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. QB 2127 ACCOMMODATION RECORDING

AFFIDAVIT RE: LACK OF PROBATE

State of Washington

) ) ss.

)

County of Skagit

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 afidavit 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		Legal	Daughter
2424 W. Kent		ŭ	5
Missoula, Montana	ı 59801 - ∕		
Maresta Collins	The state of the s	Legal	Daughter
4310 Apache Drive			-
Mount Vernon, Wa	i. 98273		
		and the second s	
Tracie Wisler	r Ž	Legal	Daughter
12179 Hilynn Drive			
Burlington, Wa. 98	3233		Tea.
_		ne production of the state of t	
Ray Joseph		Legal	Son
21213 Plaza Drive			
Sedro Woolley, Wa	a. 98284		
		"The second of the second of t	
Leslie Crandall		Legal	Daughter
21207 Plaza Drive			
Sedro Woolley, WA	A. 98284		
Nanovillancan		11	
Nancy Hanson		Legal	Daughter
2809 Cherokee Ln			
Mt. Vernon, Wa. 9	0213		

2 0 0 1 0 8 2 4 0 1 4 1 , Skagit County Auditor

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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	S:		
THAT the deceden	t left no Will.		
X THAT the deceder	it left a Will, a copy	of which is attache	d hereto.
X THAT the deceder			
X THAT State and/or			es are not navable
	The state of the s		es in the amount of
	<i>8</i> %	of the release/disc	
hereto.	Jen pala. Copics	of the release/disc	naige is attached
and the second s	r federal cuccessio	n or inheritance tay	es are due, but have not
paid.	i lederal successio	in or innentance tax	es are due, but have not
paiu.			
TUAT this officiality	in mada anlalı ta i	nduss ICLAND TIT	LE INCLIDANCE
	ta t	nduce ISLAND TIT	
COMPANY, hereinafter o	4 "	*	npany, to insure title to
real property in full reliand	ce upon the herein	representations.	
DATED:		<del></del>	
	(SEE ATTACHED	FAXED EXECUTED OF	RIGINAL)
		Lynn Hiller	- Affiant
		2424 W. Kent	
		Missoula, Monta	ana 59801
STATE OF MONTANA	)		
COUNTY OF	_) ss.		
On this day named the annual	ad bafara was town 1000		
On this day personally appeare and acknowledged that she si			
purposes therein mentioned.	grica the same as the	iree and voluntary act a	and deed for the uses and
GIVEN UNDER my hand and o	official seal on this	day of	, 2001.
•		MOTARY BURLIOS	
		NOTARY PUBLIC in State of	and for the
		residing at :	
		Commission Expires	
		1 MARKE (171) BERK 94.	DANG TATU KAN TAN TAN DAG KAN TATA VID MA
			M 100 M AN
		200	108240141 it County Auditor
		, Skag	e 3 of 16 3:37:54PM
		8/24/2001 Pag	

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.	
X THAT the decedent left a Will, a c	
X THAT the decedent's estate is not	t being probated.
X THAT State and/or federal succes	ssion or inheritance taxes are not payable.
	ssion or inheritance taxes in the amount of
\$have been paid. Co	pies of the release/discharge is attached
hereto.	
THAT State and/or federal succe	ssion or inheritance taxes are due, but have not
paid.	
	to induce ISLAND TITLE INSURANCE
	y", or any other title company, to insure title to
real property in full reliance upon the hel	rein representations.
DATED: 8-16-01	<u> </u>
	11.11
i de la companya de	Jynn Hiller
	√ Lyn#i Hiller - Affiant
	2424 W. Kent
	Missoula, Montana 59801
STATE OF MONTANA )	
COUNTY OF > ss.	
On this day personally appeared before me Lynr	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 Amount 2001.
GIVEN UNDER my hand and unicial seal on this	, 2001.
	Janet Starren
	NOTARY PUBLIC in and for the State of Marting
	residing at: Missour
	Commission Expires 2004
	, Skagit County Auditor
	8/24/2001 Page 4 of 16 3:37:54PM

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 1011.

