE - STATE ALASKA		22 RECORDING DISTRICT OR COUNTY ANCHORAGE			
23 CITY, VILLAGE OR LOCATION EAGLE RIVER		24 INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25 STREET AND NUMBER Box 175	
26 FATHER - NAME FIRST MIDDLE LAST DAVID HENRY ELLIS		27 MOTHER - MAIDEN NAME FIRST MIDDLE LAST VERDA ALICE EVERTS			
28 INFORMANT - NAME JACOB L. LARSON		29 MAILING ADDRESS - STREET OR P.O. BOX NO., CITY, VILLAGE, STATE, ZIP CODE Box 175, EAGLE RIVER, ALASKA 99577			
30 <input type="checkbox"/> BURIAL <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> DONATED		31 DATE (MONTH, DAY, YEAR) 5-1-81		32 CEMETERY OR CREMATORY - NAME AND LOCATION (CITY OR VILLAGE, STATE) SPENARD HEIGHTS CREMATORY, ANCHORAGE, AK	
33 PERMIT ISSUED BY ANCHORAGE		34 FUNERAL DIRECTOR'S SIGNATURE R. D. ROME		35 FUNERAL HOME - NAME AND ADDRESS EVERGREEN MEMORIAL CHAPEL Box 537, ANCHORAGE AK 99510	
36 CERTIFICATION ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED		37 HOUR OF DEATH 6:10PM		38 DATE PRONOUNCED DEAD MONTH 4 DAY 27 YEAR 81 HOUR 6:10PM	
39 CERTIFIER SIGNATURE Donald R. Rogers		40 DEGREE OR TITLE DONALD R. ROGERS M.D.			
41 DATE SIGNED (MONTH, DAY, YEAR) 5-5-81		42 MAILING ADDRESS - STREET OR P.O. BOX NO., CITY OR VILLAGE, STATE, ZIP CODE Box 10, Anchorage, Alaska 99511			
43 RECORDER - SIGNATURE Donna M. Kelly		44 ADDRESS Anchorage		45 DATE RECORDED (MONTH, DAY, YEAR) 5-5-81	
46 PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		47 IMMEDIATE CAUSE (PRINT OR TYPE) Impact injuries, chest		48 SEE REVERSE SIDE	
49 CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST 8120		50 (a) DUE TO, OR AS A CONSEQUENCE OF:		51 (b) DUE TO, OR AS A CONSEQUENCE OF:	
52 (c) DUE TO, OR AS A CONSEQUENCE OF:		53 PART II. OTHER SIGNIFICANT CONDITIONS		54 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)	
55 <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED		56 DATE OF INJURY (MONTH, DAY, YEAR) 4-27-81		57 HOUR 5:30PM	
58 INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		59 PLACE OF INJURY AT HOME, CANNERY, ETC. SPECIFY roadway		60 DESCRIBE HOW INJURY OCCURRED collision driver of car involved in two vehicle	
61 LOCATION - STREET AND NUMBER, CITY, VILLAGE OR LOCATION, STATE, ZIP CODE 68th Ave. and Lake Otis, Anchorage, Alaska		62		63	

DHSS
06-5238
3/78 BM

CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

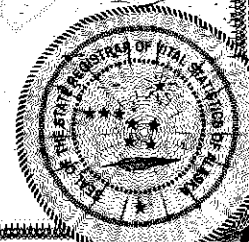
JAN 27 1998

DATE ISSUED

STATE REGISTRAR

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IDENTIFYING INFORMATION CONCERNING DECEASED

HEIGHT	WEIGHT	COMPLEXION	COLOR OF HAIR	COLOR OF EYES
FT.	LBS.			

NAMES OF LIVING CHILDREN	ADDRESS
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DANIEL LARSON PALMER, ALASKA

MONIQUE LARSON EAGLE RIVER, ALASKA

MITCHEL LARSON EAGLE RIVER, ALASKA

NAMES OF OTHER LIVING RELATIVES	ADDRESS	RELATIONSHIP
MRS VERDA ARMSTRONG	EVERETT, WASHINGTON	MOTHER
SHARON STULTZ	FAIRBANKS, ALASKA	SISTER
VIRGINIA ARMSTRONG	EVERETT, WASHINGTON	SISTER
WILLIAM ELLIS	VALDEZ, ALASKA	BROTHER
JAMIE ELLIS	VALDEZ, ALASKA	SISTER

NAMES OF OTHER ACQUAINTANCES	ADDRESS
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ADDITIONAL INFORMATION WHICH MAY HELP IDENTIFY DECEASED

THE RESPONSIBILITY OF THE PHYSICIAN IN CERTIFYING CAUSES OF DEATH

The death certificate is a permanent legal document on which the fact and circumstances of death must be reported. Singly, death certificates are used for filing insurance claims, settling estates, transfer of property, etc.

Collectively, they serve as a basis for measuring and evaluating health and medical programs and progress.

The physician in attendance is the best qualified person to determine the diseases involved in the death, their cause and effect relationships, and the particular role each played in the death. It is realized that it is not always possible to determine these relationships exactly, or to make a precise diagnosis. In cases where the physician is not certain of the diagnosis, he is requested to put down a probable diagnosis with appropriate qualifications, if necessary.

The medical certification form (sections 29-31 of the death certificate) is designed so that the physician may indicate his judgment of the relationship of the causes to each other, and their relative importance as causes of death. When the physician enters the events leading to death according to his opinion of their proper order, the cause-of-death information may be used with assurance that it is the best information available.

In order to indicate his opinion, the physician should report in section 29 of the death certificate:

- ▶ The IMMEDIATE cause of death in I(a). This is the disease or condition that directly caused death. It is not the mode of dying such as respiratory failure, etc.
- ▶ The UNDERLYING cause of death. This is the disease or condition which initiated the train of events leading up to the immediate cause of death in I(a). If the immediate cause of death completely describes the train of events, it is both the immediate and the underlying cause. If not, the UNDERLYING cause should be reported in I(b), or in I(c). The UNDERLYING cause should be reported in I(c) only when there is an intervening cause between it and the immediate cause. Such an intervening cause should be reported in I(b). Each cause in Part I must have given rise to the cause on the line above it.
- ▶ OTHER SIGNIFICANT CONDITIONS, if any, Part II. These are the conditions which contributed in an important way to the death but were not pathologically or etiologically related to the immediate cause mentioned in I(a).



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