UNOFFICIAL DOCUMENT

199909130088
Kathy Hill, Skagit County Auditor
9/13/1999 Page 1 of 4 12:56:06PM

FILED AT THE REQUEST OF:

McCUNE, GODFREY & EMERICK, INC., P.S.
1107 N.E. 45th, St. Suite 330 smc
Seattle, WA 98105

GRANTOR: BETTY R. HUHN, deceased
GRANTEE: JOSEPHUS R. HUHN, JR. surviving spouse
LEGAL: Skyline No. 4 Lot 51
PARCEL: P59266 (Acct 3820-000-051-0000)

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

RE: **BETTY R. HUHN, deceased.**

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

JOSEPHUS R. HUHN, JR., being first duly sworn, on oath, deposes and states as follows:

1. This Affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement, attached hereto as Exhibit "A" and, by this reference, made a part hereof, executed by JOSEPHUS R. HUHN, JR., and BETTY R. HUHN, husband and wife, which Agreement was dated March 13, 1967, and to supply information respecting the estate of BETTY R. HUHN, deceased. The said Community Property Agreement was recorded in the office of the following county auditor(s):
Skagit County under No. 199907220062

2. The total value of all assets in the estate of BETTY R. HUHN is less than the minimum value which requires the filing of a Federal Estate Tax Return under Federal law applicable as of the date of death.
Among other items of community property was the following described real estate:

Tract 51, Skyline No. 4, according to the plat recorded in Volume 9 of plats, pages 61 and 62, records of Skagit County, Washington.

3. It is intended that statements set forth in this Affidavit shall be considered representations of fact which may be relied upon by all parties dealing with said real estate and Community Property Agreement herein above described.

4. BETTY R. HUHN died DECEMBER 13, 1997, in Skagit County, Washington. Attached hereto is a copy of death certificate, being Exhibit "B".

5. 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.

6. The decedent left no separate property.

7. All obligations of the community owing at the date of death of decedent have been paid in full or otherwise provided for; all expenses of last illness and for funeral and burial services have been paid; and affiant agrees to indemnify any party relying on this affidavit against any of said obligations or expenses.

8. The decedent was survived by the following persons:

Josephus R. Huhn, Jr.,
4704 Queen Anne Way
Anacortes, WA 98221

DATED this 7th day of September, 1999.

X Josephus R. Huhn Jr.
Surviving Spouse

SUBSCRIBED AND SWORN TO before me
this 7th day of September, 1999.

SALLY MIRANDA COLE
NOTARY PUBLIC
COMMISSION EXPIRES 9-28-00
STATE OF WASHINGTON

NOTARY PUBLIC in and for the State
of Washington, residing at Seattle
Commission Expires: 9.28.00

199909130088
Kathy Hill, Skagit County Auditor
9/13/1999 Page 2 of 4 12:56:06PM

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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into by and between JOSEPHUS R. HUHN, Jr and BETTY R. HUHN, husband and wife, residents of the State of Washington;

W I T N E S S E T H That:

WHEREAS, all of the property now owned by the parties hereto, or in which they have any interest whatsoever, real, personal, or mixed, is community property; and

WHEREAS, the parties hereto desire that said community property, together with any other property, whether real, personal, or mixed, which may hereafter be acquired in the names of the said JOSEPHUS R. HUHN, Jr. and BETTY R. HUHN, his wife, or either of them, shall be community property, and shall pass without delay or expense in the case of the death of either of said parties to the survivor;

NOW, THEREFORE, in consideration of the love and affection that each of said parties has for the other, it is hereby agreed that in case of the death of the said JOSEPHUS R. HUHN, Jr. while the said BETTY R. HUHN survives, the whole of said property now owned by the parties hereto or in which they may have any interest, together with any other property by them hereafter acquired, shall at once vest in the said BETTY R. HUHN in fee simple; and in the event of the death of the said BETTY R. HUHN, leaving the said JOSEPHUS R. HUHN, Jr. surviving her, the whole of said property now owned by the parties hereto, or in which they have any interest, together with all property hereafter acquired, shall at once vest in said JOSEPHUS R. HUHN, Jr. in fee simple.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals this 13th day of March, 1967.

Josephus R. Huhn Jr.
Josephus R. Huhn, Jr.

