



200801310081

Skagit County Auditor

1/31/2008 Page 1 of 6 10:46AM

NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON )
: SS
COUNTY OF SKAGIT )

SUSAN D. BOCKENKAMP, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That HERMAN WILLIAM BOCKENKAMP was her husband. That HERMAN W. BOCKENKAMP died a resident in Anacortes, Skagit County, Washington on January 10, 2008. A copy of the death certificate is attached hereto. HERMAN W. BOCKENKAMP died leaving property in Skagit County all of which was the community property of affiant and decedent, HERMAN W. BOCKENKAMP. A copy of the Community Property Agreement is attached. The deceased held property in the Herman and Susan Bockenamp Living Trust dated February 14, 1991. Susan D Bockenamp is the Successor Beneficiary under the trust.

That there are no unpaid creditors of said decedent HERMAN W. BOCKENKAMP 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. The decedent's Will has been filed with the Skagit County Superior Court.

08 4 00029 0

That the property owned by affiant and HERMAN W. BOCKENKAMP consisted of the following:

REAL ESTATE

- 1. LEGAL OWNER: Herman and Susan Bockenamp Living Trust
STREET: 1119 - 36th Street, Anacortes, WA 98221
TAX ID: P32014/350125-0-048-0003
LEGAL: TAX 12 BEG 16RDS W OF SE C OF NE1/4 SEC 25 TH N 545FT TH W 10 2/3RDS TH S 545FT TH E 102/3RDS TB LESS S 280FT & TAX 12AB

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

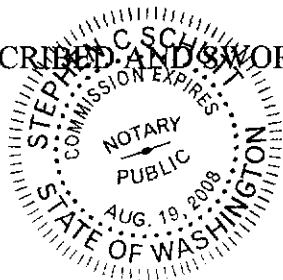
That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on 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 \_\_\_\_ day of January, 2008 .

Susan D. Bockenkauf  
SUSAN D. BOCKENKAMP, Surviving Spouse and Trustee

SUBSCRIBED AND SWORN TO before me this 29th day of JAN, 2008.



Schmitt  
Notary Public in and for the State of Washington, residing at Anacortes, WA.

My appointment expires: Aug 08



200801310081  
Skagit County Auditor

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **20-08**

## Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any): First <b>Herman</b> Middle <b>William</b> LAST <b>BOCKENKAMP</b> Suffix				2. Death Date <b>Jan 10, 2008</b>			
3. Sex (M/F) <b>M</b>		4a. Age - Last Birthday <b>91</b>		4b. Under 1 Year Months <b>91</b> Days		4c. Under 1 Day Hours <b>91</b> Minutes	
5. Social Security Number <b>[REDACTED]</b>		6. County of Death <b>Skagit</b>					
7. Birthdate <b>[REDACTED]</b>		8a. Birthplace (City, Town, or County) <b>Great Falls</b>		8b. (State or Foreign Country) <b>Montana</b>		9. Decedent's Education <b>GED Completed</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. <b>No</b>				11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1119 - 36th Street</b>						13b. City or Town <b>Anacortes</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98221</b>	
13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. <b>50 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Susan Dolores [REDACTED]</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Operator</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Oil Refinery</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Augustave W. Bockenamp</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Alta Lenore Moody</b>			
21. Informant's Name <b>Larry Bockenamp</b>		22. Relationship to Decedent <b>Son</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>3411 - 48th Street Ct NW Gig Harbor WA 98335-</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Nursing Home</b> Place of Death, if Death Occurred Somewhere Other than a Hospital:							
25. Facility Name (if not a facility, give number & street or location) <b>San Juan Rehab. &amp; Care Center</b>				26a. City, Town, or Location of Death <b>Anacortes</b>		26b. State <b>WA</b>	27. Zip Code <b>98221</b>
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Grand View Cemetery</b>			30. Location-City/Town, and State <b>Anacortes, Washington</b>		
31. Name and Complete Address of Funeral Facility <b>Evans Funeral Chapel &amp; Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-</b>						32. Date of Disposition <b>Jan 16, 2008</b>	
33. Funeral Director Signature X <i>Lemuel P. Miller</i>							

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. <b>unspecified natural causes</b>							Interval between Onset & Death <b>1 mo</b>
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							Interval between Onset & Death
Due to (or as a consequence of):							Interval between Onset & Death
Due to (or as a consequence of):							Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>COPD</b> <b>thoracic abdominal lymphadenopathy of undetermined cause</b>							
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 checked="" type="checkbox"/> No			
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<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"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year					
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 type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To be filled in by the physician, medical examiner, coroner, or other qualified person.				48b. Medical Examiner/Coroner - To be filled in by the medical examiner, coroner, or other qualified person.			
X <b>Oliver L. Stalsbrot M.D.</b>				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Oliver L. Stalsbrot M.D. 2511 M Avenue Suite B, Anacortes, WA 98221</b>						50. Hour of Death (24hrs) <b>05:00 AM</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY) <b>January 10, 2008</b>	
53. Title of Certifier <b>MD</b>		54. License Number <b>MD00018028</b>		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X <i>Connie Anderson, Deputy</i>						58. Date Received (MM/DD/YYYY) <b>JAN 11 2008</b>	
59. Amendments							



200801310081  
Skagit County Auditor

COMMUNITY PROPERTY AGREEMENT

Agreement made in 2-14-91-ANACOSTA, Washington on 2-14-91, between Herman W. Bockenkamp and Susan D. Bockenkamp, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property Covered. This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for property for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved in writing by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. All such property is referred to in this Agreement as the "described community property."

2. Vesting at Death of a Spouse. When one spouse dies and the other spouses survives by ten days, all of the described community property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. Disclaimer. Upon death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or property. The interest disclaimed shall pass as if the provisions of section 2 above had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.



4. Automatic Revocation. The provisions of section 2 above shall be automatically revoked

(a) upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce, or

(b) upon the establishment of a domicile out of the State of Washington by either party, or

(c) immediately prior to death, if neither party survives the other by ten days.

5. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of section 2 above. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled spouse. Each party designates the other party as attorney-in-fact to become effective upon disability to agree to the termination. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the named spouse is unable to manage his or her own affairs.

6. Powers of Appointment. This agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.



7. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with the provisions of any community property agreement, Will or other arrangement previously made by either or both of the parties that affect the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

*Herman W. Bockenkamp*  
Herman W. Bockenkamp

*Susan D. Bockenkamp*  
Susan D. Bockenkamp

STATE OF WASHINGTON )  
 ) ss.  
County of Skagit )

On this day personally appeared before me Herman W. Bockenkamp and Susan D. Bockenkamp, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal on this 14<sup>th</sup> day of February, 1991 .

*Allen Candler*  
NOTARY PUBLIC in and for the State  
Washington, residing at  
Issaquah, Wash  
My appointment expires on  
Feb 2, 1994

