

PROBATE AFFIDAVIT

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT

VINCENT KELLY, being first duly sworn, on oath deposes and says:

That he is a resident of Anacortes, Skagit County, Washington. That LAURA LABERTA KELLY was his former wife. That LAURA L. KELLY died a resident of Anacortes, Skagit County, Washington on May 6, 2001. A copy of the death certificate is attached hereto. LAURA L. KELLY died leaving property in Skagit County, Washington. The parties held the real property as tenants-in-common.

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 deceased owned real property with affiant which consisted of the following:

REAL ESTATE

1. STREET: 815 - 33rd Street, Anacortes, Washington
TAX ID: P60565/3837-001-010-0000
LEGAL:

Lots 8 & 9 and the East half of Lot 10, Block 1, Plat of White's First Addition to the City of Anacortes, according to the plat thereof recorded in Volume 2 of Plats, page 41, records of Skagit County, Washington.

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

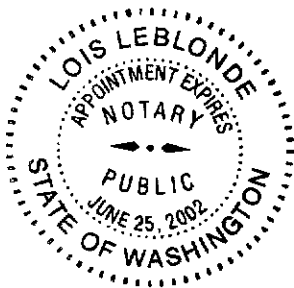
That the total value of all of the property owned by decedent and affiant, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

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 tenant-in-common because it was community property of the deceased and affiant which was by deed identified herein, all in reliance upon the representations set forth herein.

Dated this 30 th day of May, 2001.

Vincent Kelly
VINCENT KELLY

SUBSCRIBED and SWORN TO before me this 30 th day of May, 2001.



Lais LeBlonde
Notary Public in and for the
State of Washington, residing
at Anacortes, Wa.
My appointment expires: 6-25-02



200106010011

, Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

334
LOCAL FILE NUMBER

Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Laura Middle: LaBerta Last: Kelly				2. SEX (M/F) F	3. DEATH DATE (Mo, Day, Yr) May 6, 2001
4. AGE LAST BIRTHDAY (Yrs) 79	5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:	6. UNDER 1 DAY []	7. BIRTHDATE (Mo, Day, Yr) [REDACTED]	8. BIRTHPLACE (City, State or Foreign Country) Ashland, MT	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No
11. CITY, TOWN OR LOCATION OF DEATH Burlington			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. RMOUT PTN 4 <input type="checkbox"/> HOSP. 5 <input checked="" type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE Home Place Special Care Center		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) Vincent (nmi) Kelly		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8 College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		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.) No	
21. RACE (Specify) White		22. RESIDENCE — NUMBER AND STREET 815 33rd Street			
23. CITY/TOWN, OR LOCATION Anacortes		24. INSIDE CITY LIMITS? (Yes/No) Yes	25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 10yrs	25. STATE WA
26. ZIP CODE 98221		28. FATHER'S NAME — FIRST, MIDDLE, LAST Herbert H. Jellison			
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Laura Sybilja [REDACTED]		30. INFORMANT — NAME Vincent (nmi) Kelly			
31. MAILING ADDRESS 815 33rd Street, Anacortes, WA 98221		32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			
33. DATE (Mo, Day, Yr) 5/9/2001		34. CEMETERY/CREMATORY — NAME Northwest Crematory		35. LOCATION — CITY/TOWN, STATE Anacortes, WA	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 1105 32nd Street Anacortes, WA 98221-	
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> T.W. Martin, MD			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) 5-9-01		41. HOUR OF DEATH (24 Hrs.) 2010		44. DATE SIGNED (Mo., Day, Yr)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) T.W. Martin, MD		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) Mary Ann Hink, MD 1918 Hospital Drive, Sedro Woolley, WA 98284			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. End stage dementia		INTERVAL BETWEEN ONSET AND DEATH Yes	
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. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
C. DUE TO, OR AS A CONSEQUENCE OF:		C.		INTERVAL BETWEEN ONSET AND DEATH	
D. 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 GIVE ABOVE:					
54. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)	
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLOG, 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 Sandra Berlita, Deputy		63. DATE RECEIVED (Mo., Day, Yr) MAY 10 2001	



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Skagit County Auditor

6/1/2001 Page 3 of 8 9:26:44AM

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			1. STATE FILE 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

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. 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-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. 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.
7. 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).
8. **This affidavit cannot be used to add a father to a birth certificate.** (use the paternity affidavit - form DOH 110-001)

Death Certificates

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

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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

This is a legal document.
 Complete in ink and do not alter.

