



Property Agreement is attached hereto, marked Exhibit "B" and by reference made a part hereof.

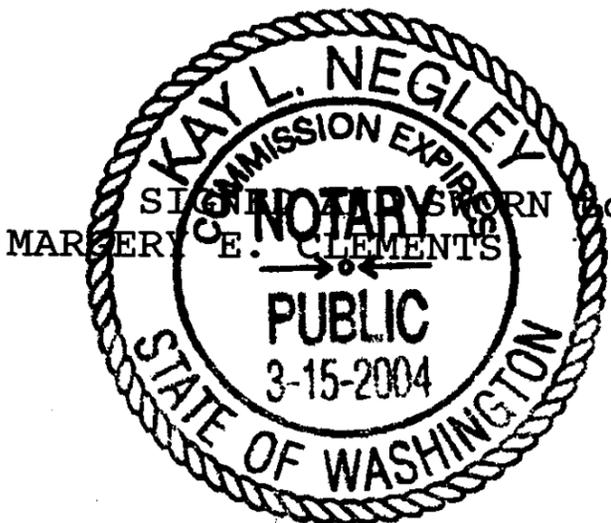
3. PAYMENT OF DEBTS. That all expenses of last illness, burial and funeral and costs of administration have been paid or provided for.

4. STATUS OF PROPERTY. That at the time of execution of said agreement, and at all times subsequent thereto, all property owned by them, or in which they had any interest, was community property.

5. INHERITANCE AND ESTATE TAXES. That said estate is not subject to state inheritance taxes or federal estate tax, being below current exemptions in effect as of the date of death.

6. REAL ESTATE. That all of the real estate listed and described on Exhibit "C," attached hereto and by reference made a part hereof, was the community property of decedent and has now passed to the affiant, as his surviving spouse.

7. PURPOSES OF AFFIDAVIT. This affidavit is made to induce all title insurance companies dealing with said real property to issue policies of title insurance upon real estate passing to the surviving spouse, and affiant herein, by virtue of said community property survivorship agreement, and in reliance upon the representations of fact hereinabove set forth.



*Margery E. Clements*  
MARGERY E. CLEMENTS

Subscribed and sworn to before me this 29th day of June, 2000, by  
MARGERY E. CLEMENTS

*Kay L. Negley*  
Printed name: Kay L. Negley  
Notary Public in and for the State of Washington, residing at Mount Vernon.  
My appointment expires: 03-15-04



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



426  
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146  
STATE FILE NUMBER

1. NAME First: <b>Jerauld</b> Middle: <b>N.</b> Last: <b>Clements, Jr.</b>			2. SEX (M / F) <b>Male</b>		3. DEATH DATE (Mo. Day, Yr.) <b>June 5, 2000</b>		
4. AGE LAST BIRTHDAY (Y's) <b>77</b>		5. UNDER 1 YEAR MOS:      DAYS:      HOURS:      MINS:		6. UNDER 1 DAY HOURS:      MINS:		7. BIRTHDATE (Mo. Day, Yr.) <b>July 16, 1922</b>	
8. BIRTHPLACE (City, State or Foreign Country) <b>Williamsport, Pa.</b>			9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>		10. COUNTY OF DEATH <b>Skagit</b>		
11. CITY, TOWN OR LOCATION OF DEATH <b>Mount Vernon</b>			12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG RM/OUT PTN 4 <input type="checkbox"/> HOSP 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE <b>Skagit Valley Hospital</b>			13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (if wife, give maiden name) <b>Margery E. Lindberg</b>		16. SOCIAL SECURITY NO. <b>155-10-9695</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <b>12</b> College (1-4 or 5-): <b>0</b>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Owner-Operator</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Automobile Repair</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No/White</b>		21. RACE (Specify) <b>White</b>	
22. RESIDENCE—NUMBER AND STREET <b>1611 Forest Dr.</b>		23. CITY/TOWN, OR LOCATION <b>Mount Vernon</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>		25A. COUNTY <b>Skagit</b>	
25B. LENGTH OF RES. IN CO. <b>55 yrs.</b>		26. STATE <b>Wash.</b>		27. ZIP CODE <b>98273</b>			
28. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Jerauld N. Clements, Sr.</b>				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Thelma Calkins</b>			
30. INFORMANT—NAME <b>Margery E. Clements</b>			31. MAILING ADDRESS STREET OR RFD NO.: <b>1611 Forest Dr.</b> CITY OR TOWN: <b>Mount Vernon, Washington</b> STATE:      ZIP: <b>98273</b>				
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		33. DATE (Mo. Day, Yr.) <b>June 8, 2000</b>		34. CEMETERY/CREMATORY—NAME <b>Mount Vernon Crematory</b>		35. LOCATION—CITY/TOWN, STATE <b>Mount Vernon, Wash. 98273</b>	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY <b>Kern Funeral Home</b>		38. ADDRESS OF FACILITY <b>1122 S. 3rd St. Mount Vernon, Wash. 98273</b>			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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>[Signature]</i> <b>Pathologist</b>				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> <b>X</b>			
40. DATE SIGNED (Mo., Day, Yr.) <b>June 7, 2000</b>		41. HOUR OF DEATH (24 Hrs.) <b>1120</b>		44. DATE SIGNED (Mo., Day, Yr.)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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) <i>James Biesecker MD</i> <b>1310 E. Division St. Mount Vernon, Wa.</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)		A. <b>Sepsis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
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.		B. <b>Acute Bronchopneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
		C. <b>Rheumatoid Lung</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>	
		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) <b>Yes</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>	
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. REET, FACTORY, OFFICE				60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
62. REGISTRAR SIGNATURE <i>Sandra Berlits, Deputy</i>				63. DATE RECEIVED (Mo., Day, Yr.) <b>JUN 07 2000</b>			



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Kathy Hill, Skagit County Auditor  
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EXHIBIT "A"

JUN 08 2000

Date \_\_\_\_\_

*[Signature]*

Howard Leibrand M.D.  
Health Officer

Signed *Sandra Berlits*  
(Skagit County Deputy Registrar)

## COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into by and between, JERAULD CLEMENTS and MARGERY CLEMENTS, husband and wife, of Skagit County, State of Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, 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,

W I T N E S S E T H:

That, in consideration of the love and affection that each of said 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 or description, whether real or personal or mixed and wheresoever situated, now owned or hereafter acquired by them or either of them, including any separate property, shall be considered and is hereby declared to be community property, and each hereby conveys and quit claims to the other his or her interest in any separate property he or she may now own or hereafter acquire so as to convert the same to 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.





Residence located at 1611 Forest Drive, Mount Vernon WA 98273,  
legally described as follows:

Lot 28, EXCEPT that portion lying Westerly of a straight line from the Northwest corner of said Lot 28 to a point on the South line that is 18 feet East of the Southwest corner of said Lot 28, "COLLEGE HEIGHTS ADDITION, MOUNT VERNON, WASHINGTON", as per plat recorded in Volume 7 of Plats, pages 101 and 102, records of Skagit, State of Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

Property ID: P52520 3713-000-028-0000 (Real Property)

**EXHIBIT "C"**



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Kathy Hill, Skagit County Auditor

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