



200705150182

Skagit County Auditor

5/15/2007 Page 1 of 3 4:21PM

NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
 : SS
COUNTY OF SKAGIT)

JOANNE M. MOONEY, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That DAVID TAYLOR MOONEY was her husband. That DAVID T. MOONEY died a resident in Anacortes, Skagit County, Washington on March 8, 1992. A copy of the death certificate is attached hereto. DAVID T. MOONEY died leaving property in Skagit County all of which was the community proper of affiant and decedent, DAVID T. MOONEY. There is no written Community Property Agreement attached. They were married on 23 Oct 1976. All of our assets were accumulated during the marriage and are community property.

That there are no unpaid creditors of said decedent DAVID T. MOONEY 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 DAVID T. MOONEY consisted of the following:

REAL ESTATE

- 1. STREET: 14047 Crater Lake Road, Anacortes, WA 98221
- TAX ID: P64668/3892-000-014-0017
- LEGAL: CRATER LAKE BEACH CLUB NO 1 LT 14 INC M/H
ORFLK48A09425BS FLTWD 56X28

ORIGINAL

PERSONAL PROPERTY

1. Household furniture valued at \$500.00
2. Motor vehicles valued at \$500.00
3. Bank accounts and cash valued at \$300.00

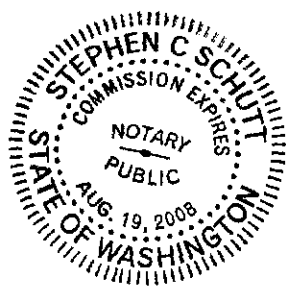
That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

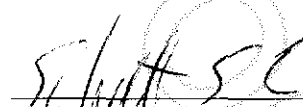
This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

Dated this 8 day of May, 2007.


JOANNE M. MOONEY

SUBSCRIBED AND SWORN TO before me this 8 th day of May, 2007.




Notary Public in and for the
State of Washington, residing
at Anacortes, WA.
My appointment expires: Aug 08





CERTIFICATE OF DEATH

146

STATE FILE NUMBER

26
LOCAL FILE NUMBER

1. NAME First: David Middle: Taylor Last: Mooney, Sr.							2. SEX (M / F) M		3. DEATH DATE (Mo., Day, Yr) March 8, 1992				
4. AGE LAST BIRTHDAY (Yrs) 63		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo., Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) Anacortes, WA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Skagit	
11. CITY, TOWN OR LOCATION OF DEATH Anacortes							12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. AMBUL PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 1409 Crater Lake Lane					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) JoAnne Mae Bronstad				16. SOCIAL SECURITY NO.		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):				
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Shipwright				19. KIND OF BUSINESS OR INDUSTRY Boat Construction			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) White			
22. RESIDENCE—NUMBER AND STREET 1409 Crater Lake Lane			23. CITY/TOWN, OR LOCATION Anacortes		24. INSIDE CITY LIMITS? (Yes / No) No	25A. COUNTY Skagit		25B. LENGTH OF RES. IN CO. 63 Yr	26. STATE WA	27. ZIP CODE 98221			
28. FATHER'S NAME—FIRST, MIDDLE, LAST David Mooney						29. MOTHER'S NAME—FIRST, MIDDLE, MARRIAGE SURNAME Lucille Beatrice							
30. INFORMANT—NAME JoAnne Mae Mooney				31. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE 1409 Crater Lake Lane Anacortes, Washington 98221									
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo., Day, Yr) 03/10/92		34. CEMETERY/CREMATORY—NAME Northwest Crematory				35. LOCATION—CITY/TOWN, STATE Anacortes, Washington					
36. FUNERAL DIRECTOR SIGNATURE X R L Evans				37. NAME OF FACILITY Evans Funeral Chapel				38. ADDRESS OF FACILITY 1105 32nd Street Anacortes, Washington 98221					
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>John M. Alexander MD</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) March 9, 1992			41. HOUR OF DEATH (24 Hrs.) 1600			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) Dr. John M. Alexander 24th & M Avenue Anacortes, WA 98221						49. ME/CORONER FILE NUMBER							
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.										INTERVAL BETWEEN ONSET AND DEATH 1 hr 15 min			
A. <u>RESPIRATORY ARREST</u> DUE TO, OR AS A CONSEQUENCE OF:										INTERVAL BETWEEN ONSET AND DEATH 7 mos			
B. <u>HEAVY CANNON</u> 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: <u>ASBESTOS EXPOSURE</u>								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 <i>Robert W Evans</i>				63. DATE RECEIVED (Mo., Day, Yr) 3/10/92					

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

OSHS 9-150)



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