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FILE FOR AT THE REQUEST OF/WHEN  
RECORDED RETURN TO:  
Brian E. Clark, Attorney  
415 Pine Street  
Mount Vernon, WA 98273

JERRY MONTUREFF  
SKAGIT COUNTY AUDITOR

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AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)  
COUNTY OF SKAGIT ) ss.

SHARON A. WILDONER, being first duly sworn on oath, deposes and says:

That affiant is the surviving spouse of EVERETT C. WILDONER, who died at LaConner, Skagit County, Washington, on the 13th day of January, 1993, a certified copy of Certificate of Death being attached hereto as Exhibit "A"; having provided for the disposition of all community property as between affiant and said deceased spouse under Community Property Agreement dated May 29, 1991, the Community Property Agreement attached hereto as Exhibit "B".

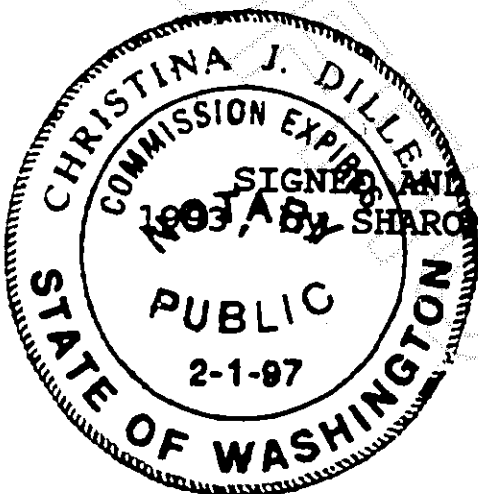
That there are no creditors and no unpaid bills or debts of said decedent or of the marital community, nor unpaid real estate contracts or mortgages.

That the funeral expenses and all expenses of last illness of EVERETT C. WILDONER have been fully paid.

This affidavit is made to induce a title insurance company to issue its policies of title insurance on real property passing to the surviving spouse by virtue of said Community Property Agreement in reliance upon the representations hereinabove set forth.

Sharon A. Wildoner  
SHARON A. WILDONER

SIGNED AND SWORN to before me this 5<sup>th</sup> day of February, 1993, by SHARON A. WILDONER.



Christina J. Dille  
NOTARY PUBLIC

My appointment expires: 2-1-97

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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

1. NAME First: <b>Everett</b> Middle: <b>C.</b> Last: <b>Wildoner</b>				2. SEX (M / F) <b>Male</b>	3. DEATH DATE (Mo, Day, Yr) <b>January 13, 1993</b>
4. AGE LAST BIRTHDAY (Yrs) <b>62</b>	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr) [REDACTED]	8. BIRTHPLACE (City, State or Foreign Country) <b>Dodge City, Kan.</b>	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>
11. CITY, TOWN OR LOCATION OF DEATH <b>La Conner</b>			12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. INMATE PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NURS HOME <input type="checkbox"/> OTHER PLACE <b>488 Wanapum Drive</b>		13. COUNTY OF DEATH <b>Skagit</b>
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (if wife, give maiden name) <b>Sharon Tuttle</b>		16. SOCIAL SECURITY NO [REDACTED]	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (14 or 5+) <b>College</b>
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Electronic Engineer</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Boeing Company</b>		20. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No</b>	
22. RESIDENCE—NUMBER AND STREET <b>488 Wanapum Drive</b>		23. CITY/TOWN, OR LOCATION <b>La Conner</b>	24. INSIDE CITY LIMITS? (Yes / No) <b>No</b>	25A. COUNTY <b>Skagit</b>	25B. LENGTH OF RES. IN CO <b>5 1/2 yrs</b>
26. STATE <b>Wash.</b>		27. ZIP CODE <b>98257</b>		28. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Everett C. Wildoner</b>	
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Hazel [REDACTED]</b>		30. INFORMANT—NAME <b>Mrs. Sharon Wildoner</b>			
31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>488 Wanapum Drive La Conner, WA. 98257</b>		32. BURIAL/CREMATION REMOVAL, OTHER (Specify) <b>Cremation</b>			
33. DATE (Mo, Day, Yr) <b>Jan. 15, 1993</b>		34. CEMETERY/CREMATORY—NAME <b>Mount Vernon Crematory</b>		35. LOCATION—CITY/TOWN, STATE <b>Mount Vernon, Washington</b>	
36. FUNERAL DIRECTOR SIGNATURE <i>William Thinner</i>		37. NAME OF FACILITY <b>Kern Funeral Home</b>		38. ADDRESS OF FACILITY <b>1122 So. 3rd St. Mount Vernon, Washington</b>	
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>Robert Raish MD</i>			43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i>		
40. DATE SIGNED (Mo, Day, Yr) <b>1-14-93</b>		41. HOUR OF DEATH (24 Hrs.) <b>2315</b>		44. DATE SIGNED (Mo, Day, Yr)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		45. HOUR OF DEATH (24 Hrs.)		46. PRONOUNCED DEAD (Mo, Day, Yr)	
47. HOUR PRONOUNCED DEAD (24 Hrs.)		48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Robert Raish, M.D. 1400 East Kincaid St. Mount Vernon, WA. 98273</b>		49. ME/CORONER FILE NUMBER	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:					
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <b>Recurrent squamous cell carcinoma of head &amp; neck</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>	
B. <b>[REDACTED]</b>		C. <b>[REDACTED]</b>		INTERVAL BETWEEN ONSET AND DEATH	
D. <b>[REDACTED]</b>		E. <b>[REDACTED]</b>		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE					
54. ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)	
57. DESCRIBE HOW INJURY OCCURRED		58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)	
60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE		61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY REVIEWED BY DATE		62. REGISTRAR SIGNATURE <i>Sharon S. Beeson, Deputy</i>	
63. DATE RECEIVED (Mo, Day, Yr.) <b>1-15-93</b>		64. DATE RECEIVED (Mo, Day, Yr.)			