NOTARY OF WASHINGTON

NOTARY PUBLIC in and for the State of Washington residing at: Secon-Wooley Commission Expires: 4-12-2003

AFFIDAVIT - 5

2 0 0 1 0 8 2 4 0 1 4 1 , Skagit County Auditor 8/24/2001 Page 5 of 16 3:37:54PM

Mancy Hauson
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 Queux, 2001.

NOTARY OF WASHINGTON

NOTARY PUBLIC in and for the State of Washington residing at: Secto-1000104 Commission Expires: 4-12-2003

2 0 0 1 0 8 2 4 0 1 4 1 , Skagit County Auditor 8/24/2001 Page 6 of 16 3:37:54PM

11 | Meda Colliss
Maresta Collins

STATE OF WASHINGTON ) ) ss. COUNTY OF SKAGIT

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 \_

POTARY PUBLIC in and ic.

State of Washington residing at: Bith ung to Commission Expires: 11-PUBLIC in and for the

200108240141 Skagit County Auditor

8/24/2001 Page

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3:37:54PM

) ) ss. STATE OF WASHINGTON COUNTY OF SKAGIT

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

NOTARY PUBLIC in and for the State of Washington residing at : BUULAT Commission Expires: U-I-

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

Wister Tracie Wisler

STATE OF WASHINGTON ) ) ss. COUNTY OF SKAGIT

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.

