



200203140119
Skagit County Auditor

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NO PROBATE AFFIDAVIT

STATE OF WASHINGTON }
 } SS.
COUNTY OF SKAGIT }

I, Betty C. Breland, being first duly sworn, depose and says:

FIRST: That this affidavit is for the purpose of supplying information pertaining to the estate of Selmer L. Breland aka Sam L. Breland, 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 real property:

Burlington AC South 100 feet of the West 100 feet of Tract
79, DK 12.
P62823

SECOND: That said decedent died on or about the 14th day of November, 2001, in the City of Bellingham, County of Whatcom, 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 real property at the date of decedent's death had an approximate market value of \$124,500.00. 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, of 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) **Betty C. Breland, of legal age.**

Betty C. Breland
Betty C. Breland



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Skagit County Auditor

Betty C. Breland

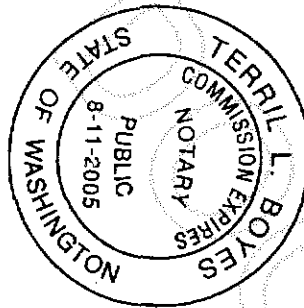
SUBSCRIBED AND SWORN to before me this 27th day of
February, 2002.

Terril L. Boyes Terril L. Boyes

NOTARY PUBLIC in and for the
State of Washington,

Residing at: Monroe

My Commission Expires: 8-11-05



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STATE OF WASHINGTON DEPARTMENT OF HEALTH



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TYPE OR PRINT IN PERMANENT BLACK INK

1124

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Selmer Middle: Louis Last: Breland				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) 11/14/2001	
4. AGE LAST BIRTHDAY (Yrs) 78		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		7. BIRTHDATE (Mo, Day, Yr) [REDACTED]		8. BIRTHPLACE (City, State or Foreign Country) Poplarville, MI	
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes				13. COUNTY OF DEATH Whatcom			
11. CITY, TOWN OR LOCATION OF DEATH Bellingham				12. PLACE OF DEATH — 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. RM/OUT PTN 4. <input type="checkbox"/> HOME 5. <input checked="" type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE St. Francis Extended Health Care			
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married				15. SURVIVING SPOUSE (If wife, give maiden name) Betty Ruth Coen		16. SOCIAL SECURITY NO. [REDACTED]	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):				13. SMOKING IN LAST 15 YEARS? (Yes / No) No			
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Electrician				19. KIND OF BUSINESS OR INDUSTRY Steel Company		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 1192 South Spruce Street		23. CITY/TOWN, OR LOCATION Burlington		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Skagit	
25B. LENGTH OF RES. IN CO. 1 1/6 Years		26. STATE WA		27. ZIP CODE 98233			
28. FATHER'S NAME — FIRST, MIDDLE, LAST John Oliver Breland				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Corinne [REDACTED]			
30. INFORMANT — NAME Steve Huey				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 20490 Bulson Road, Mount Vernon, WA 98274			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) 11/17/2001		34. CEMETERY/CREMATORY — NAME Mount Vernon Cemetery		35. LOCATION — CITY/TOWN, STATE Mount Vernon, WA	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>				37. NAME OF FACILITY Hulbush Funeral Home		38. ADDRESS OF FACILITY 281 S. Burlington Blvd., Burlington, WA, 98233	
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) Nov 16, 2001		41. HOUR OF DEATH (24 Hrs) 0115		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) John Ransom MD, 1513 E Street, Bellingham, WA 98225				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). 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.		A. Uremia DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 1 week			
		B. Diabetic Nephropathy DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH Years			
		C. Diabetes Mellitus type II DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH Many Years			
		D.		INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Atherosclerotic Peripheral Vascular Disease, Longestw/Heart				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
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: DOCUMENTARY EVIDENCE REVIEWED BY: DATE: X		62. REGISTRAR SIGNATURE <i>[Signature]</i> MD				63. DATE RECEIVED (Mo, Day, Yr) NOV 19 2001	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH-110-008 (Rev. 7/91) (formerly DSHS 9-150)
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 _____ 3. DATE OF EVENT _____ 4. PLACE OF EVENT (City and County) _____	
2. NAME _____			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. 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:

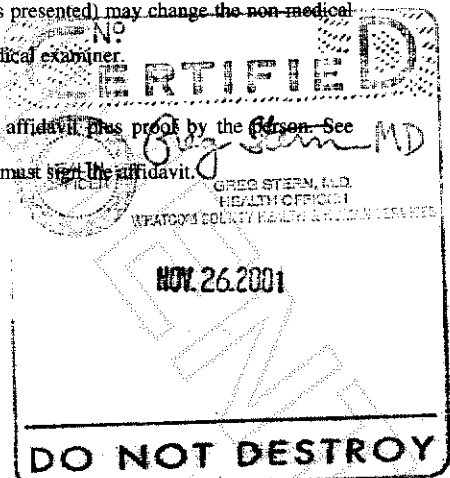
Attn: Corrections
Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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



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II00270830

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 **Selmer L. Breland aka Sam L. Breland and Betty C. Breland**, husband and wife, of Burlington, 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**

**702 Main Street (Legal Bldg)
Mount Vernon WA 98173-3842
(206) 336-6145 or 336-5576**



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

February 23, 1999:

Selmer L. Breland
Selmer L. Breland aka Sam L. Breland

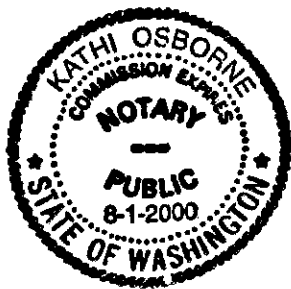
Betty C. Breland
Betty C. Breland

STATE OF WASHINGTON

} SS

COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that Selmer L. Breland aka Sam L. Breland and Betty C. Breland 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 23 day of February, 1999:



K. Osborne
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