Betty R. Huhn
Betty R. Huhn

Witness:
John A. Godfrey
Residing at Seattle, Washington

Carla M. Elliott
Residing at Seattle, Washington

STATE OF WASHINGTON)
) ss
COUNTY OF KING)

I, the undersigned, a Notary Public in and for the State of Washington, do hereby certify that on this 13th day of March, 1967, personally appeared before me JOSEPHUS R. HUHN, Jr. and BETTY R. HUHN, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year in this certificate first above written.

Exhibit A

John A. Godfrey
NOTARY PUBLIC in and for the State of Washington, residing at Seattle

LAW OFFICES OF
McCUNE & GODFREY
4516 UNIVERSITY WAY N.E.
SEATTLE 98105

199909130088
Kathy Hill, Skagit County Auditor
9/13/1999 Page 3 of 4 12:56:06PM

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

831
LOCAL FILE NUMBER

Health

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1. NAME First: BETTY Middle: JANE Last: HUHN		2. SEX (M / F): Female	3. DEATH DATE (Mo, Day, Yr): 12/13/1997
4. AGE LAST BIRTHDAY (Yrs): 77	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr): 02/14/1920
8. BIRTHPLACE (City, State or Foreign Country): Pittsburg, PA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No	10. COUNTY OF DEATH: Skagit	
11. CITY, TOWN OR LOCATION OF DEATH: Mt. Vernon	12. PLACE OF DEATH—CHECK BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1. ☐ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. RM/OUT PTN 4. ☒ HOSP. 5. ☐ NUR HOME 6. ☐ OTHER PLACE — Skagit Valley Hospital		13. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married	15. SURVIVING SPOUSE (If wife, give maiden name): Josephus Riffle Huhn, Jr.	16. SOCIAL SECURITY NO.: 177-18-7866	17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 2; College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Home Maker	19. KIND OF BUSINESS OR INDUSTRY: Own Home	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No	21. RACE (Specify): White
22. RESIDENCE—NUMBER AND STREET: 4704 Queen Anne Way	23. CITY/TOWN, OR LOCATION: Anacortes	24. INSIDE CITY LIMITS? (Yes / No): Yes	25A. COUNTY: Skagit; 25B. LENGTH OF RES. IN CO.: 21 Yrs; 26. STATE: WA; 27. ZIP CODE: 98221
28. FATHER'S NAME—FIRST, MIDDLE, LAST: Thomas Wilbert Roy		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Hazel Irene Marsh	
30. INFORMANT—NAME: J. R. Huhn, Jr.	31. MAILING ADDRESS STREET OR RFD NO., CITY OR TOWN, STATE, ZIP: 4704 Queen Anne Way, Anacortes, WA 98221		
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation	33. DATE (Mo, Day, Yr): 12/16/1997	34. CEMETERY/CREMATORY—NAME: Northwest Crematory	35. LOCATION—CITY/TOWN, STATE: Anacortes, WA
36. FUNERAL DIRECTOR SIGNATURE: X Joseph J. Wilkins	37. NAME OF FACILITY: Evans Funeral Chapel		38. ADDRESS OF FACILITY: 1105 32nd St., Anacortes, WA, 98221

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

38. 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: X

40. DATE SIGNED (Mo., Day, Yr): 12/15/1997
41. HOUR OF DEATH (24 Hrs.): 1415
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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: X

44. DATE SIGNED (Mo., Day, Yr)
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): F.H. Stutz, MD 1415 E Kincaid, Mount Vernon, WA 98273
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.	Metastatic Cancer to liver, lungs, bone, nodes	INTERVAL BETWEEN ONSET AND DEATH: 2 years
DUE TO, OR AS A CONSEQUENCE OF: B.	Adenocarcinoma of breast	INTERVAL BETWEEN ONSET AND DEATH: 3 years
DUE TO, OR AS A CONSEQUENCE OF: C.		INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF: D.		INTERVAL BETWEEN ONSET AND DEATH:

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:
52. AUTOPSY? (Yes / No): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): No

54. ACC. SUICIDE, HOM., 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 EVIDENCE | REVIEWED BY | DATE
62. REGISTRAR SIGNATURE: X Robert W Evans
63. DATE RECEIVED (Mo., Day, Yr.): 12/15/97

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

Exhibit B

Date DEC 31 1997

THE SEAL OF THE STATE OF WASHINGTON 1889

Howard Leibrand M.D.
Health Officer

Signed Sharon D. Benson
(Skagit County Deputy Registrar)

DOH 01-003 (8/96)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

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9/13/1999 Page 4 of 4 12:56:06PM