day of GIVEN UNDER my hand and official seal on this

200108240141 Skagit County Auditor

9 of 16

3:37:54PM

8/24/2001 Page

5/0 LOCAL FILE NUMBER

ETHISIS Y CHALLEED COMO FILLE RECORD ON ALLEWITH CENTER

#### CERTIFICATE OF DEATH

1. NAME Fire:		Middle	Lest		2 SEX (M /F)	3 DEATH DATE	Mo. Day, Yr)
Maxine ~	y ) Ione		seph		F		1, 2001
A AGE LAST BIRTH 5 UNDER 1 1	DAYS HOURS NAME		6: BIRTHPLA (City, State	CE or Foreign Country)	9. WAS DECEDEN	FORCES?	OUNTY OF DEATH
71	<u> </u>			oula, MT	(Yes / No)	No SI	cagit
11 CITY TOWN OR LOCATION OF E	DEATH ·	1. CO PAGME 2 CO IN TRANSPO		HEN GIVE ADDRESS OR INSTIT NAVOUT PTN 4 C HOSP. 5 CI NO.		CE	13 SMOKING IN LAST 15 YEARS? (Yes / No)
Mount Vernon		3200 East				-	Yes
14. MARITAL STATUS Married	15. SURVIVING SPOL	SE (if wife, give maiden name)	<u>'</u>	18. SOCIAL SECURITY NO		ECEDENT'S EDUCA	ITION
Never Married, Widowed. Divorced (Specrly)						pecify only highest stary/Secondary (0-	·
Widowed						12	L) Consession
18 USUAL OCCUPATION (Give kind during most of working life DO NO	of work done 19. Ki	NO OF BUSINESS OR INDUSTRY	-	20 Was Decedent of Hispanic Yes or No. If Yes, specify C			I. RACE (Specify)
Homemaker		me		(Yes / No) Specify:	SUDBIT, WEXTORING TO SERVE	· ·	White
22 RESIDENCE-NUMBER AND STA			4. INSIDE CITY	25A. COUNTY	258. LENGTH OF		27. ZIP CODE
2200 5+ 5-4	M Y.		LIMITS? (Yes / No)		RES. IN CO.		
3200 East Fir		Mount Vernon	Yes	Skagit	32Y	WA	98273
28 FATHER'S NAME -FIRST, MODL				OTHER'S NAME—FIRST, MIDD	ILE. MAIDEN SURNAM	•	
James Edward D	odson	. 31. MAILING ADDRESS	Go	oldie Maude	CIADE WAR		TATE ZIP
		<i>f</i> ,	_		**		iniu šir
Nancy Hanson 32 BURIAL.CREMATION 33. D.	ATE (Mo. Day, Yr)	2809 Che:		Lane, Mount	Vernon, W	7A 98273	
REMOVAL OTHER (Specify)		a de la companya del companya de la companya del companya de la co			Mount Ve Washingt	rnon	
Burial Ju		Hawthorne Memo	orial P	ark.	Washingt 38, ADDRESS OF FAC	on College	
xtimol xth	~~~~/	Hawthorne Fune	ral Ho	me	1825 E. Mount Ve	College	Way A 98273-0398
TO BE COMPLETED	ONLY BY CERTIFYING P	37 7 7 7	1		ED ONLY BY MEDICA		
39. TO THE BEST OF MY K	NOWLEDGE DEATH OF	3 9	PLACE 43	ON THE BASIS OF EXAMINATION	ON AND/OR INVESTIG	ATION, IN MY OPIN	IDN DEATH OCCURRED AT
AND WAS DUE TO THE CAUSE(S	STATED.		- 1	THE TIME, DATE AND PLACE A	AND WAS DUE TO THE	CAUSE(\$) STATED	l,
SIGNATURE AND TITLE	18 40		ISIG!	NATURE AND TITLE			
48 DATE SIGNED (Mo., Day, YI)		41. HOUR OF DEATH (24 Hrs.)	44.	DATE SIGNED (Mo., Day, Yr)		45	. HOUR OF DEATH (24 Hrs)
7901		1856	<b>.  </b>				
42. NAME AND TITLE OF ATTENDING	PHYSICIAN IF OTHER THA	N CERTIFIER (Type or Print)	46.	PRONOUNCED DEAD (Mo., Da	ıy. Yr)	47	. HOUR PRONOUNCED DEAD (24 Hrs.)
							(24110.)
48. NAME AND ADDRESS OF CERTIF			4.5			i	ME/CORONER FILE NUMBER
Robert Raish M	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	ast Kincaid, M	····	ernon, WA 98	3274	1	JJA #114
50. ENTER THE DISEASES, INJU IMMEDIATE CAUSE (Final disease or	JRIES, OR COMPLICAT	IONS WHICH CAUSED THE DE	ATH:	*	· <u> </u>		TOTAL DEPARTMENT AND ASSESSMENT
condition resulting in death).	· Carlin	المراكب ومرور				I N	ITERVAL BETWEEN ONSET AND
DO NOT ENTER THE MODE OF	A. Cardiat		**			18.	5 Muin TERVAL BETWEEN ONSET AND
DYING, SUCH AS CARDIAC DR RESPIRATORY ARREST, SHOCK, OR		,					EATH
HEART FAILURE. LIST ONLY ONE	DUE TO, OR AS A CONS	try arrest	N			· IN	TÊ VILLA ITERVAL BETWEEN ONSET AND
CAUSE ON EACH LINE. Sequentially list conditions, if any,	· Mues		Agentin			أأ	TERVAL BETWEEN ONSET AND
leading to immediate cause. Enter UNDERLYING CAUSE (Disease or	DUE TO, OR AS A CONS				<del></del>		
injury which initialed eyeats resulting [	o Adrana	ed Nam-Small	0 1000	duy como	·~	DI	6 nemtes
51. OTHER SIGNIFICANT CONDITION					VE: 52. AUTOPSY	53. WA	S CASE REFERRED TO
Gash	mi testinal	bleedy, co	PD 🧎	Sant de	(Yes / No) NO	CO	DICAL EXAMINER OR RONER? (Yes/No) Yes
54. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo. Da	y, Yr) 58. HOUR OF INJURY (24 Hrs)	57. DESCR	NIBE HOW INJURY OCCUPRED			
				And The State of t			
	<u> </u>						
58. (NJURY AT WORK? 59. (Yes / No)	PLACE OF INJURY—AT HO BLDG, ETC. (Specify)	ME, FARM, STREET, FACTORY, OFFI	CE 60 LOCAT	ION—STREET OF RFD NO. CI	TY/TOWN STATE		
61. RECORD AMENDMENT (Registrar ITEM DOCUMENTARY	use only) REVIEWED BY	DATE SIGNATURE	·		J. James	63	DATE RECEIVED (Mo., Day, Yr.)
EVIDENCE	CANCELL BY	x Deno	thu!	له . هم ع	التخييون		.00 10 200
	·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ü	472,5	7 T		JUL 10 2001
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200108240141 , Skagit County Auditor 8/24/2001 Page 10 of 16 3:

