

1. Agreement as to Status of Community Property. This Affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement executed by ERNEST EUGENE BROOKS, SR. and TRUDY JO BROOKS, husband and wife, which Agreement was dated August 8, 2012 (the original is attached hereto as Exhibit A), and also for the Estate of ERNEST EUGENE BROOKS, SR., Deceased, one of the parties to said Agreement.

2. Decedent. ERNEST EUGENE BROOKS, SR. died on November 21, 2022, in Anacortes, Skagit County, Washington. Recorded herewith as Exhibit B is a true and correct copy of the death certificate that was issued.

3. Surviving Spouse. TRUDY JO BROOKS survived ERNEST EUGENE BROOKS, SR. and subsequently passed away on September 6, 2024. The Estate of Trudy Jo Brooks is being probated under Whatcom County Superior Court No. 24-4-00889-37 and the undersigned is the Personal Representative of the Estate.

4. No Subsequent Agreements. The parties to the Community Property Agreement referred to above entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement. The above-mentioned Community Property Agreement was in full force and effect at the time of Decedent's death.

5. Community Property. Among other items of community property was the following described real estate and personal property:

- a) Residence located at 1508 - 11th Street, Anacortes, Washington, 98221, Skagit County, Washington, legally described as follows:

LOTS 16 AND 17, BLOCK 129, MAP OF THE CITY OF ANACORTES,
ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS,
PAGES 4 THROUGH 7, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Skagit County Tax Parcel No. P55833

- b) All Checking, Savings, Investment, and Retirement and Annuity Accounts.
- c) All Motor Vehicles.
- d) All Household Furniture, Furnishings, Jewelry, Clothing, and Other Items of Personal Property.
- 5. Separate Property. The Decedent left no separate estate.
- 6. Debts. All obligations of the community owing at the date of death of Decedent have been paid in full, and all expenses of last illness and for funeral and burial services have been paid. 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.
- 7. Estate Tax Return. No federal or state estate tax return was required to be filed.
- 8. Heirs. Decedent was survived by the following persons:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
Trudy Jo Brooks	Surviving Spouse	1508 - 11th Street Anacortes, WA 98221
Ernest E. Brooks, II	Son	12-7002 Ho Eunalu Street #60 Pahoa, HI 96778
Chris Brooks	Son	P.O. Box 2284 Mount Vernon, WA 98273

Jeffrey Brooks	Son	Address unknown
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9. Reliance. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties dealing with the real estate described herein.

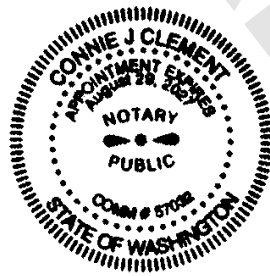
DATED this 4th day of October, 2024.

Ernest E. Brooks II
 ERNEST E. BROOKS, II, Personal
 Representative of the ESTATE OF TRUDY
 JO BROOKS, Surviving Spouse

SUBSCRIBED AND SWORN TO before me this 4th day of October

2024.

(SEAL)



Connie J. Clement
 Notary Public
 Print Name: Connie J. Clement
 Residing at: Bellingham
 My Commission Expires: 8/29/27

COMMUNITY PROPERTY AGREEMENT

EXHIBIT A

THIS AGREEMENT is made by and between ERNEST E. BROOKS and TRUDY JO BROOKS, husband and wife ("the Spouses"), both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the Spouses hereby agree as follows:

A. Status of Property. All property of whatever nature or description; whether real, personal, or mixed and wherever located; now owned, or hereafter acquired by the Spouses or either of them, shall be considered and hereby is declared to be community property.

B. Disposition of Property. Upon the death of one of the Spouses survived by the other Spouse, all the then-existing community property of the Spouses, real and personal, shall vest in and become the sole property of the surviving Spouse in fee simple.

C. Termination. This Agreement may be terminated upon mutual, written agreement of the Spouses or their acting Attorney(s)-in-fact. In the absence of other evidence indicating the Spouses' intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon the occurrence of one or more of the following events:

- (1) Upon either Spouse filing a petition, complaint, or other pleading for legal separation, dissolution of the marriage, or to have the marriage declared invalid.
- (2) Immediately prior to death if both Spouses should die simultaneously or under circumstances where the order of death cannot be ascertained.