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

H. Leibrand

Date Issued MAY 10 2001



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 Skagit County Auditor

HH00957711

01 4 00136 1

**Last Will and Testament
of**

01 4 00136

LABERTA L. KELLY

I, LABERTA L. KELLY, of 815 33rd Street, Skagit County, Washington declare this to be my Last Will and Testament and revoke all prior Wills and Codicils.

I. FAMILY

I am a single adult. I have my former spouse and life long friend who is VINCENT KELLY. There is one child born to me, namely: VERNA BAKER. Except as herein provided, I intend to make no provision for any relative of mine who may 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 and 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 any legal defense to the same. My Executor shall be compensated for his time and expenses at a reasonable rate.

LAST WILL AND TESTAMENT - 1
Initial: _____



200106010011

Skagit County Auditor

6/1/2001 Page 5 of 8 9:26:44AM

III. DEVICES AND BEQUESTS OF PROPERTY

A. After payment of funeral expense, debts and taxes as herein provided, I devise and bequeath all the rest, residue and remainder of my estate to my life long friend, VINCENT KELLY.

B. In the event VINCENT KELLY does not survive me then in that event I give, devise and bequeath all the rest, residue and remainder of my estate to my daughter, VERA BAKER, per stirpes.

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

IV. APPOINTMENT OF EXECUTOR

I nominate and appoint my daughter, VERA BAKER, as Executor of this Will, to serve without bond, and with unrestricted nonintervention powers, without liability for error in judgment, and if she is unable or unwilling to serve, then I appoint whomsoever the Court may appoint as alternate executor, to serve without bond, and with unrestricted nonintervention powers, 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.

LAST WILL AND TESTAMENT - 2
Initial: _____



200106010011

, Skagit County Auditor

6/1/2001 Page 6 of 8 9:26:44AM

V. PAYMENTS OF DEBTS AND TAXES

I hereby direct that my executor shall pay all debts of my estate and all estate, inheritance and succession taxes assessed by reason of my death. I waive for my estate all rights of reimbursement from the beneficiaries for any payments.

IN TESTIMONY WHEREOF, I have hereunto set my hand this

19 day of Feb, 1999.

Laberta L. Kelly
LABERTA L. KELLY

Verna R. Baker

LAST WILL AND TESTAMENT - 3
Initial: _____



200106010011
Skagit County Auditor

6/1/2001 Page 7 of 8 9:26:44AM

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 19th day of February, 1999, which purports to be the Last Will and Testament of the above named Testatrix, namely, LABERTA L. KELLY, was approved by her daughter, VERNA R. BAKER, in her presence and in the presence of myself and the other witness.

Said VERNA R. BAKER signed the Will in the place indicated below the Testatrix's signature and requested that we witness her signature and that her signature signify her approval of said Will. The Testatrix thereupon published the instrument as and declared it to be her 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 VERNA R. BAKER and at her request and direction and in the presence of each other, and in the presence of the Testatrix and at her request and direction, the other witness and I subscribed our names as witnesses hereto.

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

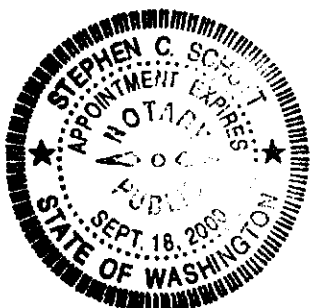
Lois LeBlonde

Residing at Anacortes, Wa

Catherine Thompson

Residing at Anacortes WA

Signed, sworn to (or affirmed) and attested by Lois LeBlonde and Catherine Thompson on this 19th day of February, 1999.



Stephen C. Schmitt

NOTARY PUBLIC, in and for
the State of Washington

My appointment expires: Sept 18, 2003



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Skagit County Auditor