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A HEALTH'S TANGTICS SCENTIFIED COPIES MUST PASE THE OFFICIAL SEAL

#### AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

	CHANGES OF CERTIFIC			VOID TH	IS CER	TIFICATE	E, A N		ICATE N	AUST I	BE ISSUED TO VALIDATE CHANGES.
- 6	r <sup>er</sup> y		FAFFIA	<u>= 1105 61</u>				·		<del></del>	OFFICE HOF ONLY
1/2	- 10 miles	STAT Birth		<u>E USE ON</u> Marria				1. STATE FILE		STATE	OFFICE USE ONLY
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e. IVAIVIE	47 f ja	ξ.						3. DATE OF EV	EINT	4. FLA	CE OF EVEN? (City and County)
5. FATHE	R'S FULL NAM	E (If Birth)	, HUSBAND	(If Marriage/Di	ssolution)			6. MOTHER'S	ULL MAIDE	N NAME	(If Birth), WIFE (If Marriage/Dissolution)
	ECORD IS	170, 4	RECT OR	INCOMPL	ETE AS	FOLLOW	/S:	THE TRUE FA	ACT IS:		
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9.		Service Control of the Control of th						10.			
11.		Section of the second			·			12.			
13.				Ä				14.			
REPRE	SENT THE	PERSO	N AS (E.C	SELF, PA	RENT,	GUARDIAN	N, ETC	.) SPECIFY	15.		
	NUMBER:			<u> </u>							
		ALTY OF	PERJURY U	NDER THE LA			WASH		HE FORGOII	NG IS TR	RUE AND CORRECT.
16. SIGNA	TURE			all plants	Contraction of the Contraction o	17. DATE		18. ADDRESS			
DCH 110-0	007 (Rev. 3/99)	-			eves 34 V \$	:	<del></del>	1			
											affidavit only once. Subsequent changes must be accement copy free of charge.
Birth Ce	rtificates				ş. A						
4. ] 5. ] 6. ] 7. ]	Proof must be Examples of Certificate of Census Recording the Recording to	te five (or docume of Natural ords ecords ne, the partial ords errors are time of the partial ords errors ords err	r more) ye nts of proc lization  arent(s) or nly change nay be the ame change	ars old or es f: Marri Medi Milita Your r legal guar :. Subsequer mother's ma es require a	tablished iage Reco cal Reco child's I dian ma tt change iden nam certified	ord rd rd (DD-214 Birth Recort y change the se will require copy of a c	years d he chil re a ces s surns	Sch Vot Alic Pas d's surname v rtified copy of ame (if present rdered name cl	ool Record er's Registra en Registra sport vith an aff a court ord on the cer nange. Mir	d tration Ca ation Ca fidavit f dered na tificate) nor spel	Card (if it bears an effective date) ard (front and back)  for correction provided: ame change. or a combination of the two. ling changes may be made with an affidavit and ection (until their child's 18th birthday).
3. '	This affidav										n DOH 110-001)
	ertificates Only the inf	~	tha fire 1	dianatan co	AVA-MIA-	rolodminists	roto-o	if anidomos -	nfirmi-a -	noh ===	sition is presented) may change the non-medical
i	information.										ner/medical examiner.
Marriage	e/Dissolutio	n (Divor	ce) Certifi	icates						N.	
(	description of	of proofs	in births a	bove. A per	son's ow	n birth certi	ificate	is also accepta	ble proof.	<i>i</i>	ged by affidavit plus proof by the person. See lution) must sign the affidavit.
Please se	nd the proof	(s) and th	nis form/ce	rtificate to:				TR.		e de la composition de la composition La composition de la	
1	Attn: Correc Center for I 1112 Quince P.O. Box 97 Olympia, W.	Health S Street S 09	outh								kagit County Health Department vard Leibrand M.D., Health Office
This is a	legal docun e in ink and	nent.				··				ranger L	Heitrandeup
prev	mm miu	1000		2		0824					Date Issued
			8/5	, sı !4/2001	_	County /		tor 3:37:54P	M		JUL 10 20
**		•	J, 2		_	-					HH0095578

