

COVER SHEET

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DAVID L. DAY, ATTORNEY AT LAW
POB 526
BURLINGTON, WA 98233



200208270109

Skagit County Auditor

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DOCUMENT TITLE(S) (or transactions contained herein):

AFFIDAVIT OF COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: 595037

() ADDITIONAL REFERENCE NUMBERS ON PAGE OF DOCUMENT.

GRANTOR(S) (Last name, first name and initials):

1. VAHLBUSCH, ROY W.

2.

3.

4. () ADDITIONAL NAMES ON PAGE OF DOCUMENT.

GRANTEE(S) (Last name, first name and initials):

1. VAHLBUSCH, ETHEL

2.

3.

4. () ADDITIONAL NAMES ON PAGE OF DOCUMENT

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, section, township and range):

W1/2 NW1/4 SE1/4 LY N of OLD RR GRADE O/S #187 AF#792394 1975 EXC CO RD R/W
PER PUBLIC WORKS PAR #1-53000

() ADDITIONAL LEGAL(S) ON PAGE OF DOCUMENT.

ASSESSOR'S PARCEL / TAX I.D. NUMBER: P49767 / 360421-4-006-C013

() TAX PARCEL NUMBER(S) FOR ADDITIONAL LEGALS(S) ON PAGE OF DOCUMENT.

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

ETHEL VAHLBUSCH, being first duly sworn, deposes and says:

That affiant is the surviving spouse of Roy W. Vahlbusch, who died at Burlington, Washington on August 10, 2002; having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated May 27, 1960 and duly recorded under Auditor File No. 595037, Volume 309, Page 679, records of Skagit County, and also for the estate of Roy W. Vahlbusch, deceased, one of the parties to said Agreement.

That there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness.

That the value of the community estate as of the date of death, including all real and personal property, exceeded the amount of all creditors' claims and expenses incurred by the former marital community, and that there was no separate property of the decedent.

That all taxes, both inheritance and federal estate, have been paid and releases filed with the Clerk of Skagit County.

That under the terms of said Community Property Agreement, upon the death of either of the parties to the marital community, title to all community real estate should immediately vest in fee simple in the survivor. Among other items of community property was the following described real estate:

W1/2 NW1/4 SE1/4 LY N of OLD RR GRADE O/S #187 AF#792394 1975 EXC CO RD R/W
PER PUBLIC WORKS PAR #1-53000

That the approximate value of the aforesaid real estate as of the date of death of said decedent was approximately \$66,200.

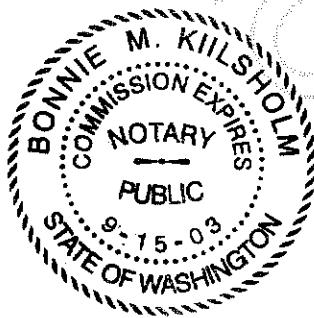


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This affidavit is made to induce a title insurance company to issue its policy of title insurance on the aforesaid real estate passing to the surviving spouse by virtue of said Community Property Agreement in reliance upon the representations herein set forth.

Ethel Vahlbusch
ETHEL VAHLBUSCH

Subscribed and sworn to before me this 26 day of August, 2002.



Bonnie Kiilsholm
Notary Public in and for Washington,
Residing at 9-15-03.



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

513-02
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: ROY Middle: WALTER Last: VAHLBUSCH				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) August 10, 2002	
4. AGE LAST BIRTHDAY (Yrs) 89		5. UNDER 1 YEAR MO: 00 DAYS: 00 HRS: 00 MIN: 00		7. BIRTHDATE (Mo, Day, Yr) Jul 15, 1913		8. BIRTHPLACE (City, State or Foreign Country) Calgary, Alberta, Can	
11. CITY, TOWN OR LOCATION OF DEATH Burlington				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSIT <input type="checkbox"/> EMERG. PKOUT PTN <input type="checkbox"/> HOSP. <input checked="" type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE Home Place Special Care		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) Ethel Bayes		16. SOCIAL SECURITY NO. 531-05-6252		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Hatchery Supervisor		19. KIND OF BUSINESS OR INDUSTRY WA St. Dept of Fisheries		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 20567 Echo Hill Rd		23. CITY/TOWN OR LOCATION Sedro-Woolley		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skagit	
				25B. LENGTH OF RES. IN CO. 49 yr		25. STATE WA	
						27. ZIP CODE 98284	
28. FATHER'S NAME — FIRST, MIDDLE, LAST Walter Vahlbusch				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Martha McConnell			
30. INFORMANT — NAME Ethel Vahlbusch				31. MAILING ADDRESS STREET OR RFD NO. 20567 Echo Hill Road CITY OR TOWN Sedro-Woolley, WA STATE WA ZIP 98284			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Aug 13, 2002		34. CEMETERY/CREMATORY — NAME Mount Vernon Crematory		35. LOCATION — CITY/TOWN, STATE Mount Vernon, Washington	
36. GENERAL DIRECTOR SIGNATURE <i>X Richard Lemley</i>		37. NAME OF FACILITY Lemley Chapel		38. ADDRESS OF FACILITY 1008 3rd St 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>X [Signature]</i> MD				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 <i>X [Signature]</i>			
40. DATE SIGNED (Mo, Day, Yr) 8-12-02		41. HOUR OF DEATH (24 Hrs.) 0310 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) Mary Ann Hink, MD 2061 Hospital Dr. Sedro-Woolley, WA 98284				49. MEDICORNER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. CARD				INTERVAL BETWEEN ONSET AND DEATH years	
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 GIVE ABOVE.							
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		60. LOCATION — STREET OR RFD NO., CITY/TOWN STATE			
61. RECORD AMENDMENT (Request use only)		62. REGISTRAR SIGNATURE <i>X Dorothy Eppe, deputy</i>		63. DATE RECEIVED (Mo, Day, Yr) AUG 12 2002			

I certify pursuant to RCW 42.41 that this document is a true and accurate reproduction of that which was copied.



David L. Day
David L. Day, Attorney



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