

Daryl C. Dickerhoof, being first duly sworn, deposes and says:

1. I am the surviving spouse of **Marilyn J. Dickerhoof** who died a resident of Skagit County, Washington at Mount Vernon on August 22, 2009, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated December 5, 2005. 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: Eric K. Dickerhoof, Corey S. Dickerhoof, Andrew L. Dickerhoof, Krista J. Dickerhoof, and Joshua D. Dickerhoof.
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:

a) **Residence located at 420 E. Fulton Street, Mount Vernon, Skagit County, Washington, legally described as follows:**

Lots 17, 18, 19 and 20, Block 14, "VERNON HEIGHTS SECOND ADDITION TO MT. VERNON, WASH.", as per plat recorded in Volume 3 of Plats, page 62, records of Skagit County, Washington.

Skagit County Tax Parcel No. 3764-014-020-0007 (P54652)

Affidavit re:
Community Property Agreement

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Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616
Email: Elliott@EWJLaw.com



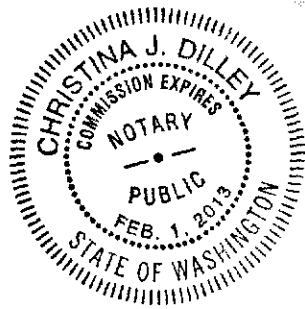
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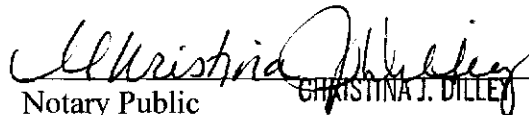
- b) All Checking, Savings and Investment and Retirement Accounts
- c) All Motor Vehicles
- d) All Household Furniture, Furnishings, Jewelry, Clothing and Other Items of Personal Property

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.


Daryl C. Dickerhoof

SUBSCRIBED AND SWORN to before me on October 16, 2009 by Daryl C. Dickerhoof.




Notary Public
My appointment expires: 2-1-2013

Affidavit re:
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When Recorded Return to:

Community Property Agreement

Grantor(s): Daryl C. Dickerhoof
Grantee(s): Marilyn J. Dickerhoof
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

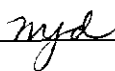
THIS AGREEMENT, made and entered into on December 5, 2005, by and between **Daryl C. Dickerhoof** and **Marilyn J. Dickerhoof**, husband and wife, who reside in Mount Vernon, Skagit County, Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property covered: This agreement shall apply to all community property now owned or hereafter acquired by husband and wife (except for assets for which a separate beneficiary

Community Property
Agreement

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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.

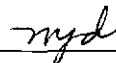
4. Automatic revocation: The provisions of paragraph 2 shall be automatically revoked.
a. Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or
b. Upon the establishment of a domicile out of the State of Washington by either party; or
c. 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 any or all provisions of this document 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 purposes of this paragraph, "disability" shall mean any period that such party is unable to effectively communicate by reason of injury, disease or other cause. Disability shall include a party's inability to manage his or her property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, dementia, chronic use of drugs, chronic intoxication, confinement,

Community Property
Agreement

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 715-09		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST				2. Death Date		
Marilyn Jo Dickerhoof				Aug 22, 2009		
3. Sex (MF)		4a. Under 1 Year		4c. Under 1 Day		6. County of Death
Female		66				Skagit
7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education
		Seattle		Washington		Some college credit, but no degree
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No
No				White		No
13a. Residence: Number and Street (e.g., 824 SE 5 th St.) (Include Apt. No.)				13b. City or Town		
420 E. Fulton St.				Mount Vernon		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4
Skagit				Washington		98273
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage).		
8 Years		Married		Daryl Dickerhoof		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)		
Homemaker				Own Home		
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)		
George Leitner				Mary		
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip		
Daryl Dickerhoof		Husband		420 E Fulton St, Mount Vernon, WA 98273		
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
Inpatient						
25. Facility Name (if not a facility, give number & street or location)				26a. City, Town, or Location of Death		27. Zip Code
Skagit Valley Hospital				Mount Vernon		WA 98274
28. Method of Disposition.		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State		
Burial		Hawthorne Memorial Park		Mount Vernon, WA		
31. Name and Complete Address of Funeral Facility				32. Date of Disposition:		
Kern Funeral Home 1122 South Third St, Mount Vernon, WA 98273				Aug 29, 2009		
33. Funeral Director Signature X <i>Rex E. Watt</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)				Interval between Onset & Death		
a. Sepsis				3 days		
Due to (or as a consequence of):				Interval between Onset & Death		
b. Neutropenic fever				1 week		
Due to (or as a consequence of):				Interval between Onset & Death		
c. Metastatic Salt Toxic Sarcoma				15 months		
Due to (or as a consequence of):				Interval between Onset & Death		
d.						
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?
Brain metastasis, Dysphagia				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input 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"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <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				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						
48a. Certifying Physician - In the best of my knowledge, death occurred at the time, date, and place and due to the causes and manner stated.				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.		
X <i>Rex E. Watt</i>				X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)		
Onder Orgul, MD 1617 E Division St, Mount Vernon, WA 98274				0700		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy)		
				Aug 26, 2009		
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?
Physician		MD00040743				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature				58. Date Received (mm/dd/yyyy)		
<i>Concepcion Orgul</i>				AUG 26 2009		
59. Amendments						

Part 1 completed by Funeral Director

Part 2 completed by Certifier



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