## STATE OF WASHINGTON DEPARTMENT MF HEALTH

TOCAL FILE NUMBER

8/24/2001

### CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME First										
Albert A.		Middle Jos	seph	Last	1	2. SEX (M /F) Male	1	h 5.		
4 AGE LAST BIRTH- 5. UNDER 1 YEAR DAY (Yes) MOS DAYS	6. UNDER		IDATE (Mo. Day, Yr)	8. BIRTHPLACE (City, State or Foreign		9. WAS DECEDE IN U.S. ARME	ENT EVER	10. COUNTY		
68	1 40003		VE 05 05 1	St.Louis,	, Missour:	(Yes/No)	Yes	Skag		
13. CITY, TOWN OR LOCATION OF DEATH		-XX	HOME 2 ID IN TRAKSPORT	FOR PLACE THEN GIVE IT 3. I EMERG, RAYOUT PT	AUDRESS OF INSTITUTE N 4 🗆 HOSP. 5 🗆 MU	HONE 6 COTHERP	LACE		3. SMOKING IN LAS 15 YEARS? (Yes /	No)
Mount Vernon	E CHERON CO		00 E. Fir	<del></del>	OCINI CCT: =	·	NPOPT	¥15	No	
14 MARTAL STATUS—Married. Never Married, Widowed, Disproad (Specify)	o. aumviviNG S	SPOUSE (il wille, give	e mederi name)	16. \$	SOCIAL SECURITY NO.		DECEDENT'S EL (Specify only hig	ghest grade or	4	
Married		ne I. Do		# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_	entery/Seconda 2 yrs.		College (1-4 or 5+	1 2
<ol> <li>USUAL OCCUPATION (Give kind of work during most of working file. DO NOT USE</li> </ol>		9. KIND OF BUSINE	ESS OR INDUSTRY		Decedent of Hispanic or No. If Yes, specify C	origin or descent? (A	vicestry) (Specif		(Specify)	3
Paving Foreman	\ <u> </u>		truction	(Yes	s / No) Specify:	No		Whi		
		zs. UITY/TOWI	N. OR LOCATION 24	I INSIDE CITY 25A. CO LIMITS? (Yes / No)		258. LENGTH O		2	7. ZIP CODE	
3200 E. Fir Stree	. T	Mount	Vernon	Yes Sk	cagit	26 yrs	. Wa.		98273	
Raymond Joseph				29 MOTHERS Tutti		, MOIDEN SURNAL	<u>.</u>			
30 INFORMANT - NAME	737	18 M	1. MAILING ADDRESS	STREET OR F	RED NO.	CITY OR TOWN		STATE	ZIP	
Maxine I. Joseph 32 BURNA CREMATION   33 DATE (M	D. Dav Vol		3200 E. 1	fir Street					98273	
Burial Mar.8		Hawth	orne Lawi	n Memoria]	(7 L	35. LOCATION—CIT Mount Ve		-	neton	
TONERAL DIRECTOR SIGNATURE		37 NAME OF F	ACILITY			MOUTEL VE 38. ADDRESS OF FA	ACILITY 11	22 So	. 3rd.	
TELLULO E - 155	egge	<u></u>	Kern Fu	neral Home		Mount Ve	rnon,	Washi	ngton	, Januar
39. TO THE BEST OF MY KNOW	LEDGE, GEAT		HE TIME, DATE AND P	LACE 43 ON THE	BASIS OF EXAMINATION	ED ONLY BY MEDIC	GATION IN MY	OPINION DE	<u>THE WORLD NAME</u>	
AND WAS DUE TO THE CAUSE BETATE BIGNATURE AND LITLE	N .	$\mathcal{D}_{n}$		THE THAT SIGNATURE	E, DATE AND PLACE A	ND WAS DUE TO TH	E CAUSE(S) ST	TATED	STATE OF THE STATE	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
40. DATE SIGNED IMa, Day, YIL	Tub	TH	FRENCH	X	-				2000年 - 2000年 2000年 - 2000年 2000年	and the last
3/2/911	a transfer Annual transfer	41. HOUR C	OF DEATH (24 Hrs.) DO	IAA DATE SK	GNED (Mo., Day, Yr)			45. HOU	R OF CEATH (24 Hrs)	) _ ]
42 NAME AND TITLE OF ATTENDING PHYS	- <u> </u>	1 1 1 1 1 1 1 1	27 TO SEC. 12 MARCH 18 A.	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				4		and the
en and the state of the state o	ICIAN IF OTHER	THAN CERTIFIER (	Type or Print)	48 PRONOL	INCED DEAD (Mo., Da)	6.¥0	1.00		R PRONOUNCED DE	AD
49. NAME AND ADDRESS OF CERTIFIER.	HYSICIAN, MEDI	ICAL EXAMINER OF	COPANS A TURN A ST				1 fe	(24 Hr	<b>(.)</b>	- e
s NAME AND ADDRESS OF CERTIFIER OR Robert J. Raish MI	1415 D 1415	DICAL EXAMINER OF	Cald St.	Mt.Vernon				(24 Hr		- e
48 NAME AND ADDRESS OF CERTIFIER PROBERLY AND ADDRESS OF CERTIFIER PROBESS OF CERTIFIER PROBE	1415 D 1415	DICAL EXAMINER OF	Cald St.	Mt.Vernon				(24 Hr)	OROMER FILE NUME	36A
48 NAME AND ADDRESS OF CERTIFIER PROBERT J. Raish MI SO ENTER THE DISEASES, INJURIES, MANETANTE CAUSE (Final disease or condition resulting in dealth).	1415 D 1415	DICAL EXAMINER OF	CONCINER (Type or Price at Pri	Mt.Vernon				(24 Hr)	<b>(.)</b>	36A
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# Cast 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