D. Optional Revocation by One Spouse. If either Spouse becomes incapacitated, the other Spouse shall have the power to revoke this agreement. The termination shall be effective upon the delivery of written notice thereof to the incapacitated Spouse and to the guardians, if any, of the person and of the estate of the incapacitated person. For purposes of this paragraph, a Spouse shall be deemed incapacitated upon receipt by the other Spouse of written notice, signed by the incapacitated Spouse's duly-licensed attending physician or by two duly-licensed physicians who have examined the incapacitated Spouse, declaring that the incapacitated Spouse is unable to manage his or her own affairs.

E. 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 B had been revoked as to such interest, with the surviving Spouse entitled to the benefits provided by any alternate disposition.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-061188

DATE ISSUED: 12/13/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ERNEST EUGENE
LAST NAME(S): BROOKS

EXHIBIT B

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 21, 2022
HOUR OF DEATH: 07:05 PM
SEX: MALE AGE: 86 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 1508 11TH ST
CITY, STATE, ZIP: ANACORTES, WA 98221-1941
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 86 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: EVERETT, WA

FATHER: JOHN ADAM BROOKS
MOTHER: MILLIE [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: TRUDY JO SHEPHERD

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EDWARDS CREMATORY LLC

OCCUPATION: LONGSHOREMAN
INDUSTRY: SHIPPING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

CITY, STATE: LAKEWOOD, WASHINGTON
DISPOSITION DATE: DECEMBER 06, 2022

INFORMANT: CHRISTOPHER PAUL BROOKS
RELATIONSHIP: SON
ADDRESS: 22538 AMICK ROAD, MOUNT VERNON, WA, 98274

FUNERAL FACILITY: TULIP CREMATION

ADDRESS: 31919 6TH AVENUE SOUTH
CITY, STATE, ZIP: FEDERAL WAY, WASHINGTON 98003
FUNERAL DIRECTOR: CAROLINE SHOUP

CAUSE OF DEATH:
A: SEPTIC SHOCK
INTERVAL: 24 HOURS
B: ACUTE CYSTITIS
INTERVAL: UNKNOWN
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: AORTIC VALVE REPLACEMENT,
ACUTE ON CHRONIC HEART FAILURE

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: RICHARD R. HOLMAN, DO
TITLE: DO
CERTIFIER ADDRESS: 1211 24TH STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
DATE SIGNED: NOVEMBER 22, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: DECEMBER 02, 2022



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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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Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				

7. Return Mailing Address:

Telephone Number: () Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

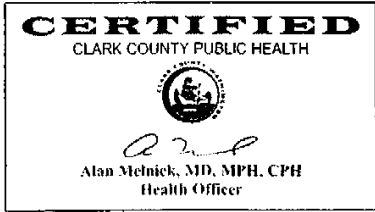
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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EXHIBIT C

FILED
CLERK
OCT 14 10:44:20
WHATCOM COUNTY
WA

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR WHATCOM COUNTY

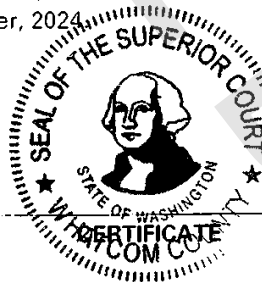
<p>IN THE MATTER OF THE ESTATE OF</p> <p>TRUDY JO BROOKS,</p> <p style="text-align: right;">Deceased.</p>	<p>No. 24-4-00889-37</p> <p>LETTERS TESTAMENTARY</p>
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WHEREAS, the last Will of TRUDY JO BROOKS, deceased, was on the 11th day of October, 2024 duly exhibited, proven, and recorded in our said Superior Court.

AND WHEREAS, it appears that, ERNEST E. BROOKS, II has been named Executor in and by said will;

NOW, THEREFORE, know all persons by these presents, that we do hereby appoint and authorize ERNEST E. BROOKS, II, Executor, to execute said Will according to law.

WITNESS **Jonathan Richardson**, Court Commissioner of said Superior Court and the seal of said Court hereto affixed this 11th day of October, 2024.



County Clerk and Ex-Officio Clerk of the Superior Court of Whatcom County, Washington

By _____, Deputy Clerk

STATE OF WASHINGTON)
COUNTY OF WHATCOM) ss.

I, RAYLENE KING, County Clerk and Clerk of the Superior Court of Whatcom County, do hereby certify that the above and foregoing is a true and correct copy of the Letters Testamentary in the above entitled matter, and were on the 14th day of October, 2024 duly entered of record.

I further certify that said Letters are now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of the Superior Court, this 14th day of October, 2024



County Clerk and Ex-Officio Clerk of the Superior Court of Whatcom County, Washington

By _____, Deputy Clerk

[|trstst.dot]