



201103080027  
Skagit County Auditor

NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON )  
 : SS  
COUNTY OF SKAGIT )

ALVINA D. MICHAEL, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That HENRY W. MICHAEL was her husband. That he died a resident in Anacortes, Skagit County, Washington on February 14, 2011. A copy of the death certificate is attached hereto. HENRY W. MICHAEL died leaving property in Skagit County all of which was the community property of affiant and decedent. A copy of the Community Property Agreement is attached.

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. A copy of the Will is attached.

That the property owned by affiant and decedent consisted of the following:

REAL ESTATE

- 1. STREET: 3916 Hillcrest Drive, Anacortes, WA 98221
- TAX ID: P58868/3813-014-011-0009
- LEGAL: SEATTLE SYNDICATE TO ANA VAC ELY 10 FT OF SL AVE ADJ  
S1/2 LOT 8 ALL LT 9 & 10 n1/2 LT11

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.

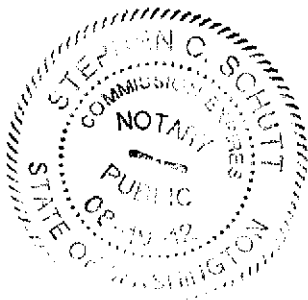
This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

Dated this 2 day of March, 2011.

Alvina Michael  
ALVINA D. MICHAEL

SUBSCRIBED AND SWORN TO before me this 2 th day of March, 2011.

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



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AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY
After Death of One of the Spouses

KNOW ALL MEN BY THESE PRESENTS;

That this agreement, made and entered into this 7th day of January, 1985, by and between HENRY W. MICHAEL and ALVINA D. MICHAEL, husband and wife, of 1123 Dewey Drive, Coupeville, Island County, Washington,

WITNESSETH; That whereas, the said parties are owners of certain property, all of which, regardless of method of acquisition or source, they hereby declare to be community property, constituting all of the property now owned by said parties, and said parties are desirous that said property, together with all other property of whatsoever nature, either real or personal, which may be hereafter acquired or received by either or both of them, whether by gift, inheritance, purchase, or otherwise, shall be deemed to be community property, and in the event either party now owns or hereafter acquires any property which might otherwise be the separate property of that party, said party hereby conveys and quit claims to the other party a community interest in said property, so that the same will be community property, and that the same shall pass without delays or undue expense upon the death of either to the survivor.

NOW, THEREFORE, for and in consideration of the sum of ONE DOLLAR (\$1.00), the receipt of which is hereby acknowledged by each party hereto, and also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of HENRY W. MICHAEL while ALVINA D. MICHAEL survives, then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said ALVINA D. MICHAEL in fee simple; and in the event of the death of ALVINA D. MICHAEL while HENRY W. MICHAEL survives, then the whole of said community property now owned together with all other community property, real and personal, that may hereafter be acquired, shall at once vest in said HENRY W. MICHAEL in fee simple; and each party conveys and quit claims to the surviving party all of said community and all other property which were it not for this agreement might be the separate estate of the conveying party, in compliance herewith.

IN WITNESS WHEREOF, the said HENRY W. MICHAEL and ALVINA D. MICHAEL have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered in the presence of

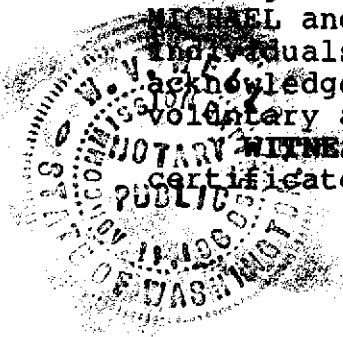
Witness signatures: W. V. Wells, Barbara B. Wells, Henry W. Michael (SEAL), Alvina D. Michael (SEAL)

STATE OF WASHINGTON )
) SS.
County of Skagit )

THIS IS TO CERTIFY that on this 7th day of January, 1985, before me, W. V. WELLS, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally came HENRY W. MICHAEL and ALVINA D. MICHAEL, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.
NOTARY WITNESS my hand and official seal the day and year in this certificate first above written.

W. V. Wells
NOTARY PUBLIC in and for the State of Washington, residing at Anacortes

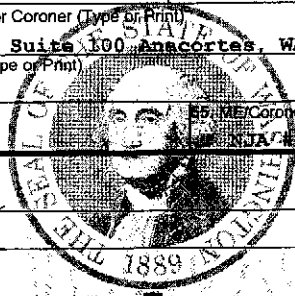
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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 121-11 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Henry Willard Michael</b>				2. Death Date <b>Feb 14, 2011</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>83</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Skagit</b>
7. Birthdate <b>Jul 5, 1927</b>		8a. Birthplace (City, Town, or County) <b>Colville</b>	8b. (State or Foreign Country) <b>Washington</b>	9. Decedent's Education <b>Registered Nurse Degree</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>3916 Hillcrest Drive</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>16 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Alvina Diane Moulard</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Registered Nurse</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Healthcare Industry</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>James Ross Michael</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Juanita Vivian Boyd</b>		
21. Informant's Name <b>Alvina Diane Michael</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>3916 Hillcrest Drive Anacortes WA 98221</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>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Northwest Crematory</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 Street Anacortes Washington 98221</b>				32. Date of Disposition <b>Feb 19, 2011</b>	
33. Funeral Director Signature X <i>Joseph J. Wuburn</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. Cause of Death (See instructions and examples)					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. <b>CEREBRAL VASCULAR ATTACK</b>		Interval between Onset & Death <b>DAYS</b>	
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. <b>ATHEROSCLEROSIS</b>		Interval between Onset & Death <b>YEARS</b>	
		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 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 checked="" type="checkbox"/> Yes <input 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: State: Zip Code+ 4:				Apt. No.:	
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. X <i>C. Les Conway</i>			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) <b>C. Les Conway, M.D 1213 24th Street, Suite 100 Anacortes, WA 98221</b>				50. Hour of Death (24hrs) <b>2317</b>	
51. Name and Title of Attending Physician If other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) <b>Feb 16, 2011</b>	
53. Title of Certifier <b>Dr.</b>		54. License Number <b>MD00015902</b>	55. ME/Coroner File Number <b>WA 082</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>Shirley Marshall, Deputy</i>				58. Date Received (MM/DD/YYYY) <b>FEB 16 2011</b>	
59. Amendments					



