NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON   )
                                : SS
COUNTY OF SKAGIT   )

CHARLES E. POLING, being first duly sworn, on oath deposes and says:

That he is a resident of Anacortes, Skagit County, Washington. That JOYCE B. POLING was his wife. That JOYCE B. POLING died a resident in Anacortes, Skagit County, Washington on August 29, 2005. A copy of the death certificate is attached hereto. JOYCE B. POLING died leaving property in Skagit County all of which was the community proper of affiant and decedent, JOYCE B. POLING.

That there are no unpaid creditors of said decedent JOYCE B. POLING or of the former marital community nor unpaid funeral expenses, or last illness except as follows:
None.

That the decedent's estate is not being probated.

That the property owned by affiant and JOYCE B. POLING consisted of the following:

REAL ESTATE

1.   STREET: 5608 Kingsway, Anacortes, WA 98221
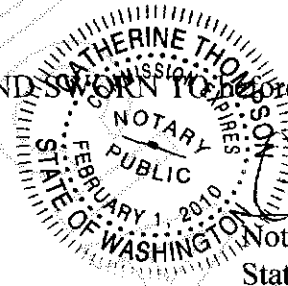   TAX ID: P59054/3818-000-009-0007
       LEGAL: Skyline No. 2 Lot 9

That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than $500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owning on account of decedent's death.
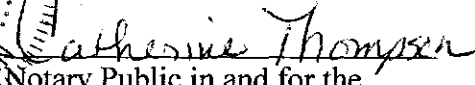
This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because
it was community property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

Dated this ___18___ th day of January, 2007.

_____
CHARLES E. POLING

SUBSCRIBED AND SWORN TO before me this 18 th day of January, 2007.

_____
Notary Public in and for the
State of Washington, residing
at Anacortes, WA.
My appointment expires: 2-1-10

Local File Number **675-05**

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First / Middle / LAST / Suffix | **2. Death Date**

Joyce Boyd **POLING** | Aug 29, 2005

| 3. Sex (M/F) **F** | 4a. Age - Last Birthday **82** | 4b. Under 1 Year Months Days | 4c. Under 1 Day Hours Minutes | 5. Social Security Number **525-38-0751** | 6. County of Death **Skagit** |

| 7. Birthdate **Aug 27, 1923** | 8a. Birthplace (City, Town, or County) **Mexia** | 8b. (State or Foreign Country) **Texas** | 9. Decedent's Education **Associate of Arts Degree** |

| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. **No** | 11. Decedent's Race(s) **White** | 12. Was Decedent ever in U.S. Armed Forces? **No** |

| 13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) **5608 Kingsway** | 13b. City or Town **Anacortes** |

| 13c. Residence: County **Skagit** | 13d. Tribal Reservation Name (if applicable) | 13e. State or Foreign Country **Washington** | 13f. Zip Code + 4 **98221** | 13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk |

| 14. Estimated length of time at residence. **11y** | 15. Marital Status at Time of Death **Married** | 16. Surviving Spouse's Name (Give name prior to first marriage) **Charles Edward Poling** |

| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED) **Budget Analyst** | 18. Kind of Business/Industry (Do not use Company Name) **U. S. Government** |

| 19. Father's Name (First, Middle, Last, Suffix) **James (unk) Boyd** | 20. Mother's Name Before First Marriage (First, Middle, Last) **Liller Felicia Hargis** |

| 21. Informant's Name **Charles Poling** | 22. Relationship to Decedent **Husband** | 23. Mailing Address: Number and Street or RFD No. **5608 Kingsway** City or Town **Anacortes** State **WA** Zip **98221** |

| 24. Place of Death. If Death Occurred in a Hospital: **Emergency Room** | Place of Death. If Death Occurred Somewhere Other than a Hospital: |

| 25. Facility Name (If not a facility, give number & street or location) **Island Hospital** | 26a. City, Town, or Location of Death **Anacortes** | 26b. State **WA** | 27. Zip Code **98221** |

| 28. Method of Disposition **Burial** | 29. Place of Final Disposition (Name of cemetery, crematory, other place) **Fernhill Cemetery** | 30. Location-City/Town, and State **Anacortes, Washington** |

| 31. Name and Complete Address of Funeral Facility **Evans Funeral Chapel 1105 32nd Street Anacortes, WA 98221-** | 32. Date of Disposition **Sep 2, 2005** |

33. Funeral Director Signature X *Leonard J William*

Cause of Death (See instructions and examples)

34. Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. *Coronary Artery Disease*	*year*
	Due to (or as a consequence of):	Interval between Onset & Death
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b.	
	Due to (or as a consequence of):	Interval between Onset & Death
	c.	
	Due to (or as a consequence of):	Interval between Onset & Death
	d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
Severe Rheumatoid Arthritis, Congestive Heart Failure

| 36. Autopsy? ☐ Yes ☒ No | 37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No |

| 38. Manner of Death ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending | 39. If female ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year | 40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown |

| 41. Date of Injury (MM/DD/YYYY) | 42. Hour of Injury (24hrs) | 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) | 44. Injury at Work? ☐ Yes ☐ No ☐ Unk |

| 45. Location of Injury: Number & Street: | Apt. No. |
| City or Town: | County: | State: | Zip Code+ 4 |

| 46. Describe how injury occurred | 47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify) |

| 48a. Certifying Physician - To the best of my knowledge death occurred at the time, date, and place and due to the cause(s) and manner stated. X *Nancy Llewellyn MD* | 48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) and manner stated. X |

| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Nancy H. Llewellyn M.D. 2511 M Avenue, Suite C, Anacortes, WA 98221** | 50. Hour of Death (24hrs) **10:21 AM** |

| 51. Name and Title of Attending Physician if other than Certifier (Type or Print) | 52. Date Signed (MM/DD/YYYY) **August 30, 2005** |

| 53. Title of Certifier **M.D.** | 54. License Number **MD00027709** | 55. ME/Coroner File Number **NJA # 239** | 56. Was case referred to ME/Coroner? ☒ Yes ☐ No |

| 57. Registrar Signature X *Connie Anderson, Deputy* | 58. Date Received (MM/DD/YYYY) **AUG 31 2005** |

59. Amendments