



200708140132

Skagit County Auditor

8/14/2007 Page 1 of 6 2:42PM

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

LARRY B. ALLAN, being first duly sworn upon oath, deposes and says:

1. I am the surviving spouse of NONA MAE ALLAN (also known as Nona M. Allan) who died on December 19, 2006. Her death certificate is attached hereto. The decedent and I provided for the disposition of all of our community property under that certain Agreement as to Status of Community Property dated March 20, 1972.
2. The Agreement as to Status of Community Property between Larry B. Allan and Nona M. Allan is attached hereto and was previously recorded in the office of the Snohomish County Auditor File No. 2236982.
3. The parties to the agreement were legally competent at the time of the agreement and executed no subsequent wills or agreement that would have had the effect of abrogating or nullifying the agreement.
4. The undersigned hereby assumes full and complete responsibility for any and all indebtedness of the marital community existing on the date of the death of Nona Mae Allan.
5. Under the terms of the Agreement as to Status of Community Property, title to all real property of the community vests immediately in the survivor upon the death of either party to the agreement. Larry B. Allan and Nona M. Allan own real property situated at 10570 Vista View Drive, Sedro-Woolley, WA 98284, bearing the legal description as set forth in Exhibit "A" attached hereto.
6. The statements set forth in this affidavit are representations of fact that may be relied upon by all parties dealing with said real property and the personal property of the decedent.

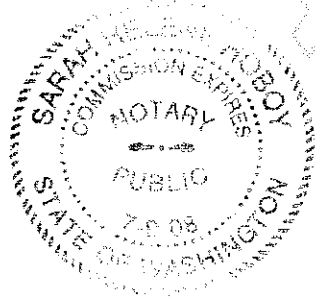
DATED this 8th day of August 2007.

Larry B. Allan
LARRY B. ALLAN

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT)

On this day personally appeared before me, LARRY B. ALLAN to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal this 8th day of August 2007.



Sarah Helen Hobay
NOTARY PUBLIC in and for
The state of Washington
Residing at: Sedro Woolley
My commission expires: 07-09-08



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EXHIBIT "A"

Lot 11, Block 2, "LAMM'S PANORAMA VIEW LOTS", as per plat recorded in Volume 7 of Plats, page 39, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

SUBJECT TO: Mineral reservations recorded March 22, 1902, in Volume 44 of Deeds, page 412; Covenants, Conditions and Restrictions recorded June 14, 1955, under Auditor's File No. 519456 and amended by document recorded May 11, 1956, under Auditor's File No. 535987.

Parcel Nos. P67779 / 3965-002-011-0000



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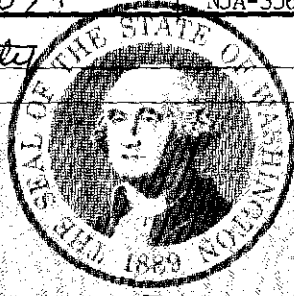
STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1010-06 Washington State Certificate of Death State File Number

