

PROBATE AFFIDAVIT
COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT

MARILYN Y. MALESIC, being first duly sworn, on oath
deposes and says:

That she is a resident of Anacortes, Skagit County,
Washington. That NORM B. MALESIC was her husband. That
NORM B. MALESIC died a resident of Anacortes, Skagit County,
Washington on December 14, 2000. A copy of the death
certificate is attached hereto. NORM B. MALESIC died
leaving property in Skagit County all of which was the
community property of affiant and decedent, NORM B. MALESIC.

That at the time of the death of NORM B. MALESIC, there
was in full force and effect a Community Property Agreement
executed by affiant and decedent on May 15, 2000, 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 a Will, a copy of which is
attached hereto.

That the decedent's estate is not being probated.

That the property owned by affiant and NORM B. MALESIC
consisted of the following:

REAL ESTATE

1. STREET: 1619 - 9th Street, Anacortes, Washington
TAX ID: P55934/3772-143-010-0006
LEGAL: ANACORTES LOT 10 BLK 143 9 & 10


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


Dated this 26 th day of January, 2001.


MARILYN Y. MALESIC

SUBSCRIBED and SWORN TO before me this 26 th day of January, 2001.


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

My appointment expires: 6-28-01


200102070009
Skagit County Auditor
2/7/2001 Page 2 of 13 9:14:47AM

STATE OF WASHINGTON DEPARTMENT OF HEALTH

897
LOCAL FILE NUMBER

Health CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1. NAME First: Norm Middle: Bruno Last: Malesic				2. SEX (M / F) M		3. DEATH DATE (Mo, Day, Yr) Dec 14, 2000	
4. AGE LAST BIRTHDAY (Yrs) 68		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) [REDACTED]		8. BIRTHPLACE (City, State or Foreign Country) Detroit, MI	
11. CITY, TOWN OR LOCATION OF DEATH Anacortes		12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RMOUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 1619 9th Street				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) Marilyn Yvonne Watson		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) Life Insurance Salesman		19. KIND OF BUSINESS OR INDUSTRY Life Insurance		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 1619 9th Street		23. CITY/TOWN, OR LOCATION Anacortes		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Skagit	
25B. LENGTH OF RES. IN CO. 4yrs		26. STATE WA		27. ZIP CODE 98221			
28. FATHER'S NAME — FIRST, MIDDLE, LAST Mark (nmi) Malesic				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Amalia A. [REDACTED]			
30. INFORMANT — NAME Marilyn Yvonne Malesic		31. MAILING ADDRESS STREET OR RFD NO. 1619 9th Street, , Anacortes, WA 98221 CITY OR TOWN STATE ZIP					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 12/15/2000		34. CEMETERY/CREMATORY — NAME Northwest Crematory		35. LOCATION — CITY/TOWN, STATE Anacortes, WA	
36. FUNERAL DIRECTOR SIGNATURE <i>x Joseph Wham</i>		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 1105 32nd Street Anacortes, WA 98221-			
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>x Nancy H. Llewellyn</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>x</i>			
40. DATE SIGNED (Mo., Day, Yr) December 15, 2000		41. HOUR OF DEATH (24 Hrs.) 1302		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) Nancy H. Llewellyn M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221				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) Nancy H. Llewellyn M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221				49. ME/CORONER FILE NUMBER NJA 240			
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. <i>Metastatic Colon Cancer</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Months</i>	
		B.				INTERVAL BETWEEN ONSET AND DEATH	
		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 GIVE ABOVE:						52. AUTOPSY? (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 <i>x Sandra Gerlitz, Deputy</i>		63. DATE RECEIVED (Mo., Day, Yr) DEC 15 2000	



200102070009
Skagit County Auditor

2/7/2001 Page 3 of 13 9:14:47AM

DOH 01-003 (5/99)

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with <input type="checkbox"/>			1. STATE OFFICE NUMBER for	
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth); HUSBAND (If Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (If Birth); WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER:				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DOH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD 211)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

- Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

Skagit County Health Department
 Howard Leibrand M.D., Health Officer

Howard Leibrand

Date Issued DEC 18 2000



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Skagit County Auditor

HH00636561

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 15 day of May, 2000, between NORM MALESIC and MARILYN Y. MALESIC, husband and wife, both of whom are domiciled in the State of Washington. In consideration of the mutual benefits to be derived and their mutual agreements set forth below, the parties agree as follows:

1. Property Covered: This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other 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. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is referred to in this Agreement as the "described community property."