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Date JAN 19 1993



Howard Leibrand, M.D.  
Health Officer

Signed *Sharon S. Beeson*  
Skagit County Deputy Registrar

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EXHIBIT "A"

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COMMUNITY PROPERTY AGREEMENT

This is an Agreement dated this 29<sup>th</sup> day of May, 1991, between EVERETT C. WILDONER ("Husband") and SHARON A. WILDONER ("Wife"), husband and wife, pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either.

IT IS HEREBY AGREED AS FOLLOWS:

1. Property Covered. This agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for property for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved in writing by either spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. All such property is referred to in this agreement as the "described community property."
2. Vesting at Death of a Spouse. If one spouse dies and the other spouse survives by ten days, all of the described community property shall vest in the surviving spouse as of the moment of death of the first spouse to die.
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 property. The interest disclaimed shall pass as if the provisions of Section 2 above had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.
4. Property Held in Joint Tenancy. Property held by the parties in joint tenancy, and any transfer or attempted transfer of community property into joint tenancy form, shall not change its status as community property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and such property shall be community property and ownership and title shall vest as provided in Section 2 above.
5. Automatic Revocation. The provisions of Section 2 above shall be automatically revoked:
  - a. Upon the filing by either party of a petition, complaint, or other pleading for separation, dissolution or divorce, or

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EXHIBIT "B"

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b. Immediately prior to death if neither party survives the other by ten days.

6. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of Section 2 above. 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 spouse. Each party designates the other party as attorney-in-fact to become effective upon disability to agree to the termination. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the named spouse is unable to manage his or her own affairs.

7. Revocation of Inconsistent Agreements. To the extent this agreement is inconsistent with the provisions of any community property agreement, Will or other arrangement previously made by either or both of the parties that affect the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the parties hereto have executed this agreement the day and year first above written.

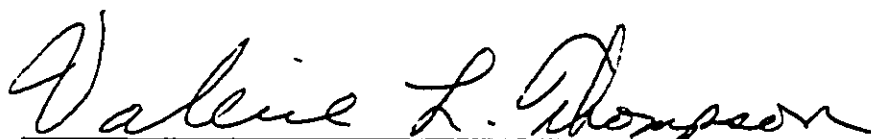
  
EVERETT C. WILDONER

  
SHARON A. WILDONER

STATE OF WASHINGTON    )  
                                  ) ss  
COUNTY OF SKAGIT     )

I certify that I know or have satisfactory evidence that EVERETT C. WILDONER and SHARON A. WILDONER, husband and wife, signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: 5/29/91

  
NOTARY PUBLIC, State of Washington  
My Appointment Expires: 7-10-94

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