

200108240141
Skagit County Auditor
8/24/2001 Page 1 of 16 3:37:54PM

**Filed for Record at request of
and return to:**
STILES & STILES INC. P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Legal : Tract 31 Thunderbird
Tax Parcel # 3762-000-031-0005
P54498

ISLAND TITLE CO.
QB2127
ACCOMMODATION RECORDING

AFFIDAVIT RE: LACK OF PROBATE

State of Washington)
County of Skagit) ss.

LYNN HILLER, MARESTA COLLINS, TRACIE WISLER, RAY JOSEPH, LESLIE CRANDALL AND NANCY HANSON, being first duly sworn, deposes and state:

THAT affiant(s) are the lawful surviving children of MAXINE IONE JOSEPH, who died July 8, 2001 at Mount Vernon, Washington, then being a resident of Mount Vernon, Skagit County, Washington, and ALBERT A. JOSEPH, who died on March 5, 1994, at Mount Vernon, Washington, then being a resident of Mount Vernon, Skagit County Washington. A copy of the death certificates are attached. Also attached is a Community Property Survivorship Agreement signed by Albert A. Joseph and Maxine I. Joseph and dated on January 7, 1992.

That this affidavit is for the purpose of supplying information pertaining to the estate of MAXINE IONE JOSEPH, and ALBERT A. JOSEPH deceased, and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

Tract 31, "THUNDERBIRD", as per plat recorded in Volume 9 of
Plats, pages 34 and 35, records of Skagit County, Washington.

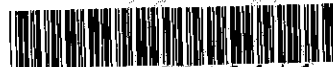
Subject to : Easements and Restrictions as of record.

THAT the decedent executed a will, a copy of which is attached hereto, leaving
the above described real property to her children, LYNN HILLER, MARESTA COLLINS,
TRACIA WISLER, RAY JOSEPH, LESLIE CRANDALL AND NANCY HANSON.

THAT affiant(s) have herein below identified each and all of the heirs at law of
decedent, including but not limited to her children, adopted children and the issue of
any predeceased child or adopted child (if decedent left no surviving children, then
affiant has listed below all of the surviving parents, brothers and sisters of decedent).

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
Lynn Hiller 2424 W. Kent Missoula, Montana 59801	Legal	Daughter
Maresta Collins 4310 Apache Drive Mount Vernon, Wa. 98273	Legal	Daughter
Tracie Wisler 12179 Hilynn Drive Burlington, Wa. 98233	Legal	Daughter
Ray Joseph 21213 Plaza Drive Sedro Woolley, Wa. 98284	Legal	Son
Leslie Crandall 21207 Plaza Drive Sedro Woolley, WA. 98284	Legal	Daughter
Nancy Hanson 2809 Cherokee Ln. Mt. Vernon, Wa. 98273	Legal	Daughter



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THAT affiant(s) know of their own knowledge, and so states, that each and all of the obligations 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.

THAT affiant states that the total value of the decedent's estate at the date of death including all real and personal property, was approximately \$ 175,000.00.

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 ISLAND 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: _____

(SEE ATTACHED FAXED EXECUTED ORIGINAL)

Lynn Hiller - Affiant
2424 W. Kent
Missoula, Montana 59801

STATE OF MONTANA)
COUNTY OF _____) ss.

On this day personally appeared before me Lynn Hiller, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on this _____ day of _____, 2001.

NOTARY PUBLIC in and for the
State of _____
residing at : _____
Commission Expires: _____



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THAT affiant(s) know of their own knowledge, and so states, that each and all of the obligations 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.

THAT affiant states that the total value of the decedent's estate at the date of death including all real and personal property, was approximately \$ 175,000.00.

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 ISLAND 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: 8-16-01

Lynn Hiller

Lynn Hiller - Affiant
2424 W. Kent
Missoula, Montana 59801

STATE OF MONTANA)
COUNTY OF _____) ss.

On this day personally appeared before me Lynn Hiller, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

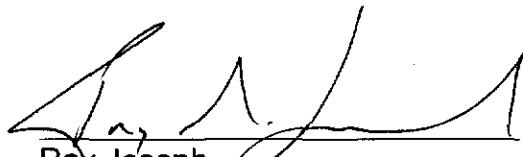
GIVEN UNDER my hand and official seal on this 16th day of August, 2001.

