



201110040001
Skagit County Auditor

10/4/2011 Page 1 of 11 8:53AM

NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
 : SS
COUNTY OF SKAGIT)

LINDA M. LOCKREM, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That LESLIE OWEN LOCKREM was her husband. That he died a resident in Anacortes, Skagit County, Washington on August 29, 2011. A copy of the death certificate is attached hereto. LESLIE O. LOCKREM 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 decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS) and/or Medicaid including nursing facility services, home or community-based services, hospital, prescription drugs or any other services

That the property owned by affiant and LESLIE O. LOCKREM consisted of the following:

REAL ESTATE

- STREET: 9351 Lockrem Court
TAX ID: P20792/340227-2-001-1000
LEGAL: (5.35 AC) THAT PORTION OF HE NW 1/4 LYING E OF SNEE-OOSH ROAD, KNOWN AS TRACT A, RECORDED UNDER AUDITOR'S

FILE NO. 829289, ALL LYING IN SEC 27, TWN 34 N, RNG 2 E, W.M.,
EXCEPT THE N 20 FT THEREOF.

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 |

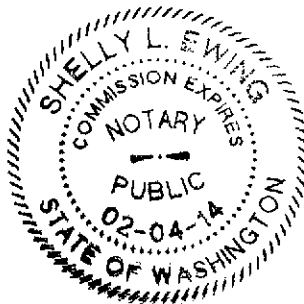
That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on 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 26 day of September 2011.

Linda M. Lockrem
LINDA M. LOCKREM

SUBSCRIBED AND SWORN TO before me this 26 th day of September, 2011.



Shelly L. Ewing
Notary Public in and for the
State of Washington, residing
at Anacortes, WA.
My appointment expires: 02-04-14



201110040001
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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT made this 8 day of July, 2011, between **LESLIE G. LOCKREM** and **LINDA MARIE LOCKREM**, 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 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 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 parties, 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.



201110040001
Skagit County Auditor

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

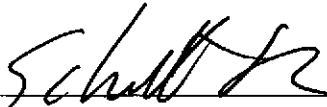
(b) upon the establishment of a domicile out of the State of Washington by either party; or

(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 this inconsistency.



Witness



Witness



LESLIE G. LOCKREM



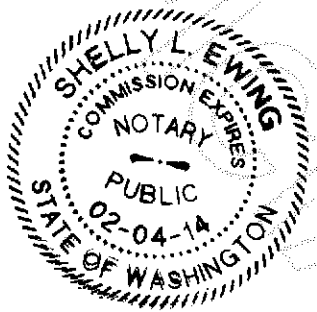
LINDA M. LOCKREM



STATE OF WASHINGTON)
)
) :SS
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COUNTY OF SKAGIT)

On July 8, 2011, personally appeared before me **Leslie G. Lockrem** and **Linda M. Lockrem** 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.



Shelly L. Ewing
NOTARY PUBLIC in and for the State of
Washington, residing at Anacortes
My commission expires: 02-04-14



**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Local File Number 713-11		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Leslie Owen Lockrem				2. Death Date August 29, 2011			
3. Sex (M/F) Male		4a. Age - Last Birthday 69		4b. Under 1 Year Months Days 0 0		5. Social Security Number [REDACTED]	
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) Minneapolis		8b. (State or Foreign Country) MN		9. Decedent's Education Associate's Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 9351 Lockrem Ct.						13b. City or Town LaConner	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) Swinomish		13e. State or Foreign Country WA		13f. Zip Code + 4 98257	
14. Estimated length of time at residence. 40 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Linda M. Neider			
17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED). Shipwright - Electrical Engineer				18. Kind of Business/Industry (Do not use Company Name) Boat Building & Repair			
19. Father's Name (First, Middle, Last, Suffix) Clarence O. Lockrem				20. Mother's Name Before First Marriage (First, Middle, Last) Margaret [REDACTED]			
21. Informant's Name Linda M. Lockrem		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 9351 Lockrem Ct., LaConner, WA 98257			
24. Place of Death, if Death Occurred in a Hospital: Residence				25. Facility Name (if not a facility, give number & street or location) 9351 Lockrem Ct.			
25. Facility Name (if not a facility, give number & street or location) 9351 Lockrem Ct.		26a. City, Town, or Location of Death LaConner		26b. State WA		27. Zip Code 98257	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) First Cremation Service		30. Location-City/Town, and State Kent, WA			
31. Name and Complete Address of Funeral Facility Funeral & Cremation Care, 1313 E. Maple St., Bellingham, WA 98225						32. Date of Disposition 9/7/2011	
33. Funeral Director Signature X <i>Michael Tomase</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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Chronic Obstructive Pulmonary Disease Interval between Onset & Death 5 years 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. Tobacco Abuse Interval between Onset & Death 50 years Due to (or as a consequence of): 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 checked="" 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 causes and manner stated. x <i>Julie Z. Barnett MD</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 causes and manner stated. x				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <i>Julie Z. Barnett MD 802 5th St. Anacortes, WA 98221</i>		50. Hour of Death (24hrs) 0615hours	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 9/6/2011		53. Title of Certifier MD	
53. License Number WA 37690		54. ME/Coroner File Number NJA 461		55. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
57. Registrar Signature x <i>Maria S. Vivanco, Deputy Registrar</i>				58. Date Received (mm/dd/yyyy) SEP 7 2011			
59. Amendments							