COMMUNITY PROPERTY AGREEMENT - 1



200102070009

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2. Vesting at Death of a Spouse: If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

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 assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. Automatic Revocation: The provisions of paragraph 2 shall be automatically revoked:

(a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

(b) upon the establishment of a domicile out of the State of Washington by either party; or

(c) Immediately prior to death, if the order of death cannot be ascertained.

5. Optional Revocation by One Party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 3 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. 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

COMMUNITY PROPERTY AGREEMENT - 2



200102070009

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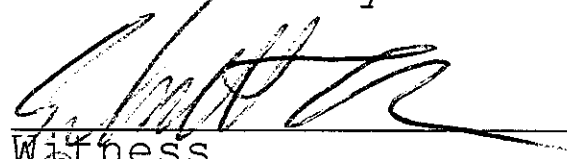
2/7/2001 Page 6 of 13 9:14:47AM

disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in Washington signs a statement declaring that the spouse is unable to manage his or her own affairs.

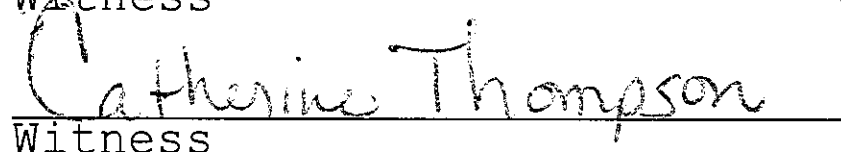
6. Powers of Appointment: This Agreement shall not affect any power of appointment now held by or hereafter given to Wife or Husband or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

7. Inconsistent Agreement:

To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.



Witness



Witness



NORM MALESIC



MARILYN Y. MALESIC



STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On 15 MAY, 2000 personally appeared before me NORM MALESIC and MARILYN Y. MALESIC, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on this 15 day of MAY, 2000.

Lois LeBlonde
NOTARY PUBLIC, in and for the
State of Washington
My commission expires: 6-25-02



COMMUNITY PROPERTY AGREEMENT - 4



200102070009
Skagit County Auditor

2/7/2001 Page 8 of 13 9:14:47AM

Last Will and Testament of

NORM MALESIC

I, NORM MALESIC of 1619 - 9th Street, Anacortes, Skagit County, Washington declare this to be my Last Will and Testament and revoke all prior Wills and Codicils.

I. FAMILY

I am married and my wife's name is MARILYN Y. MALESIC. There are nine children born to me, namely: STEPHANIE (MALESIC) ROSELLE, BERNADETTE (MALESIC) FERNANDEZ, MARY KAY (MALESIC) ALIX, MARK MALESIC, MATTHEW MALESIC, ERIC MALESIC, STEPHEN MALESIC, JOSEPH MALESIC and KEVIN MALESIC. Except as herein provided, I intend to make no provisions in this Will for any child who survives me, whether named herein or hereafter born or adopted, nor for the descendants of any child who does not survive me.

II. PAYMENT OF DEBTS

I direct my Executor hereinafter named, as soon after my death as is practicable, to pay all just debts for which proper claims are filed against my estate, inheritance and succession taxes assessed by reason of my death, the expense of my last illness, and funeral; provided, however, that this shall not authorize any creditor to require payment of any debt prior to normal maturity thereof, or prohibit my Executor from exercising

LAST WILL AND TESTAMENT - 1

Initial: nm



200102070009

, Skagit County Auditor

any legal defense to the same. My Executor shall be compensated for her/his time and expenses at a reasonable rate.

III. DEVISES AND BEQUESTS OF PROPERTY

A. After payment of funeral expenses, debts and taxes as herein provided, and provided she survives me, I devise and bequeath all the rest, residue, and the remainder of my estate to my wife, MARILYN Y. MALESIC.

B. In the event my wife does not survive me then in that event I devise and bequeath all the rest, residue and remainder of my estate to my daughters, STEPHANIE (MALESIC) ROSELLE, BERNADETTE (MALESIC) FERNANDEZ and MARY KAY (MALESIC) ALIX share and share alike, per stirpes.