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Majne I Joseph (Seal)

200108240141 , Skagit County Auditor 8/24/2001 Page 13 of 16 3:37:54PM 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 \_\_\_\_\_\_, 1992.

Marines fouple

We, the undersigned, do hereby certify that on this ye day of fanuary, 1992, the above-named MAXINE I. JOSEPH, signed the forgoing 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.

Shawn & Ny man Residing at Buslington, Wa

Krithy m. metrage Residing at Sorbra-Limiley

, Skagit County Auditor

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Page 2

#### SUPERIOR COURT OF WASHINGTON - COUNTY OF SKAGIT

#### AFFIDAVIT OF ATTESTING WITNESSES

I requested the attesting witnesses to the attached Will to make the following affidavit.

Majore S. Jusyst TESTATRIX

STATE OF WASHINGTON )

COUNTY OF SKAGIT

The undersigned, being first duly sworn, deposes, each for himself, that he is a competent witness, knows the above-named TESTATRIX and is one of the subscribing witnesses to the attached Will. The Will was signed by the TESTATRIX on the date it bears in the presence of the undersigned and the TESTATRIX published the instrument as and declared the same to be her Will and requested us in attestation thereof, to subscribed our names as witnesses to said Will.

At the time of executing the said instrument, the said TESTATRIX was over the age of eighteen years, was of sound and disposing mind and not acting under duress, menace, fraud or undue influence.

Shawn C. Thyman

Kathy M. Motco.

SUBSCRIBED AND SWORN to me this 2 day of

SUBSCRIBED AND

NOTARY PUBLIC in and for the State of Washington, pasiding at:

My commission expires 12-21-95

#### **CERTIFICATE**

I, the undersigned Judge of the above-entitled Court, do hereby certify that the foregoing is the evidence of the witnesses given in affidavit form at the hearing on this matter.

DATED this \_\_\_\_ day of \_\_\_\_\_

JUDGE

Mum J. Joyl (Seal)



, Skagit County Auditor 8/24/2001 Page 15 of 16 3:37:54PM

#### COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 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.

#### WITNESSETH:

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 preceding paragraph shall immediately vest in fee simple in the survivor of them.

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 Commission expires 12-2-95

200108240141 , Skagit County Auditor

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