



200906090025

Skagit County Auditor

6/9/2009 Page 1 of 6 9:49AM

Recorded by and return to:

Stiles & Stiles, Inc., P.S.
P.O. Box 228
Sedro-Woolley, WA 98284

Legal : Skagit Steelhead Trs Lot 41
Skagit Steelhead Trs Lt 42
Skagit Steelhead Trs Lt 43

Tax Parcel # P69548 4012-000-041-0009
P69549 4012-000-042-0008
P69550 4012-000-043-0007

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Lynn Marie Williams, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Edwin Leroy Williams, who died at Concrete, County of Skagit, State of Washington, on May 25, 2009, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Survivorship Agreement dated October 31, 2008, which agreement has been recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit County, Washington.
2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. That the value of the community estate as of the date of death, including all real and personal property, was over \$100,000.00, and the value of all separate property of said decedent was \$00 as of the date of her death. Among other items of community property was the following described real estate:

Assessor's Tax Parcel P69548 4012-000-041-0009

LOT 41, "THE PLAT OF SKAGIT STEELHEAD TRACTS", AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGE 10, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Assessor's Tax Parcel P69549 4012-000-042-0008
P69550 4012-000-043-0007

TRACTS 42 AND 43, "PLAT OF SKAGIT STEELHEAD TRACTS", AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGE 10, RECORDS OF SKAGIT COUNTY, WASHINGTON.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

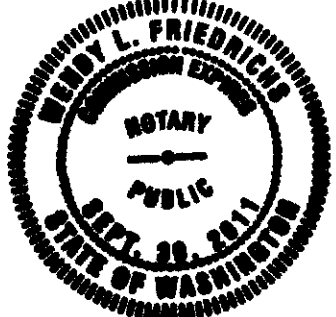
DATE: 6/4, 2009

Lynn Marie Williams
Lynn Marie Williams

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me Keith E. Woods, 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 on June 4, 2009



Wendy L. Friedrichs
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro-Woolley, WA
Commission Expires: 9-30-11



200906090025
Skagit County Auditor

RECORDED AT THE REQUEST OF:

Stiles & Stiles, Inc., P.S.
P.O. Box 228
Sedro-Woolley, Washington 98284

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT made and entered into by and between Edwin Leroy Williams and Lynn Marie Williams, husband and wife, pursuant to the provisions of Section 26.16.120, Revised Code of Washington; providing for agreements between husband and wife for fixing of the status and disposition of community property to take effect upon the death of either.

WITNESSETH:

That, in consideration of the love and affection that each of the parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all property of whatsoever nature and description, whether real, personal or mixed, and wheresoever situated now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.



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IN WITNESS WHEREOF, Edwin Leroy Williams and Lynn Marie Williams,
husband and wife, have hereunto set their hands and seals on

October 30, 2008

[Signature]
Edwin Leroy Williams

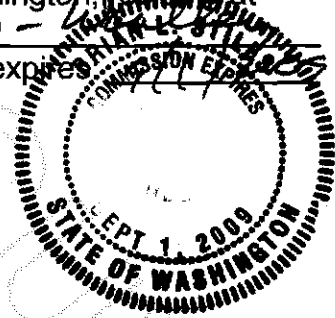
[Signature]
Lynn Marie Williams

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

This certifies that Edwin Leroy Williams and Lynn Marie Williams, husband and wife, personally appeared before me and known to me to be the individuals described in and who executed the foregoing instrument and acknowledged the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official seal on October 31, 2008

[Signature]
NOTARY PUBLIC in and for the
State of Washington, residing at
[Address]
Commission expires [Date]



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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 437-09		Washington State Certificate of Death			State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST EDWIN LEROY WILLIAMS				2. Death Date May 25, 2009		
3. Sex (M/F) Male		4a. Age - Last Birthday 60	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) Seattle	8b. (State or Foreign Country) Washington	9. Decedent's Education Some College		
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? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 50327 Concrete Sauk Valley Road				13b. City or Town Concrete		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98237	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence: 2 years		15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Lynn Shorter			
17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED). Systems Software Trouble Shooter			18. Kind of Business/Industry (Do not use Company Name) Tele Communications			
19. Father's Name (First, Middle, Last, Suffix) Arthur T. Williams			20. Mother's Name Before First Marriage (First, Middle, Last) Theлма [REDACTED]			
21. Informant's Name Lynn Williams		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip P.O. Box 491 Concrete, WA 98237			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence			25. Facility Name (if not a facility, give number & street or location) 50327 Concrete Sauk Valley Road			
25a. City, Town, or Location of Death Concrete		26b. State WA	27. Zip Code 98237			
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		30. Location-City/Town, and State Mount Vernon, Washington		
31. Name and Complete Address of Funeral Facility Lemley Chapel, Inc. 1008 Third St., Sedro-Woolley, WA 98284				32. Date of Disposition May 27, 2009		
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. Metastatic Prostate Cancer				Interval between Onset & Death Unknown
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. 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			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 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 - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. Edwin Stickle 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.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Edwin Stickle, MD 1990 Hospital Dr. #100, Sedro-Woolley, WA 98284				50. Hour of Death (24hrs) 1626 hrs.		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 05/26/2009		
53. Title of Certifier Physician		54. License Number MD00034310	55. ME/Coroner File Number NJA-261	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature Connie Anderson, Deputy				58. Date Received (mm/dd/yyyy) MAY 27 2009		
59. Amendments						



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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
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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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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 forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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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:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

MAY 27 2009

Handwritten signature

Skagit County Health Department
 Howard Leibrand M.D., Health Officer RR00597889



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 Skagit County Auditor