| | | | | | |
|---|--|---|---|---|---|
| 1. Legal Name (include AKA's if any): First: NONA Middle: MAE LAST: ALLAN Suffix: | | | 2. Death Date: Dec 19, 2006 | | |
| 3. Sex (M/F): Female | 4a. Age - Last Birthday: 79 | 4b. Under 1 Year: Months: _____ Days: _____ | 4c. Under 1 Day: Hours: _____ Minutes: _____ | 5. Social Security Number: [REDACTED] | 6. County of Death: Skagit |
| 7. Birth date: [REDACTED] | 8a. Birthplace (City, Town, or County): Sutherland | | 8b. (State or Foreign Country): Nebraska | | 9. Decedent's Education: High School Graduate |
| 10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify: No | | | 11. Decedent's Race(s): Caucasian | | 12. Was Decedent ever in U.S. Armed Forces? No |
| 13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.): 10570 Vista View Drive | | | | 13b. City or Town: Sedro-Woolley | |
| 13c. Residence: County: Skagit | | 13d. Tribal Reservation Name (if applicable): | | 13e. State or Foreign Country: Washington | 13f. Zip Code + 4: 98284 |
| 13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | 14. Estimated length of time at residence: 10 years | | | |
| 15. Marital Status at Time of Death: Married | | 16. Surviving Spouse's Name (Give name prior to first marriage): Larry Allan | | | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).): Home Maker | | | 18. Kind of Business/Industry (Do not use Company Name): Own Home | | |
| 19. Father's Name (First, Middle, Last, Suffix): Vance Vanarsdall | | | 20. Mother's Name Before First Marriage (First, Middle, Last): Katie | | |
| 21. Informant's Name: Larry Allan | | 22. Relationship to Decedent: Husband | | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 10570 Vista View Drive Sedro-Woolley, WA 98284 | |
| 24. Place of Death, if Death Occurred in a Hospital: In-Patient Place of Death, if Death Occurred Somewhere Other than a Hospital: | | | | | |
| 25. Facility Name (if not a facility, give number & street or location): Skagit Valley Hospital | | | 26a. City, Town, or Location of Death: Mount Vernon | | 26b. State: WA |
| 26c. Zip Code: 98273 | | 27. Zip Code: 98273 | | | |
| 28. Method of Disposition: Cremation | | 29. Place of Final Disposition (Name of cemetery, crematory, other place): Mount Vernon Crematory | | 30. Location: City/Town, and State: Mount Vernon, Washington | |
| 31. Name and Complete Address of Funeral Facility: Lemley Chapel 1008 Third Street Sedro-Woolley, WA 98284 | | | | 32. Date of Disposition: December 20, 2006 | |
| 33. Funeral Director Signature X <i>Rich Lemley</i> | | | | | |
| 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. | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ARDS | | | Due to (or as a consequence of): | | Interval between Onset & Death: 1 day |
| 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. Pneumonia | | | Due to (or as a consequence of): | | Interval between Onset & Death: 2 days |
| c. Sepsis | | | Due to (or as a consequence of): | | Interval between Onset & Death: 1 day |
| d. | | | | | |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above: | | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 38. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | | 39. If female: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> 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?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | |
| 45. Location of Injury: Number & Street: City or Town: _____ County: _____ State: _____ Zip Code+4: _____ | | | 47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) | | |
| 46. Describe how injury occurred: | | | 47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) | | |
| 48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and that the cause(s) and manner stated: X <i>[Signature]</i> | | | 48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and cause(s) and manner stated: X | | |
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Ayham Shneker, MD 1400 E Kincaid Mount Vernon, WA 98273 | | | | 50. Hour of Death (24hrs): 0137 hrs | |
| 51. Name and Title of Attending Physician if other than Certifier (Type or Print): | | | | 52. Date Signed (MM/DD/YYYY): December 19, 2006 | |
| 53. Title of Certifier: Physician | | 54. License Number: MD 41837 | | 55. ME/Coroner File Number: NJA-356 | |
| 56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | 57. Registrar Signature: X <i>Cornie Anderson, Deputy</i> | |
| 58. Date Received (MM/DD/YYYY): DEC 20 2006 | | | | 59. Amendments: | |

Part 1 completed by Funeral Director

Part 2 completed by Certifier



200708140132
Skagit County Auditor

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 foregoing 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.

DDH/CHS 023 (Rev. 9/2002)

CERTIFIED

DEC 20 2006



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Skagit County Auditor

2236982

Agreement as to Status of Community Property

After Death of One of the Spouses

Know All Men by These Presents:

That this agreement, made and entered into this 20th day of March, 1972,
 by and between Larry B. Allan
 and Nona M. Allan, husband and wife,
 residing in Snohomish County, State of Washington.

WITNESSETH, That whereas the said parties hereto are owners of certain community property, and are desirous that said property, together with all other community property, either real or personal, that may hereafter be acquired, shall pass, without delay or expense, upon the death of either, to the survivor.

NOW, THEREFORE, for and in consideration of the sum of One (\$1.00) Dollar, the receipt of which is hereby acknowledged by each party hereto, and, also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of said Larry B. Allan while said Nona M. Allan survives then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said

Nona M. Allan in fee simple; and in the event of the death of said Nona M. Allan while the said Larry B. Allan survives then the whole of said community property now owned together with all other community property, real and personal, that may hereafter be acquired, shall at once vest in said Larry B. Allan in fee simple.

IN WITNESS WHEREOF, the said Larry B. Allan and Nona M. Allan have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered in the Presence of

Larry B. Allan (SEAL)
Nona M. Allan (SEAL)

STATE OF WASHINGTON
 County of Snohomish
 This is to certify that on 20th day of March, 1972, before me
Earl A. Williams
 a Notary Public in and for the State of Washington
 duly commissioned and sworn, personally came LARRY B. ALLAN
 and Nona M. ALLAN, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

OFFICIAL RECORDS
 RECORDED
 MAR 21 AM 10 44
 COUNTY CLERK
 SNOHOMISH COUNTY, WASH.

WITNESS my hand and official seal the day and year in this certificate first above written.

Earl A. Williams
 Notary Public in and for the State of Washington residing at Snohomish

13409 18' One 5 11
 Snohomish WA 98290

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