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SKAGIT COUNTY, WA

2011 FEB 25 AM 11:18

SUPERIOR COURT OF WASHINGTON FOR SKAGIT COUNTY

In Re the Estate of:

HENRY W. MICHAEL,

Deceased.

NO. **11 4 00055 9**

LAST WILL AND TESTAMENT

See attached.

LAST WILL AND TESTAMENT



201103080027

Skagit County Auditor

STEPHEN C.

SCHUTT

ATTORNEY AT LAW

WSBA # 14107

P.O. BOX 1032

1011 FIFTH STREET

ANACORTES

WASHINGTON 98221

(360) 293-5094

schutt@attyschutt.com

# Last Will and Testament

of

**HENRY W. MICHAEL**

I, HENRY W. MICHAEL, of 1123 Dewey Drive, Coupeville, Island County, Washington, being over the age of majority, of sound and disposing mind and memory, and not acting under duress, fraud or undue influence, do make, publish and declare this my Last Will and Testament, in the manner following, that is to say:

**FIRST:** I direct that my Executrix hereinafter named, as soon after my death as is practicable, shall pay all just debts for which proper claims are filed against my estate and the expense of my last illness and funeral; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course, or prohibit my Executrix from exercising any legal defense to any such claim.

**SECOND:** I declare that I have six children, namely: JOSEPH J. MICHAEL, of Mountain Home, APB Idaho, FRANCES J. SMITH, of Seattle, Washington, SUZANNE BOUCHARD, of Kittery, Maine, JON H. MICHAEL, JEFREY E. MICHAEL, and ROSS T. MICHAEL, all of Coupeville, Washington. I make no devise or bequest in this Will to any of my said children, other than as hereinafter set forth.

**THIRD:** All the rest, residue and remainder of my estate remaining after payment of the just debts and expenses set forth in paragraph designated FIRST above, I hereby give, devise and bequeath unto my beloved wife, ALVINA D. MICHAEL, of my above address, provided my wife survives me by at least thirty days.

**FOURTH:** I hereby nominate and appoint my wife, ALVINA D. MICHAEL, Executrix of this my Last Will and Testament, to act without the necessity of furnishing bond. If for any reason my wife is unable or unwilling to act as Executrix of this Will, or

Last Will: HENRY W. MICHAEL - 1



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if, having once qualified as Executrix, is unable to continue in said capacity, then I nominate and appoint my daughter, FRANCES J. SMITH, as Executrix of this Will, to serve without bond, and if for any reason FRANCES J. SMITH is unwilling or unable to serve as Executrix of this Will, then I nominate and appoint my son, JON H. MICHAEL, as Executor of this Will, to serve without bond.

**FIFTH:** If my wife does not survive me by at least thirty days, then in such event I give, devise and bequeath the rest, residue and remainder of my estate unto my children above named, to-wit, JOSEPH J. MICHAEL, FRANCES J. SMITH, SUZANNE BOUCHARD, JON H. MICHAEL, JEFREY E. MICHAEL, and ROSS T. MICHAEL, share and share alike.

**SIXTH:** It is my will and I hereby direct that any Executrix or Executor herein named shall have unrestricted non-intervention powers in connection with the management and settlement of my estate, with full power and authority to mortgage, lease, sell, convey, transfer and dispose of any and all property belonging to my estate, real, personal and mixed, with full power to determine property values and sales prices, at such time or times as my said Executrix or Executor may deem to be the best interests of my estate; to execute and deliver all necessary instruments in connection therewith; to give receipts, releases and acquittances for payments made to my said estate; to satisfy mortgages, to compromise and adjust any liability or claim of whatever kind made against my estate upon such terms and in such manner as said Executrix or Executor may deem advisable; to do every act and thing necessary to be done in making settlement of my estate which my said Executrix or Executor may deem advisable and proper; and to do all such acts and things without being required to apply to any court for an order so to do or for confirmation thereof, without liability for error in judgment.

**SEVENTH:** I hereby revoke all former Wills by me made.

Last Will: HENRY W. MICHAEL - 2



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IN TESTIMONY WHEREOF, I have hereunto set my hand and seal  
this 7th of January, 1985.

 (SEAL)  
HENRY W. MICHAEL

Last Will: HENRY W. MICHAEL - 3



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Skagit County Auditor





**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

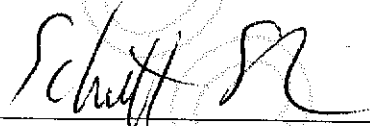
February 11, 2011

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

Re: Estate of: HENRY W. MICHAEL  
Date of Birth: July 5, 1927  
Date of Death: February 14, 2011  
SSN: ██████████

There will be no probate of the estate of HENRY W. MICHAEL. The estate is solvent. The Administrator is ALVIN D. MICHAEL. 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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DECLARATION OF MAILING

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


That on the 24 day of February, 2011, 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 24 day of February, 2011.

Catherine Thompson  
Catherine Thompson, Secretary

  
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Skagit County Auditor  
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