Joseph R. Hansen
NOTARY PUBLIC in and for the
State of Montana
residing at: Missoula
Commission Expires: January 3, 2004



200108240141
, Skagit County Auditor

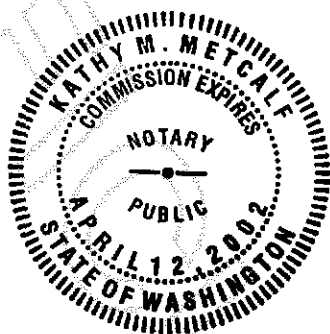
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Ray Joseph

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me Ray Joseph, who executed the within and foregoing instrument and acknowledged that he signed the same as his 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 August, 2001.



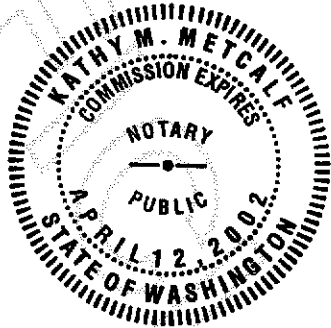

NOTARY PUBLIC in and for the
State of Washington
residing at : Seam-Woolley
Commission Expires: 4-12-2002

Nancy Hanson
Nancy Hanson

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me Nancy Hanson, who executed the within and foregoing instrument and acknowledged that she signed the same as her 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 August, 2001.



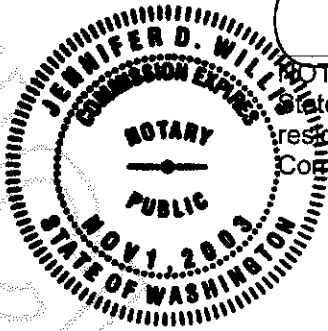
Kathy M. Metcalf
NOTARY PUBLIC in and for the
State of Washington
residing at : Sequoia-Woolley
Commission Expires: 4-12-2002

Maresta Collins
Maresta Collins

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me Maresta Collins, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on this 16 day of August, 2001.



Jennifer D. Willis
NOTARY PUBLIC in and for the
State of Washington
residing at: Burlington
Commission Expires: 11-1-2003



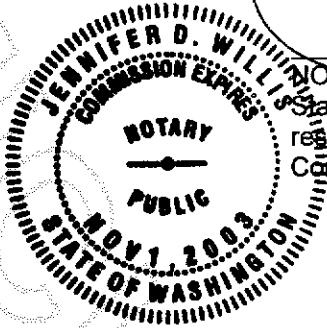
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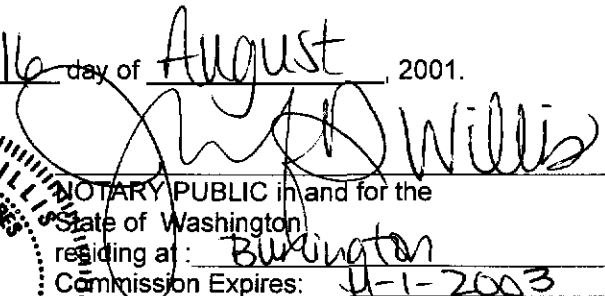

Leslie Crandall

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me Leslie Crandall, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on this 16 day of August, 2001.




NOTARY PUBLIC in and for the
State of Washington
residing at: Burkington
Commission Expires: 11-1-2003



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, Skagit County Auditor

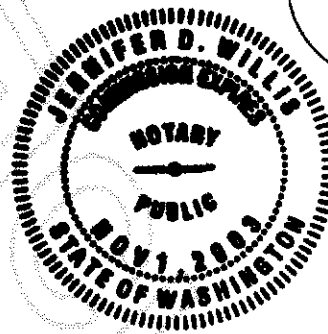
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Tracie Wisler
Tracie Wisler

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me Tracie Wisler, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on this 16 day of August, 2001.



Jennifer D. Willis
NOTARY PUBLIC in and for the
State of Washington
Residing at: Burlington
Commission Expires: 11-1-2003



