



201002090077

Skagit County Auditor

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NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

NELLIE E. BREWSTER, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That Lawrence T. Brewster was her husband. That he died a resident of Skagit County, Washington on November 27, 2009. A copy of the death certificate is attached hereto. Lawrence T. Brewster died leaving property in Skagit County all of which was the community proper of affiant and decedent.

That at the time of the death of Lawrence T. Brewster, there was in full force and effect a Community Property Agreement executed by affiant and decedent which Agreement is attached to this affidavit.

That there are no unpaid creditors of said decedent 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.

That the property owned by affiant and Lawrence T. Brewster consisted of the following:

REAL ESTATE

- 1. STREET: 3609 Q Avenue, Anacortes, Washington
TAX ID: P58804/3813-005-030-0004
LEGAL: Seattle Syndicate to Anacortes N 12 Ft Lt 27 & all Lots 28 to 30 Blk 5

PERSONAL PROPERTY

- 1. Household furniture valued at \$500.00
- 2. Motor vehicles valued at \$500.00
- 3. Bank accounts and cash valued at \$500.00

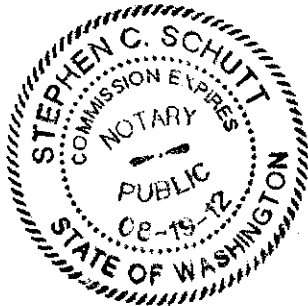
That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on 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 8 th day of February 2010 .

Nellie E. Brewster
NELLIE E. BREWSTER

SUBSCRIBED AND SWORN TO before me this 8 th day of February 2010.



Schutt
Notary Public in and for the
State of Washington, residing
at Anacortes, WA.
My appointment expires: Aug 2012

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 29 day of October, 2001, between **LAWRENCE T. BREWSTER** and **NELLIE E. BREWSTER**, husband and wife, both of whom are domiciled in the State of Washington. In consideration of the mutual benefits to be derived and 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 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 of may have been 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 here, 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 referred 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 3 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 guardians, if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in Washington signs a statement declaring that the 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 Wife or Husband 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. **Inconsistent Agreement:** 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.

Catherine Thompson
Witness

Lawrence T. Brewster 10/29/01
LAWRENCE T. BREWSTER

Lais LeBlonde
Witness

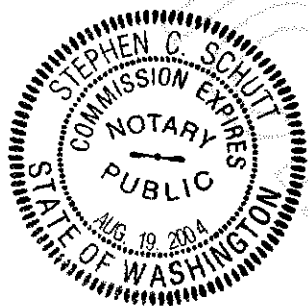
Nellie E. Brewster 10/29/01
NELLIE E. BREWSTER




STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

On 29 October, 2001 personally appeared before me **Lawrence T. Brewster** and **Nellie E. Brewster** 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 the date first set out above.




NOTARY PUBLIC in and for the
State of Washington
My commission expires: 2004



Last Will and Testament of

LAWRENCE T. BREWSTER

I, LAWRENCE T. BREWSTER, of 3906 Q Avenue, Anacortes, Skagit County, Washington declare this to be my Last Will and Testament and revoke all prior Wills and Codicils.

I. FAMILY

I am married and my wife's name is NELLIE E. BREWSTER. I have four children born to me, namely GORDON T. BREWSTER, SANDRA L. COX, JANET L. ARMSTRONG and DAVID L. BREWSTER. Except as herein provided, I do not intend to make provisions for any relative of mine who may not survive me.

II. PAYMENT OF DEBTS

I direct my executor hereinafter named, as soon after my death as is practicable, to pay all just debts for which proper claims are filed against my estate, all estate, inheritance and succession taxes assessed by reason of my death, and the expense of my last illness and funeral; provided, however, that this shall not authorize any creditor to require payment of any debt prior to normal maturity thereof, or prohibit my Executor from exercising any legal defense to the same. My Executor shall be compensated for his/her time and expenses at a reasonable rate.

LAST WILL AND TESTAMENT - 1
Initial



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III. DEVICES AND BEQUESTS OF PROPERTY

A. After payment of funeral expense, debts and taxes as herein provided, I make the following specific bequeath:

1. To my grandson, ERIC RIVAS, I give, devise and bequeath my Toyota pick up truck.

B. Provided she survives me by one (1) day, I devise and bequeath all of the rest, residue, and remainder of my estate to my wife, NELLIE E. BREWSTER.


C. In the event my wife does not survive me by one (1) day, and my youngest surviving child is Twenty Five (25) years of age, or older, then, in that event, I devise and bequeath all of the rest, residue and remainder of my estate to my children, GORDON T. BREWSTER, SANDRA L. COX, JANET L. ARMSTRONG and DAVID L. BREWSTER, share and share alike, per stirpes.

D. I may have a separate list which disburses tangible personal property to designate heirs. Said list is dated and signed.

IV. APPOINTMENT OF PERSONAL REPRESENTATIVE

I nominate and appoint my wife, NELLIE E. BREWSTER, the Executor of this my Last Will and Testament. If she does not survive me by one (1) day as herein provided, then, in that event, I nominate and appoint GORDON T. BREWSTER, of _____, Washington, as alternate Executor of this my Will. I

LAST WILL AND TESTAMENT - 2
Initial:


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hereby direct that my Executors shall serve without bond and with unrestricted nonintervention powers, and without liability for error in judgment.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 28th day of October, 2001.

