

1. I am the surviving spouse of **George M. Carroll** who died at Mount Vernon, Washington, a resident of Skagit County, Washington, on August 25, 2008, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated July 19, 2004. A true and correct copy of this Community Property Agreement is attached hereto and incorporated herein. Attached also is a true and correct copy of the death certificate that was issued herein. This Community Property Agreement was validly executed and in full force and effect at the death of the decedent.

2. The decedent executed no wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering the assets listed below, any portion thereof, or any interest therein other than the instruments which have been duly recorded in the office of the Auditor of the location of the asset, except the above Community Property Agreement.

3. There are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness. The estate is fully solvent.

4. The decedent left surviving, in addition to the undersigned, the following children: Charles V. Carroll, James P. Carroll, Douglas J. Carroll, William D. Carroll, Terence G. Carroll, and Christopher L. Carroll.

5. The decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS) including nursing facility services, home or community-based services, hospital, prescription drugs or any other services.

6. There was no separate property.

7. Among other items of community property was the following described real estate and personal property:

a) **Residence located at 1504 East Highland, Mount Vernon, Skagit County, Washington, legally described as follows:**

Lot "B" of Mount Vernon Heights Addition to Mount Vernon, as per plat recorded in Volume 5 of Plats, page 47, records of Skagit County.

Skagit County Tax Parcel No. 3747-004-020-0000 (P53930)

b) **All Checking, Savings and Investment Accounts**

Lack of Probate Affidavit

Page 2

10/21/8 11:39
H:\EWJ\Carroll, George\Lack of Probate Aff.wpd

Elliott W. Johnson Inc. P.S.
711 South First Street



200810300009
Skagit County Auditor

10/30/2008 Page 2 of 7 9:10AM

c) All Motor Vehicles

d) All household Furniture, Furnishings, Jewelry, Clothing and Other Items of Personal Property.

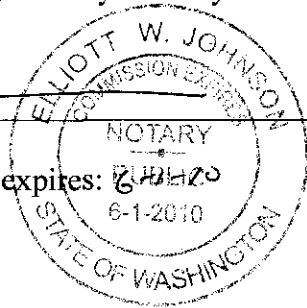
8. This affidavit is made to induce Title Companies to issue their policies of title insurance on real property passing to the surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations herein set forth.

Dorothy I. Carroll
Dorothy I. Carroll

SUBSCRIBED AND SWORN to before me on October 28 2008 by Dorothy I. Carroll.

[Signature]
Notary Public

My appointment expires: 6-1-2010



Lack of Probate Affidavit

Page 3

10/21/8 11:39
H:\EWJ\Carroll, George\Lack of Probate Aff.wpd

Elliott W. Johnson Inc. P.S.
111 Canal Blvd. Everett



200810300009

Skagit County Auditor

10/30/2008 Page 3 of 7 9:10AM

When Recorded Return to:

Community Property Agreement

Grantor(s): George M. Carroll
Grantee(s): Dorothy I. Carroll
Legal Description (abbreviated): N/A
Assessor's Tax Parcel Number: N/A
Reference (Auditor File Numbers of Documents assigned, released or amended): N/A

Community Property Agreement

THIS AGREEMENT, made and entered into on July 19, 2004, by and between **George M. Carroll** and **Dorothy I. Carroll**, husband and wife, who reside in Mount Vernon, Skagit County, 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

Community Property
Agreement

Page 1

George M. Carroll
Dorothy I. Carroll

Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273

H:\EWJ\Carroll, George\407 Carroll 105.wpd
7/1/4 14:34



200810300009
Skagit County Auditor

10/30/2008 Page 4 of 7 9:10AM

hereafter acquired by husband and wife (except for assets for which a separate beneficiary designation has been or is hereafter made by husband or wife and approved 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. If husband dies and wife survives, any separate property of husband which is owned by husband at the time of his death (except for assets for which husband has made a separate beneficiary designation other than by will) shall become and be considered community property vested as of the moment of his death, and if wife dies and husband survives her, any separate property of wife which is owned by wife at the time of her death (except for assets for which wife has made a separate beneficiary designation other than by will) shall become and be considered community property vested as of the moment of her death. All such property is regarded to in this agreement as the "described community property."

2. Vesting at death of a spouse: If husband dies and wife survives him, all of the described community property shall vest in wife as of the moment of husband's death. If wife dies and husband survives her, all of the described community property shall vest in husband as of the moment of wife's death.