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

510
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last Maxine Ione Joseph			2. SEX (M / F) F		3. DEATH DATE (Mo. Day, Yr) July 8, 2001	
4. AGE LAST BIRTHDAY (Yrs) 71		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY HOURS MINS		7. BIRTH DATE (Mo. Day, Yr) [REDACTED]
8. BIRTH PLACE (City, State or Foreign Country) Missoula, MT			9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Skagit	
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon			12. PLACE OF DEATH FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 3200 East Fir			13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		19. KIND OF BUSINESS OR INDUSTRY Home		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify		21. RACE (Specify) White
22. RESIDENCE—NUMBER AND STREET 3200 East Fir		23. CITY/TOWN, OR LOCATION Mount Vernon		24. INSIDE CITY LIMITS? (Yes / No) Yes		25. LENGTH OF RES. IN CO. 32Y
26. STATE WA		27. ZIP CODE 98273		28. FATHER'S NAME—FIRST, MIDDLE, LAST James Edward Dodson		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Goldie Maude [REDACTED]
30. INFORMANT—NAME Nancy Hanson		31. MAILING ADDRESS 2809 Cherokee Lane, Mount Vernon, WA 98273				
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo. Day, Yr) July 12, 2001		34. CEMETERY/CREMATORY—NAME Hawthorne Memorial Park		35. LOCATION—CITY/TOWN, STATE Mount Vernon Washington
36. FUNERAL DIRECTOR'S SIGNATURE [Signature]		37. NAME OF FACILITY Hawthorne Funeral Home		38. ADDRESS OF FACILITY 1825 E. College Way Mount Vernon, WA 98273-0398		
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 X [Signature] M.D.				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 [Signature]		
40. DATE SIGNED (Mo., Day, Yr) 7-9-01		41. HOUR OF DEATH (24 Hrs.) 1856		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) Robert Raish M.D. 1415 East Kincaid, Mount Vernon, WA 98274				49. ME/CORONER FILE NUMBER NJA #114		
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:						
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. Cardiac arrest				INTERVAL BETWEEN ONSET AND DEATH 5 min
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. respiratory arrest				INTERVAL BETWEEN ONSET AND DEATH 20 min
		C. pyrexia				INTERVAL BETWEEN ONSET AND DEATH 6 minutes
		D. Advanced non-small cell lung cancer				INTERVAL BETWEEN ONSET AND DEATH 6 months
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Chronic kidney disease, COPD				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes
54. ACC. SUICIDE, HOMICIDE, 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 Dorothy Epps, deputy		63. DATE RECEIVED (Mo., Day, Yr.) JUL 10 2001	



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DOH-01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

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. 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-214)	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 executors/administrators (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

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



200108240141

, Skagit County Auditor

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Date Issued

JUL 10 2001

HH00955788

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

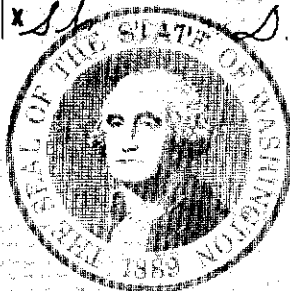
1. NAME First: Albert A. Middle: Joseph Last: Joseph				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) March 5, 1994	
4. AGE LAST BIRTH DAY (Yrs) 68		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr)	
8. BIRTHPLACE (City, State or Foreign Country) St. Louis, Missouri				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Skagit	
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon				12. PLACE OF DEATH— <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 3200 E. Fir 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) Maxine I. Dodson		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 yrs. College (1-4 or 5+):	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Paving Foreman		19. KIND OF BUSINESS OR INDUSTRY Road Construction		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 3200 E. Fir Street		23. CITY/TOWN OR LOCATION Mount Vernon		24. INSIDE CITY LIMITS? (Yes / No) Yes		25. COUNTY Skagit	
26. LENGTH OF RES. IN CO. 26 yrs.		27. STATE Wa.		28. ZIP CODE 98273			
28. FATHER'S NAME—FIRST, MIDDLE, LAST Raymond Joseph				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Tuttise [REDACTED]			
30. INFORMANT—NAME Maxine I. Joseph				31. MAILING ADDRESS 3200 E. fir Street, Mount Vernon, Washington 98273			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) Mar. 8, 1994		34. CEMETERY/CREMATORY—NAME Hawthorne Lawn Memorial Park		35. LOCATION—CITY/TOWN, STATE Mount Vernon, Washington	
36. GENERAL DIRECTOR SIGNATURE <i>Richard E. Briggs</i>		37. NAME OF FACILITY Kern Funeral Home		38. ADDRESS OF FACILITY 1122 So. 3rd.		39. CITY/TOWN, STATE Mount Vernon, Washington	
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>Robert J. Raish</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 [REDACTED]			
40. DATE SIGNED (Mo., Day, Yr.) 3/7/94		41. HOUR OF DEATH (24 Hrs.) 0650		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) Robert J. Raish MD 1415 E. Kincaid St. Mt. Vernon, Wa. 98273				49. MEDICORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. <i>Metastatic pancreatic cancer</i>				INTERVAL BETWEEN ONSET AND DEATH 5 mos	
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				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.							
54. ACC. SUICIDE, HOMICIDE, 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>Sharon D. Beeson</i> Mar 8, 1994	
						63. DATE RECEIVED (Mo., Day, Yr.) Mar 8, 1994	



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Date MAR 8 1994



Howard Leibrand, M.D.
Health Officer

Signed *Sharon D. Beeson*
Skagit County Deputy Registrar

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

Last Will and Testament of

MAXINE I. JOSEPH

KNOW ALL MEN BY THESE PRESENTS:

THAT I, MAXINE I. JOSEPH, being of legal age and being of sound and disposing mind and memory, and not under duress, menace, fraud or undue influence of any person or persons whomsoever, do hereby make, publish and declare this to be my Last Will and Testament in the manner and form following:

FIRST

I direct that at the time of my death, my Personal Representative hereinafter named shall first pay all of my just debts, funeral and testamentary expenses and inheritance and estate taxes, if any, from the property in my estate as soon as it can conveniently be done.

