



U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

THAT affiant has herein below identified each and all of the heirs at law of decedent, pursuant to RCW 11.04.015 which states that the net estate of a person dying intestate shall descend to the surviving spouse, and that the surviving spouse shall receive all of the decedent's share of the net community estate. decedent left no surviving children,

THAT the heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

Full Name	Age	Relationship to Decedent
Luisa Pineda Carpenter 3998 North Shore Lane Sedro Woolley, WA. 98284	Legal	Surviving Spouse

THAT affiant knows of her own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of said decedent (including but not limited to: all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes, installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full, or have been transferred to the affiant.

CHECK WHICH APPLIES:

- ☒ THAT the decedent left no Will.  
☐ THAT the decedent left a Will, a copy of which is attached hereto.  
☒ THAT the decedent's estate is not being probated.  
☒ THAT State and/or federal succession or inheritance taxes are not payable.  
☐ THAT State and/or federal succession or inheritance taxes in the amount of \$\_\_\_\_\_ have been paid. Copies of the release/discharge is attached hereto.  
☐ THAT State and/or federal succession or inheritance taxes are due, but have not paid.

THAT this affidavit is made solely to induce LAND TITLE INSURANCE COMPANY, hereinafter called "Company", or any other title company, to insure title to real property in full reliance upon the herein representations.

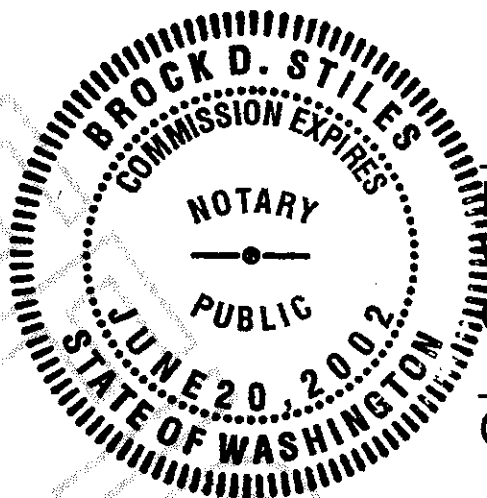
DATED: December 13, 2000.

Luisa Pineda Carpenter  
Luisa Pineda Carpenter - Affiant  
3998 North Shore Lane  
Sedro Woolley, WA. 98284  
(360) 826-5933



200101310070  
Skagit County Auditor

Subscribed and sworn to before me this 13th day of December, 2000.



Brock D. Stiles

Notary Public in and for the State of  
Washington

County of Skagit, Residing at:

Sedro Woolley

Commission expires: 6-20-2002



200101310070

, Skagit County Auditor

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



695  
LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Charles Middle: Unior Last: Carpenter				2. SEX (M / F) Male		3. DEATH DATE (Mo. Day, Yr) October 11, 1998	
4. AGE LAST BIRTHDAY (Yrs) 71		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo. Day, Yr) Feb 23, 1927		8. BIRTHPLACE (City, State or Foreign Country) Dunsieth, N.D.	
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon				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 checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Skagit Valley Hospital		13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Luisa Pineda		16. SOCIAL SECURITY NO. 538-16-9385		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Unknown	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Seaman		19. KIND OF BUSINESS OR INDUSTRY Merchant Marines		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 42032 Northshore Lane		23. CITY/TOWN OR LOCATION Sedro Woolley		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Skagit	
25B. LENGTH OF RES. IN CO. 7yrs		26. STATE WA		27. ZIP CODE 98284			
28. FATHER'S NAME—FIRST, MIDDLE, LAST Charles Carpenter				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Emma Berg			
30. INFORMANT—NAME Luisa Carpenter				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 42032 Northshore Lane, Sedro Woolley, Washington 98284			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Donation		33. DATE (Mo. Day, Yr) Oct 16, 1998		34. CEMETERY/CREMATORY—NAME University of Washington		35. LOCATION—CITY/TOWN, STATE Seattle, Washington	
36. FUNERAL DIRECTOR SIGNATURE X <i>[Signature]</i>		37. NAME OF FACILITY Bio-Structures Dept		38. ADDRESS OF FACILITY Med School, Seattle, WA			
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 X <i>[Signature]</i> October 14, 1998				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			
40. DATE SIGNED (Mo., Day, Yr) October 14, 1998		41. HOUR OF DEATH (24 Hrs.) 16:53		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) Margaret Russo, M.D., 1400 E Kincaid, Mount Vernon, Washington 98274				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. Respiratory Failure				INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
		B. Seven end stage COPD				INTERVAL BETWEEN ONSET AND DEATH Years	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		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 Karen L. Britrick, Deputy		63. DATE RECEIVED (Mo., Day, Yr.) 10/22/98			

Date November 3, 1998

*[Signature]*  
Howard Leibrand M.D.  
Health Officer

Signed *[Signature]*  
(Skagit County Deputy Registrar)

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



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Skagit County Auditor

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