3. Disclaimer: Upon the 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 assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. Automatic revocation: The provisions of paragraph 2 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 the order of death cannot be ascertained.

5. Optional revocation by one party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph,

Community Property
Agreement

Page 2

George H. Carroll
Dorothy L. Carroll

Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273

H:\EWJ\Carroll, George\407 Carroll 105.wpd
7/1/4 14:34



200810300009
Skagit County Auditor


10/30/2008 Page 5 of 7 9:10AM

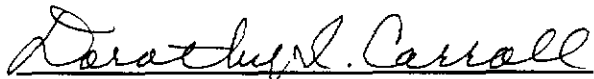
spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

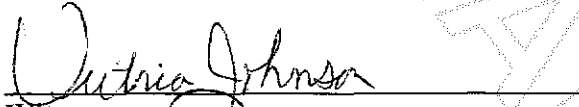
6. Powers of appointment: This agreement shall not affect any power of appointment now held by or hereafter given to husband or wife or both of them, nor shall it obligate husband or wife or both of them to exercise any such power of appointment in any way.

7. Revocation of inconsistent agreements: To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

Dated: July 19, 2004.


George M. Carroll


Dorothy I. Carroll


Witness


Witness

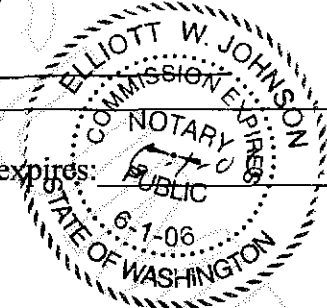
State of Washington)
) ss.
County of Skagit)

I certify that I know or have satisfactory evidence that George M. Carroll and Dorothy I. Carroll are the persons who appeared before me and acknowledged that they signed this instrument as their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: July 19, 2004.


Notary Public

My appointment expires:



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 730-08 Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) - First Middle LAST Suffix George Mortimer Carroll				2. Death Date 08/25/2008	
3. Sex (M/F) M	4a. Age - Last Birthday 91	4b. Under 1 Year Months	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthplace [REDACTED]	8a. Birthplace (City, Town, or County) Missoula		8b. (State or Foreign Country) Montana		9. Decedent's Education Some college credit, no degree
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) Caucasian	
12. Was Decedent member in U.S. Armed Forces? yes					
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1504 E Highland Ave				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98273	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 52 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Dorothy Grimm	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Travel Passenger Agent			18. Kind of Business/Industry (Do not use Company Name) Public Transportation		
19. Father's Name (First, Middle, Last, Suffix) Charles Parnell Carroll			20. Mother's Name Before First Marriage (First, Middle, Last) Flora Elizabeth [REDACTED]		
21. Informant's Name Dorothy Carroll		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No City or Town State Zip 1504 E Highland Ave Mount Vernon WA 98273		
24. Place of Death, if Death Occurred in a Hospital: Nursing Home					
25. Facility Name (if not a facility, give number & street or location) Ashley Gardens at Mount Vernon			26a. City, Town, or Location of Death Mount Vernon	26b. State WA	27. Zip Code 98273
28. Method of Disposition Burial			29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park		30. Location-City/Town, and State Mount Vernon, WA
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E. College Way Mount Vernon WA 98273-0398				32. Date of Disposition 08/29/2008	
33. Funeral Director Signature X <i>[Signature]</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. Congestive Heart Failure				Interval between Onset & Death Years	
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. Hyper-tension				Interval between Onset & Death Years	
c. _____				Interval between Onset & Death	
d. _____				Interval between Onset & Death	
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"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input 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 checked="" type="checkbox"/> No <input 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 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 (Type or Print) <i>[Signature]</i>			48b. Medical Examiner/Coroner (Type or Print) X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Jonathan Ploudre, 2116 E Section Mount Vernon, WA 98274				50. Hour of Death (24hrs) 0930	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 08/26/2008	
53. Title of Certifier M.D.		54. License Number MD00045195		55. ME/Coroner File Number NJA# 385	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature <i>[Signature]</i>				58. Received AUG 26 2008	
59. Amendments					

Part 1 completed by Funeral Director

Part 2 completed by Certifier

DOH/CHS 003 Rev 2/06/2004



200810300009
Skagit County Auditor