

Return To: Rosemary Kamb
Attorney At Law
702 Main Street
Mount Vernon, WA 98273



200107310240
Skagit County Auditor

7/31/2001 Page 1 of 5 1:54:21PM

NO PROBATE AFFIDAVIT

STATE OF WASHINGTON }
COUNTY OF SKAGIT } SS.

I, Maria V. Armenta acting as Attorney-in-Fact for Fermin Garcia filed under Auditors #200107100040, being first duly sworn, deposed and says:

FIRST: That this affidavit is for the purpose of supplying information pertaining to the estate of Maria M. Garcia, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described property:

Tax Parcels #330425-0-043-0007 P17278; #330425-0-044-0113 P17280;
#330425-0-044-0204 P99643; #330425-0-044-0006 P17279

SECOND: That said decedent died on or about the 3rd day of June, 1999, in the City of Mount Vernon, County of Skagit, State of Washington.

THIRD: That said decedent executed no wills, agreements to convey community property agreements, conveyances, mortgages, deeds of trust, lien agreements, or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor of said county, except as follows: (enumerate if any, or indicate NONE).

- 1) Community Property Agreement

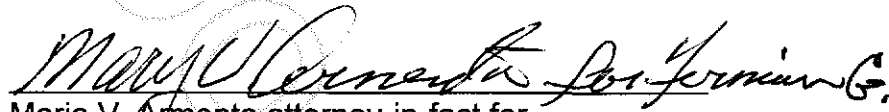
FOURTH: That the said assets at the date of decedent's death had an approximate market value of less than \$675,000.00. That the value of decedent's estate at the date of death was within the exemptions allowed under federal and Washington estate tax regulations, so no estate taxes are owing by decedent's estate.

FIFTH: That all obligations of the Estate owing at the date of death of said decedent have been paid in full, and all expenses of last illness and for funeral services have been paid, except as follows:
(enumerate if any, or indicate NONE).

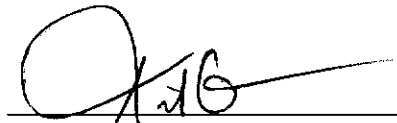
1) **NONE**

SIXTH: That the following list comprises all of the heirs at law by whom said decedent was survived: (Show age of each heir opposite name. If any heirs are under 18, this affidavit is not applicable).

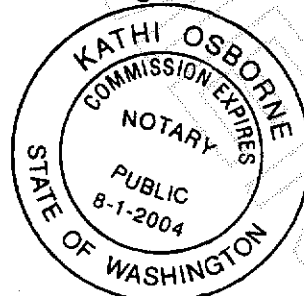
1) **Fermin Garcia, of legal age.**


Maria V. Armenta attorney-in-fact for
Fermin Garcia

SUBSCRIBED AND SWORN to before me this 30th day of July,
2001.



NOTARY PUBLIC in and for the
State of Washington,
Residing at: Mount Vernon
My Commission Expires: 8-1-04