SECOND

I hereby declare that at the time of making this Will, that my immediate family consists of my husband, ALBERT A. JOSEPH, and my children namely, LYNN C. HILLER, MERESTA BAHR, TRACIE WISLER, RAYMOND S. JOSEPH, LESLIE CRANDALL and NANCY HANSON, all of legal age. I have no deceased children.

THIRD

I hereby give, devise and bequeath unto my beloved husband, ALBERT A. JOSEPH, all the rest, residue and remainder of my estate, real, personal and mixed, separate or community, of which I may die seized or possessed, to have and to hold the same to their own separate use and benefit.

FOURTH

Should my husband, ALBERT A. JOSEPH, die at the same time I do, or not survive me by more than 30 days, I hereby give, devise and bequeath the property located at 3200 E. Fir, Mt. Vernon, Wa., and all the rest, residue and remainder of my estate, real, personal and mixed, separate or community, of which I may die seized or possessed to my children LYNN C. HILLER, MERESTA BAHR, TRACIE WISLER, RAYMOND S. JOSEPH, LESLIE CRANDALL and NANCY HANSON, in equal shares, share and share alike, to have and to hold the same to their own separate use and benefit.

FOURTH

I hereby appoint ALBERT A. JOSEPH as Personal Representative of this Will, to serve without bond and without intervention of any Court or Courts, and with full

Maxine I. Joseph (Seal)



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, Skagit County Auditor

power to sell, mortgage, manage or otherwise dispose of all or any part of the real or personal property of my estate, for such price and on such terms as he may see fit, all without order or sale or confirmation of sale by the Court.

FIFTH

If ALBERT A. JOSEPH, is unable or unwilling to act as Personal Representative of my estate, then in either of such events, I appoint NANCY HANSON, at 2809 Cherokee Street, Mt. Vernon, Washington as Personal Representatives of my estate, to serve without bond and without intervention of any Court or Courts and with full power granted to nonintervention Personal Representatives under the laws of the State of Washington, and with all power to sell, mortgage, pledge, manage, dispose of or otherwise deal with any or all the real or personal property of my estate, for such price and on such terms as she may see fit, all without order of sale or order of confirmation of sale by the court or a showing of the necessity thereof.

SIXTH

I hereby revoke any and all other Wills and Codicils to Wills heretofore made by me.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal this 7 day of January, 1992.

Maxine I. Joseph
MAXINE I. JOSEPH

We, the undersigned, do hereby certify that on this 7th day of January, 1992, the above-named MAXINE I. JOSEPH, signed the foregoing instrument, consisting of 3 pages, of which this the second page, and acknowledged the same to be her Last Will and Testament, in our presence, and we, at her request, and in her presence, and in the presence of each other, have subscribed our names hereto as witnesses.

Sharon C. Nyman Residing at Burlington, WA.

Kathy M. Metcalf Residing at Endre-Woodley, WA.



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Maxine I. Joseph (Seal)

AFFIDAVIT OF ATTESTING WITNESSES

Maime S. Joseph
TESTATRIX

Shawn C. Nyman
Kathy M. Mestage

My commission expires 12-21-95

JUDGE

Mary E. Joseph (Seal)



COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT made and entered into this 7 day of January, 1992, by and between ALBERT A. JOSEPH and MAXINE I. JOSEPH, husband and wife, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for fixing of the status and disposition of community property to take effect upon the death of either.

W I T N E S S E T H :

That, in consideration of the love and affection that each of the 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 as follows:

FIRST: That all property of whatsoever nature and 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 community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceeding paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said ALBERT A. JOSEPH and
MAXINE I. JOSEPH, husband and wife, have hereunto set their
hands and seals this 7 day of June, 1992.

ALBERT A. JOSEPH

MAXINE I. JOSEPH

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

This certifies that on the 2 day of January, 1992, personally appeared before me ALBERT A. JOSEPH and MAXINE I. JOSEPH, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument and acknowledged 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.

NOTARY PUBLIC in and for the
State of Washington, residing
at Mt Vernon
Commission expires 12-21-93



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