



200010170003

, Skagit County Auditor

10/17/2000 Page 1 of 5 9:46:25AM

After recorded return to:
Stephen C. Schutt
P.O. Box 1032
Anacortes, WA 98221

Document Title: Probate/Community Property Affidavit
Grantor: Lynn M. Morgan, Surviving Spouse of
Ellie J. Morgan
Grantee: Lynn M. Morgan
Legal Description: PTN GV LOT 1 BEG ON E LI SD LT AT PT 30FT S
OF NE C TH W PLT N LI LT 1 36RDS YPB TH S
180FT TH E 360FT TH N 180FT TAP 30FT S OF N
TAX I.D. Number: P33325 350231-0-056-0011
Legal Description: HIGHLAND GLEN DIV NO. 1 LT 1
TAX I.D. Number: P79672 4348-000-001-0002

**PROBATE AFFIDAVIT
COMMUNITY PROPERTY AFFIDAVIT**

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT

LYNN M. MORGAN, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That ELLIE J. MORGAN was her husband. That ELLIE J. MORGAN died a resident of Anacortes, Skagit County, Washington on September 14, 2000. A copy of the death certificate is attached hereto. ELLIE J. MORGAN died leaving property in Skagit County all of which was the community proper of affiant and decedent, ELLIE J. MORGAN.

That at the time of the death of ELLIE J. MORGAN, there was in full force and effect a Community Property Agreement executed by affiant and decedent on September 8, 1977, which Agreement is attached to this affidavit.

That there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses, or last illness except as follows: NONE

That the decedent left no Will.

That the decedent's estate is not being probated.

That the property owned by affiant and consisted of the following:

REAL ESTATE

1. STREET: 807 Haddon Road, Anacortes, Washington
TAX ID: P33325 350231-0-056-0011
LEGAL:
PTN GV LT 1 BEG ON E LI SD LT AT PT 30FT S OF
NE C TH W PLT N LI LT 1 36RDS YPB TH S 180FT
TH E 360FT TH N 180FT TAP 30FT S OF N

2. STREET: 209 - 18th Street, Mount Vernon,
Washington
TAX ID: P79672 4348-000-001-0002
LEGAL:
LOT 1, Plat of Highland Glen, Division #1,
according to the plat recorded in Volume 11
of Plats, page 52, records of Skagit County.

PERSONAL PROPERTY

1. Household furniture valued at \$500.00
2. Motor vehicles valued at..... \$500.00
3. Bank accounts and cash valued at..... \$500.00

That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or deed identified



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herein, all in reliance upon the representations set forth herein.

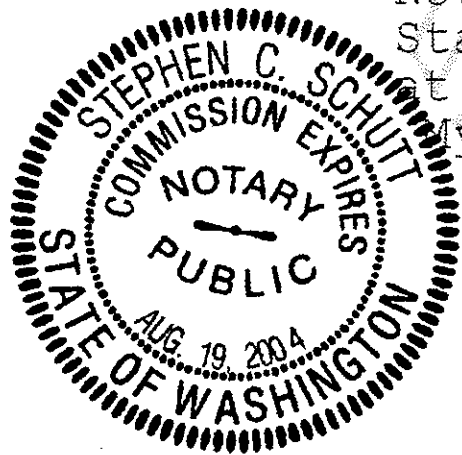
Dated this 9th th day of October, 2000.

Lynn M. Morgan
LYNN M. MORGAN

SUBSCRIBED and SWORN TO before me this 12th day of October, 2000.

Stephen C. Schutt
Notary Public in and for the
State of Washington, residing
at Anacortes, Wa.

My appointment expires: Aug 2004



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

009074

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: ELLIE, Middle: JUNIOR, Last: MORGAN				2. SEX (M / F) MALE		3. DEATH DATE (Mo, Day, Yr) SEPTEMBER 14, 2000	
4. AGE LAST BIRTHDAY (Yrs) 74		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr)	
8. BIRTHPLACE (City, State or Foreign Country) BYERS, CO				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) YES		10. COUNTY OF DEATH KING	
11. CITY, TOWN OR LOCATION OF DEATH SEATTLE				12. PLACE OF DEATH — 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 checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 4. VA PUGET SOUND HEALTH CARE SYSTEM			
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) LYNN SCHMOKE		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) WELDER		19. KIND OF BUSINESS OR INDUSTRY AIRCRAFT INDUSTRY		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 807 HADDON RD.		23. CITY/TOWN, OR LOCATION ANACORTES		24. INSIDE CITY LIMITS? (Yes / No) NO		25. COUNTY SKAGIT	
26. LENGTH OF RES. IN CO. 21 YRS		27. STATE WA		28. ZIP CODE 98221			
29. FATHER'S NAME — FIRST, MIDDLE, LAST JAMES WILSON MORGAN				30. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME ADA BELLE [REDACTED]			
31. INFORMANT — NAME LYNN MORGAN				32. MAILING ADDRESS 807 HADDON RD. ANACORTES WA 98221			
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		34. DATE (Mo, Day, Yr) 9/19/2000		35. CEMETERY/CREMATORY — NAME GRAND VIEW CEMETERY		36. LOCATION — CITY/TOWN, STATE ANACORTES, WA	
37. FUNERAL DIRECTOR SIGNATURE X [Signature]		38. NAME OF FACILITY EVANS FUNERAL CHAPEL		39. ADDRESS OF FACILITY WA 98221		40. 1105 32ND ST, ANACORTES	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
41. 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 [Signature] MD				42. 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 [Signature]			
43. DATE SIGNED (Mo., Day, Yr) 9/15/2000		44. HOUR OF DEATH (24 Hrs.) 0537 HOURS		45. DATE SIGNED (Mo., Day, Yr)		46. HOUR OF DEATH (24 Hrs.)	
47. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				48. PRONOUNCED DEAD (Mo., Day, Yr)		49. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) JEFFREY B. VIRGIN, M.D., 1660 S. COLUMBIAN WAY, SEATTLE, WA 98108				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. Retroperitoneal Hemorrhage DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH 1-2 Days	
		B. Anticoagulation DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH 2 Weeks	
		C. Coronary Bypass Grafting DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH 2 Weeks	
		D. Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH Years	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:				52. AUTOPSY? (Yes / No)		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION — ST			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY REVIEWED BY DATE		62. REGISTRAR SIGNATURE X [Signature]		63. DATE RECEIVED (Mo., Day, Yr) SEP 21 2000			

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Agreement as to Status of Community Property

After Death of One of the Spouses

Know All Men by These Presents:

That this agreement, made and entered into this 8th day of Sept, 1977
by and between Lynn Mandell Morgan
and Ellie J. Morgan, husband and wife,
of Seattle, King County, State of Washington, WITNESSETH:

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:

I.

That all property of whatsoever nature or description whether real, personal or mixed and where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said Lynn Mandell Morgan
and Ellie J. Morgan have hereunto set their hands
and seals this 8th day of Sept, 1977.

Lynn M. Morgan (SEAL)
Ellie J. Morgan (SEAL)

STATE OF WASHINGTON,

County of King } SS.

This is to certify that on this 8 day of Sept, 1977, before me
Robert H. Merriam Sr. a Notary Public in and for the State of Washington
duly commissioned and sworn, personally came Lynn M. Morgan
and Ellie J. Morgan husband and wife, 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.

WITNESS my hand and official seal the day and year in this certificate first above written.

Robert H. Merriam Sr.

Notary Public in and for the State of Washington residing at 3331 NW 95

Seattle, Wash.
98117