200107310240
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH



TYPE OR PRINT IN PERMANENT BLACK INK

385

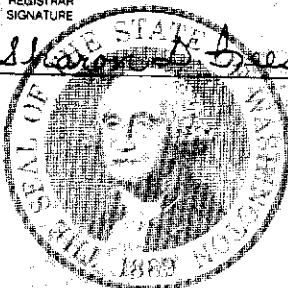
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Maria Middle: M. Last: Garcia			2. SEX (M / F) F		3. DEATH DATE (Mo, Day, Yr) June 3, 1999				
4. AGE LAST BIRTHDAY (Yrs) 89		5. UNDER 1 YEAR MOS: 1 DAYS: 1 HOURS: 1 MINS: 1		7. BIRTHDATE (Mo, Day, Yr) June 3, 1910		8. BIRTHPLACE (City, State or Foreign Country) Donna, Tx			
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon			12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Mira Vista 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) Fermin Garcia		16. SOCIAL SECURITY NO [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8 College (1-4 or 5+): 8		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Field Cook			19. KIND OF BUSINESS OR INDUSTRY Agriculture/Farming		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes / No Specify Mexican		21. RACE (Specify) Mexican		
22. RESIDENCE—NUMBER AND STREET 2232 State Highway #534			23. CITY/TOWN OR LOCATION Mount Vernon		24. INSIDE CITY LIMITS? (Yes / No) No		25. COUNTY Skagit		
26. FATHER'S NAME—FIRST, MIDDLE, LAST Manuel Mendoza			27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Felipa [REDACTED]			28. LENGTH OF RES. IN CO 53Y		29. STATE WA	
30. INFORMANT—NAME Fermin Garcia			31. MAILING ADDRESS 2232 State Highway #534, Mount Vernon, WA 98273			32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) 6/4/99	
34. CEMETERY/CREMATORY—NAME Hawthorne Memorial Park			35. LOCATION—CITY/TOWN, STATE Mount Vernon Washington			36. ADDRESS OF FACILITY 1825 E. College Way Mount Vernon, WA 98273-0398			
37. NAME OF FACILITY Hawthorne Funeral Home			38. ADDRESS OF FACILITY 1825 E. College Way Mount Vernon, WA 98273-0398			39. ADDRESS OF FACILITY 1825 E. College Way Mount Vernon, WA 98273-0398			
40. 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 Mary Lucier M.D.				41. 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 [REDACTED]					
42. DATE SIGNED (Mo, Day, Yr) 6/4/99				43. HOUR OF DEATH (24 Hrs) 1415					
44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Mary Lucier, M.D.				45. PRONOUNCED DEAD (Mo, Day, Yr) 6/4/99					
46. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Mary Lucier, M.D. 1400 East Kincaid, Mount Vernon, WA 98273				47. HOUR PRONOUNCED DEAD (24 Hrs) 1415					
48. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) Pneumonia 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. CAD				49. INTERVAL BETWEEN ONSET AND DEATH days					
50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE CAD				51. INTERVAL BETWEEN ONSET AND DEATH days					
52. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) No				53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No					
54. INJURY DATE (Mo, Day, Yr) 6/4/99				55. HOUR OF INJURY (24 Hrs) 1415					
56. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) At Home				57. DESCRIBE HOW INJURY OCCURRED At Home					
58. INJURY AT WORK? (Yes / No) No				59. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE 2232 State Highway #534, Mount Vernon, WA 98273					
60. RECORD AMENDMENT (Registrar use only) ITEM: 1 DATE: 6-8-99				61. REGISTRAR SIGNATURE Sharon D. Beeson, Deputy					
62. REGISTRAR SIGNATURE Sharon D. Beeson, Deputy				63. DATE RECEIVED (Mo, Day, Yr) 6-8-99					



Howard Leibrand M.D.
Health Officer

Signed **Sharon D. Beeson**
(Skagit County Deputy Registrar)

Date **JUN 8 1999**

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	

DCH 110-007 (Rev. 2/98)

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.
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.**

GG392871

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 by and between **Fermin Garcia** and **Maria Garcia**, husband and wife, of Mount Vernon, Washington, and pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status of community property to take effect upon the death of either:

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 wheresoever situated, now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be their community property.

**LAW OFFICE OF
ROSEMARY KAMB
WSBA# 16532**



200107310240

, Skagit County Auditor

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 parties have hereunto set their hands and seals this

Sept. 23, 1997:

Fermin Garcia
Fermin Garcia

Maria Garcia
Maria Garcia

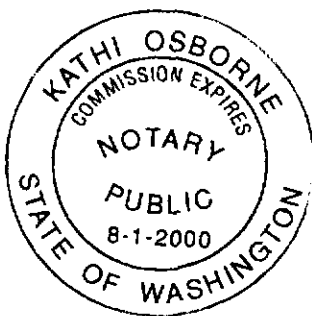
STATE OF WASHINGTON

} SS

COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that Fermin Garcia and Maria Garcia are husband and wife and they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the said document this 23rd day of September, 1997:

KAG
Notary Public in and for the State of
Washington, residing at Mount Vernon
My Commission Expires: 8-1-2000



LAW OFFICE OF
ROSEMARY KAMB
WSBA# 16532