Lawrence T. Brewster
LAWRENCE T. BREWSTER

LAST WILL AND TESTAMENT - 3
Initial: [Signature]



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STATE OF WASHINGTON)
 :ss
COUNTY OF SKAGIT)

ATTESTATION CLAUSE AND
AFFIDAVIT OF ATTESTING
WITNESSES

The undersigned, competent to testify, being first duly sworn, upon oath, depose and say:

That the foregoing instrument to which this Affidavit is attached, consisting of four (4) pages, of which this is the fourth (4th) page, dated the 29 day of October, 2001, which purports to be the Last Will and Testament of the above named Testator was signed and executed by the said Testator at Anacortes, Washington, in the presence of my self and the other witness.

The Testator thereupon published the instrument as and declared it to be his Last Will and Testament and requested us to sign the same as witnesses and to execute this Affidavit in proof of said Will.

In the presence of the Testator and at his request and direction, and in the presence of each other, the other witness and I subscribed our names as witnesses hereto.

At the time of executing said instrument the Testator, the other witness and I, were of legal age and competent to act as witnesses and the Testator appeared to be of sound and disposing mind and not acting under duress, menace, fraud, undue influence or misrepresentation.

Schutt SC residing at Anacortes WA

Catherine Thompson residing at Anacortes WA

Signed, sworn to (or affirmed) and attested by
S.C. Schutt and Catherine Thompson, on this 29
day of October, 2001.

Lois LeBlonde
NOTARY PUBLIC in and for the
State of Washington
My appointment expires: 6-25-2002.



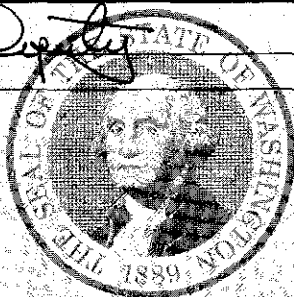
LAST WILL AND TESTAMENT - 4
Initial



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 9509		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Lawrence Theodore BREWSTER				2. Death Date Nov 27, 2009		
3. Sex (M/F) M	4a. Age - Last Birthday 83	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) Mount Vernon	8b. (State or Foreign Country) Washington		9. Decedent's Education Some College, No Degree		
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.) 3906 - Q Avenue				13b. City or Town Anacortes		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98221	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence 55 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Nellie E. Pettys		
17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED). Merchant Seaman				18. Kind of Business/Industry (Do not use Company Name) State Ferries		
19. Father's Name (First, Middle, Last, Suffix) George Theodore Brewster			20. Mother's Name Before First Marriage (First, Middle, Last) Vera Goldie [REDACTED]			
21. Informant's Name Gordon T. Brewster		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 609 - 13th Street Bellingham WA 98225		
24. Place of Death, if Death Occurred in a Hospital: Fidalgo Care Center				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Nursing Home		
25. Facility Name (if not a facility, give number & street or location) Fidalgo Care Center			26a. City, Town, or Location of Death Anacortes		26b. State WA	27. Zip Code 98221
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory			30. Location-City/Town, and State Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221					32. Date of Disposition December 1, 2009	
33. Funeral Director Signature X <i>Lennie Shlain</i>						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ABBREVIATE. Add additional lines if necessary. Cause of Death (See instructions and examples) IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Lung Cancer Interval between Onset & Death 6 months Due to (or as a consequence of): 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 checked="" 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 checked="" type="checkbox"/> Probably <input 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 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. Theodore K. M. DO		
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				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Theodore K.M. DO 1211 - 24th Street, Oncology Dept., Anacortes, WA 98221		
50. Hour of Death (24hrs) 23:45 PM				51. Name and Title of Attending Physician if other than Certifier (Type or Print)		
52. Date Signed (MM/DD/YYYY) 11/30/2009				53. Title of Certifier DO		
54. License Number OP00002076		55. ME/Coroner File Number NJA # 594		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature <i>Lennie Shlain</i>				58. Date Received (MM/DD/YYYY) DEC - 1 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:

- 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.



201002090077
Skagit County Auditor

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

SS00165996

STEPHEN C. SCHUTT

ATTORNEY AT LAW

P.O. Box 1032
1011 EIGHTH STREET
ANACORTES, WASHINGTON 98221

TELEPHONE (360) 293-5094
FAX (360) 299-0416
SCHUTTATTY@YAHOO.COM


February 5, 2010

Dept. Social and Health Services
Office of Financial Recovery
Attn: Estate Recovery Unit
PO Box 9501
Olympia, Washington 98507-9501

Re: Estate of: Lawrence T. Brewster
Date of Birth: November 29, 1925
Date of Death: November 27, 2009
SSN: [REDACTED]

There will be no probate of the estate of Lawrence T. Brewster. The Executor is
Nellie E. Brewster. She can be reached at:

c/o Stephen C. Schutt
Attorney at Law
P.O. Box 1032
Anacortes, WA 98221



Stephen C. Schutt
Attorney



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COPY

DECLARATION OF MAILING

The undersigned being first duly sworn upon oath, deposes and says:

That on the 5 day of February, 2010, she caused to be deposited in the United States mail at Anacortes, Washington, postage prepaid, the letter to which this is attached addressed to the following:

Department of Social & Health Services, Estate Recovery Unit, P.O. Box
9501, Olympia, WA 98507-9501

Under penalty of perjury I declare the foregoing to be a true, accurate, and correct statement to the best of my knowledge and belief.

DATED this 5th day of February, 2010.


Catherine Thompson, Secretary



201002090077
Skagit County Auditor