

Parcel No. 119010

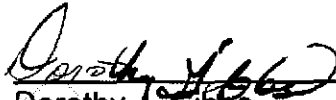
THAT PORTION OF THE EAST 78 FEET OF THE NORTH 60 RODS OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 27, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., LYING BETWEEN THE WESTERLY PROJECTION OF THE NORTH AND SOUTH LINES OF LOT 12 OF THE PLAT OF ROLLING RIDGE ESTATES NO. 1 FILED IN VOLUME 9 OF PLATS AT PAGES 4 AND 5 AS AUDITOR'S FILE NO. 674317.

CONTAINING 7,410 S.F.

SITUATE IN 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, and in reliance upon the representations hereinabove set forth.


DATED on December 22, 2011

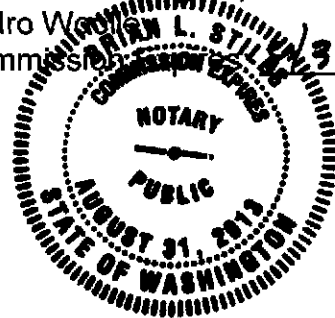

Dorothy J. Gibbs

State of Washington)
)ss.
County of Skagit)

On this day personally appeared before me Dorothy J. Gibbs, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on December 22, 2011.


NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley, WA
Commission Expires 31/2013



201112270081
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 Charles Wesley Gibbs and Dorothy Jean Gibbs, 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.



201112270081
Skagit County Auditor

IN WITNESS WHEREOF, Charles Wesley Gibbs and Dorothy Jean Gibbs,
husband and wife, have hereunto set their hands and seals this 6th of March,
2007.

Charles W. Gibbs
Charles Wesley Gibbs

Dorothy J. Gibbs
Dorothy Jean Gibbs

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

This certifies that Charles Wesley Gibbs and Dorothy Jean Gibbs, 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 this 6th day of March, 2007.



Brock B. Stiles
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission expires: 6-19-10



201112270081
Skagit County Auditor

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 261-11		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKAs if any) First Middle LAST CHARLES WESLEY GIBBS				2. Death Date March 30, 2011		
3. Sex (M/F) Male		4a. Age - Last Birthday 70	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	
7. Birthdate		8a. Birthplace (City, Town, or County) Sylva	8b. (State or Foreign Country) North Carolina	9. Decedent's Education 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? No
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 10152 Ridge Place				13b. City or Town Sedro-Woolley		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98284	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 21 years		15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Dorothy Enslay			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Pipe Fitter				18. Kind of Business/Industry (Do not use Company Name) Construction		
19. Father's Name (First, Middle, Last, Suffix) Charlie Wesley Gibbs			20. Mother's Name Before First Marriage (First, Middle, Last) Bertha Leona			
21. Informant's Name Dorothy Gibbs		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 10152 Ridge Place Sedro-Woolley, WA 98284			
24. Place of Death, if Death Occurred in a Hospital: 10152 Ridge Place				25. Facility Name (if not a facility, give number & street or location) 10152 Ridge Place		
26a. City, Town, or Location of Death Sedro-Woolley				26b. State WA	27. Zip Code 98284	
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Union Cemetery		30. Location-City/Town, and State Sedro-Woolley, Washington		
31. Name and Complete Address of Funeral Facility Lemley Chapel, Inc., 1008 Third Street Sedro-Woolley, WA 98284				32. Date of Disposition April 5, 2011		
33. Funeral Director Signature <i>Rick Lemley</i>				34. Cause of Death (See instructions and examples) Rick Lemley #1567		
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. Coronary artery disease			Interval between Onset & Death Years	
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 Kidney Failure on dialysis, Diabetes, Peripheral artery disease				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 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. Location of Injury: Number & Street: 10152 Ridge Place				45. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
City or Town: Sedro-Woolley		County: Skagit	State: WA	Zip Code + 4: 98284		
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)				48. 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. <i>[Signature]</i>		
48a. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Chia-jen Kuan, MD 1111 Pacific Ave Ste-B Everett, WA 98201				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. <i>[Signature]</i>		
49. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				50. Hour of Death (24hrs) Early Am hours	51. Date Signed (mm/dd/yyyy) April 1, 2011	
53. Title of Certifier Physician		54. License Number MD 000 311 27	55. ME/Coroner File Number 046-11	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature <i>Mona J. Vianco, Deputy Registrar</i>				58. Date Received (mm/dd/yyyy) APR 1 2011		
59. Amendments						



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Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98501-7814
(360) 235-1300

This is a legal document. Do not write in ink and do not alter.

PLEASE PRINT ONLY

State File Number	County	City	State	Affidavit Number
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The following information is being reported by changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ Sex of Person: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name: (Last name, Husband for Marriage or Dissolution) _____ 5. Mother's Full Name: (Last name, Wife for Marriage or Dissolution) _____

The Record is incorrect or true, as follows:

The Record is incorrect	The True fact is:
6.	7.
8.	8.
10.	9.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Telephone Number: _____
 Executor/Director Other (specify): _____

I declare under penalty of perjury and under oath that the information furnished herein is true and correct.

15. Signature: _____
 Title: _____ Address: _____

All vital records are registered as received. A correction to official records may only occur if a court order is obtained. Subsequent changes must be made by court order.
All changes must be established by documentary proof.
 Examples of documentary proof: Health Care Proxy, Power of Attorney, Court Order (DD 214), Driver's License, Marriage Registration Card (if it bears an effective date), Affidavit of Birth, Death Certificate, Driver's License, Social Security card or a hospital record, cooperative birth certificate.

Birth Certificates:

- Only a parent, legal guardian, or the child (if 18 or older) may request a correction to the birth certificate.
- The proof(s) must match exactly the information on the birth certificate. For example, if the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary Ann is not the same as Ann Marie. If the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe.
- Proof must be five (or more) years old or have been issued within five years of birth.
- Up to age one, the parent(s) or legal guardian may change a child's name, name with an affidavit for correction, provided:
 - This is a one-time only change. Subsequent changes will require a full and complete court-ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present) or any combination of the two.
 - After age one, last name changes require a certified copy of a court order. All other 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 change a child's birth date.** (See Washington Revised Code Chapter 26.04, RCW 26.04.010)

Death Certificates:

- Only the informant, informant's immediate family member, or the coroner (if the informant is deceased) may change the non-medical information.
- The medical information (cause of death) may be corrected only by the coroner or a physician or the coroner's medical examiner.
- If it is less than sixty days from a claim of death, please contact the coroner. If the informant who the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal facts (minor spelling changes in name, date or place of birth of respondent) may be changed by affidavit (with oger) by the person.
- To change the date or place of marriage or dissolution, the official granting or dissolving the marriage or dissolution must sign the affidavit.

COR, CHS 023x 8 11-10



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Skagit County Auditor

CERTIFIED
 APR 01 2011

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

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