C. I direct that my sons, MARK MALESIC, MATTHEW MALESIC, ERIC MALESIC, STEPHEN MALESIC, JOSEPH MALESIC and KEVIN MALESIC take no bequeath by this Will.

D. I may have a separate list which disburses tangible personal property to designate heirs. Said list is dated and signed.

III. APPOINTMENT OF EXECUTOR

I nominate and appoint my wife, MARILYN Y. MALESIC, the Executor of this my Last Will and Testament. If she does not

LAST WILL AND TESTAMENT - 2

Initial: nm



200102070009
Skagit County Auditor
2/7/2001 Page 10 of 13 9:14:47AM

survive me, then I nominate and appoint STEPHANIE (MALESIC) ROSELLE, of Kent, Washington, then BERNADETTE (MALESIC) FERNANDEZ, then MARY KAY (MALESIC) ALIX, as alternate executor of this my Will. I hereby direct that my executors shall serve without bond, with unrestricted nonintervention powers, and without liability for error in judgment.

I further direct that my estate be settled without the intervention of any Court, except to the extent required by law.

IV. NO CONTEST CLAUSE

If any person named to receive any benefit under this Will or any Codicil hereto should, with or without good faith and or probable cause, contest the same in whole or part, conspire with, or voluntarily assist anyone in such contest, then in such event the respective share, portion right, hereunder of such person so contesting, conspiring or assisting, shall lapse into the residue of my estate and thereafter shall be distributed as herein provided, except that such person or persons so contesting, conspiring or assisting shall not, in any event, receive any benefit whatsoever.

LAST WILL AND TESTAMENT - 3
Initial: mm



200102070009

, Skagit County Auditor

2/7/2001 Page 11 of 13 9:14:47AM


V. FUNERAL DIRECTION

It is my express wish that my remains be cremated and that my ashes be spread in Puget Sound. ~~I direct that there be no headstone or plaque purchased in my memory.~~ *Tim*

IN TESTIMONY WHEREOF, I have hereunto set my hand this 15 day of May, 2000, ~~1999~~.

Norm R. Malesic
NORM MALESIC

LAST WILL AND TESTAMENT - 4
Initial: *nm*


200102070009
Skagit County Auditor
2/7/2001 Page 12 of 13 9:14:47AM

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

ATTESTATION CLAUSE AND
AFFIDAVIT OF ATTESTING
WITNESSES

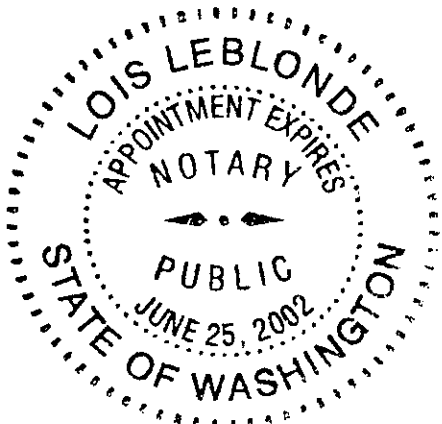
The undersigned, competent to testify, being first duly sworn, upon oath, depose and say:

That the foregoing instrument to which this Affidavit is attached, consisting of five(5) pages, of which this is the fifth(5th) page, dated the 15 day of MAY, 2000, ~~1999~~, which purports to be the Last Will and Testament of the above named Testator was signed and executed by the said Testator at Anacortes, Washington, in the presence of myself and the other witness.

The Testator thereupon published the instrument as and declared it to be his Last Will and Testament and requested us to sign the same as witnesses and to execute this Affidavit in proof of said Will.

In the presence of the Testator and at his request and direction, and in the presence of each other, the other witness and I subscribed our names as witnesses hereto.

At the time of executing said instrument the Testator, the other witness and I, were of legal age and competent to act as witnesses and the Testator appeared to be of sound and disposing mind and not acting under duress, menace, fraud, undue influence or misrepresentation.



[Signature]
Residing at Anacortes

Catherine Thompson

Residing at Anacortes WA

Signed, sworn to (or affirmed) and attested by
S.C. Schutt and Catherine Thompson on this
day of 15 MAY, 2000, ~~1999~~.

Lois LeBlonde

NOTARY PUBLIC, in and for
the State of Washington

My appointment expires: 6-25-02

[Signature]



200102070009

, Skagit County Auditor