

When Recorded Return to:

Elliott W Johnson Inc PS
711 S. First St
Mount Vernon, WA 98273



200112130145
Skagit County Auditor

12/13/2001 Page 1 of 5 2:10PM

Affidavit Re: Community Property Agreement

Grantor(s): Penney Carlisle Holman

Additional names on page
___ of document

Grantee(s): The Public

Additional names on page
___ of document

Legal Description (abbreviated): Ptn NW NE S19, T35N, R5EWM

Additional legal
description on page 2 of
document

Assessor's Tax Parcel Number: 350519-0-149-0005 P39757

**Reference (Auditor File Numbers
of Documents assigned, released or
amended):** n/a

Additional references on page ___
of document

Affidavit re:
Community Property Agreement

Page 1

NonPro07
12/1/1 13:33
H:\EWJ\Holman, Penney\111 Affidavit re CPA.wpd

Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616
Email Info@EWJLaw.com

the true point of beginning; thence continue South 870 feet, more or less, to a point which is 330 feet East and 66 and 2/3 rods South of said North quarter post; thence East 198 feet; thence North to a point which is 252 feet South of the Southeasterly line of said County road; thence West 100 feet; thence North to the Southeasterly line of said county road; thence Southwesterly along said Southeasterly line to the true point of beginning.

7. This affidavit is made to induce Title Companies to issue their policies of title insurance on real property passing to the surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations herein set forth.

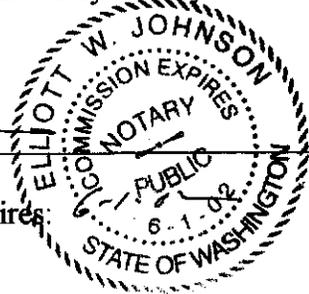
Penney E. Holman

Penney Carlisle Holman

SUBSCRIBED AND SWORN to before me on December 6, 2001 by Penney Carlisle Holman.

[Signature]

Notary Public
My appointment expires: _____



Affidavit re:
Community Property Agreement
NonPro07
12/1/1 13:33
HNEWJ\Holman, Penney\111 Affidavit re CPA.wpd

Page 3

Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616
Email Info@EWJLaw.com



200112130145
Skagit County Auditor

12/13/2001 Page 3 of 5 2:10PM

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT Made and entered into this 2^d day of June, 1969,
by and between ROBERT D. HOLMAN and PENNEY C. HOLMAN, husband and wife,
of 948 Fidalgo, Sedro-Woolley, Skagit County, State of Washington:

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 thereto, 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 community property.

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 said ROBERT D. HOLMAN and PENNEY C.
HOLMAN, his wife, have hereunto set their hands and seal this 2^d day of
June, 1969.

Robert D. Holman

Penney C. Holman

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

On this day personally appeared before me ROBERT D. HOLMAN and
PENNEY C. HOLMAN, his wife, to me known to be the individuals described
in and who executed the within and foregoing instrument, 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 this 2^d day of June, 1969.

John M. Anderson
Notary Public in and for the State of
Washington, residing at Sedro Woolley



200112130145
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH



748
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146 STATE FILE NUMBER

1. NAME First: ROBERT Middle: DWANE Last: HOLMAN				2. SEX (M/F) Male		3. DEATH DATE (Mo, Day, Yr) October 5, 2001	
4. AGE LAST BIRTHDAY (Yrs) 63		5. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____		7. BIRTHDATE (Mo, Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) Oakland, CA	
11. CITY/TOWN OR LOCATION OF DEATH Sedro-Woolley				12. PLACE OF DEATH — (a) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN. 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 24498 Polte Road		13. COUNTY OF DEATH Skagit	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Penny Carlisle		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12): _____ College (1-4 or 5-): 2	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Molder - Coremaker		19. KIND OF BUSINESS OR INDUSTRY Steel Manufacturing		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) Caucasian	
22. RESIDENCE — NUMBER AND STREET 24498 Polte Road		23. CITY/TOWN OR LOCATION Sedro-Woolley		24. INSIDE CITY (Yes/No) No		25A. COUNTY Skagit	
				25B. LENGTH OF RES. IN CO. 50 yrs		26. STATE WA	
						27. ZIP CODE 98284	
28. FATHER'S NAME — FIRST, MIDDLE, LAST Roy Robert Holman				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Minnette [REDACTED]			
30. INFORMANT — NAME Penny Holman			31. MAILING ADDRESS 24498 Polte Road		32. CITY OR TOWN Sedro-Woolley, WA		
					33. STATE 98284		
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		33. DATE (Mo, Day, Yr) Oct 5, 2001		34. CEMETERY/CREMATORY — NAME Mount Vernon Crematory		35. LOCATION — CITY/TOWN, STATE Mount Vernon, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>Richard Lemley</i>		37. NAME OF FACILITY Lemley Chapel		38. ADDRESS OF FACILITY 1008 3rd St		39. CITY/TOWN, STATE, ZIP Sedro-Woolley, WA 98284	
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> X				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) October 5, 2001		41. HOUR OF DEATH (24 Hrs)		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) Stevan Luther, MD 830 Ball Street Sedro-Woolley, WA 98284				49. ME/CORONER FILE NUMBER 133-01			
60. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. <i>Probable Myocardial Infarction</i>				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.		B. <i>Type 2 DM</i>				INTERVAL BETWEEN ONSET AND DEATH 20 yrs	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE, (Disease or injury which initiated events resulting in death) LAST.		C. <i>Hypertension</i>				INTERVAL BETWEEN ONSET AND DEATH 20 yrs	
		D. <i>Hyperlipidemia</i>				INTERVAL BETWEEN ONSET AND DEATH 20 yrs	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				52. AUTOPSY? (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes	
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: _____ DOCS. REVIEWED BY: _____ DATE: _____				62. REGISTRAR SIGNATURE <i>Arthur Ruiz, Deputy</i>		63. DATE RECEIVED (Mo, Day, Yr) OCT - 8 2001	



200112130145
Skagit County Auditor
12/13/2001 Page 5 of 5 2:10PM

DCH-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 _____	

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

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

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

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

Date Issued _____

II00110993