201110040001

Skagit County Auditor

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FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA

2011 SEP 30 AM 8:31

SUPERIOR COURT OF WASHINGTON FOR SKAGIT COUNTY

In Re the Estate of:
LESLIE OWEN LOCKREM,
Deceased.

NO. **11 4 00310 8**

LAST WILL AND TESTAMENT

See attached.

LAST WILL AND TESTAMENT



201110040001

Skagit County Auditor

STEPHEN C.

SCHUTT

ATTORNEY AT LAW

WSBA # 14107

P.O. BOX 1032

1011 EIGHTH STREET

ANACORTES.

WASHINGTON 98221

(360) 293-5094

schultatfy@yahoo.com

LAST WILL AND TESTAMENT

OF

LESLIE O. LOCKREM

I, LESLIE O. LOCKREM, 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 LINDA MARIE LOCKREM. I have one child born to me, namely: ROBERT LOCKREM. I have two step-children who are: XYANTHE NEIDER and ELI NEIDER. Except as herein provided, I do not intend to make provisions in this Will for any relative who may survive me, whether named herein or hereafter born or adopted or for the descendants of any child who does 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.

III. DEVICES AND BEQUESTS OF PROPERTY

A. After payment of funeral expense, debts and taxes as herein provided, and provided she survives me by one (1) day, I give, devise and bequeath all of the rest, residue and remainder of my estate to my wife, LINDA MARIE LOCKREM.

LAST WILL AND TESTAMENT - 1

Initial: LSL



201110040001

Skagit County Auditor

10/4/2011 Page 8 of 11 8:53AM

ORIGINAL

B. In the event my wife fails to survive me, then in that event I give, devise and bequeath all of the rest, residue and remainder of my estate as follows:

1. To my son, ROBERT LOCKREM, I bequeath an equal one third share of my estate. In the event he fails to survive me then his share I bequeath to his spouse.
2. To my step-daughter, XYANTHE NEIDER I bequeath an equal one third share of my estate, per stirpes.
3. To my step-son, ELI NEIDER I bequeath an equal one third share of my estate. In the event he fails to survive me then his share I bequeath to his spouse.

C. 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, LINDA MARIE LOCKREM, 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 ELI NEIDER as alternate Executor of this my Will. I 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 8 day of

July, 2011.



LESLIE O. LOCKREM

LAST WILL AND TESTAMENT - 2

Initial: LO



201110040001
Skagit County Auditor

WITNESSES: On the date last above written, **Leslie O. Lockrem**, declared to us, the undersigned, that the foregoing instrument, consisting of four pages, including the page signed by us as witnesses, was his Will and requested us to act as witnesses to it. He thereupon signed this Will in our presence, all of us being present at the same time. We now, at his request, in his presence, and in the presence of each other, subscribe our names as witnesses.

Schuttler, residing at Anacortes
Catherine Thompson, residing at Anacortes WA

LAST WILL AND TESTAMENT - 3
Initial: LS



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Skagit County Auditor

STATE OF WASHINGTON)
)
:SS
COUNTY OF SKAGIT)

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

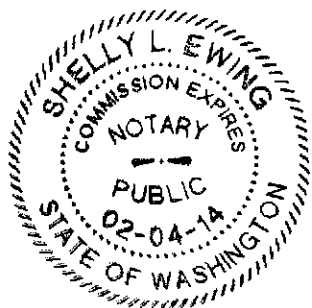
The document to which this affidavit is attached, affixed, or annexed was on the 8th
day of July, 2011, published by **Leslie O. Lockrem**, who;

- a. was over the age of 18 years and appeared to be of sound mind and memory and to be acting freely and without any duress, fraud, or undue influence;
- b. signed the document in our presence and declared it to be his Last Will and Testament;
- c. requested us to sign the document as witnesses, which we then and there did in his presence and in the presence of each other;
- d. requested us to make this affidavit in accordance with the applicable laws of the State of Washington.

[Signature]
(Signature of witness)

Catherine Thompson
(Signature of witness)

Signed, sworn to (or affirmed) and attested to by STEPHEN C. SCHUTT and
CATHERINE THOMPSON, on this 8th day of July, 2011.



Shelly L. Ewing
(Printed name)
Notary Public in and for the State of
Washington, residing at Anacortes
My commission expires: 02-04-14

LAST WILL AND TESTAMENT - 4

Initial: [Signature]



201110040001
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