

Auditor of said county except as follows: Community Property Agreement, recorded under Auditor's file No. 200112030007.

FOURTH: That the said real property at the date of decedent's death had an approximate value of \$238,000.00. That the value of decedent's estate at the time of death was within the exemptions allowed under federal estate tax regulations.

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, or indicate NONE).

None.

SIXTH: That the following list comprises all of the heirs at law by whom said decedent was survived: (If any heirs are under 18, this affidavit is not applicable). Nellie B. Mani, of legal age, his surviving spouse.

Nellie B. Mani
(Affiant)

SUBSCRIBED AND SWORN to before me this 19th day of October Nov, 2002.



E Eileen Hartchow
Notary Public in and for the State of Washington, residing at Sedro Woolley
Commission expires: 10-1-2005



200212020259
Skagit County Auditor
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2000 REAL ESTATE TAX STATEMENT

SKAGIT COUNTY TREASURER
P.O. BOX 518, MOUNT VERNON, WA 98273

ACCOUNT NUMBER

4121-001-004-0000

P73910

2000

KEEP THIS PORTION

SHEA'S TO HAMILTON LESS HWY LOTS 1 TO

Property Description:
4 BLK 1

0006547 AV **AUTO TO 0 4005 98284-80462934
00100100006547

MANI ERNEST W
33829 STATE ROUTE 20
SEORO WOOLLEY WA 98284-8046

23677



BRING ALL PARTS WHEN PAYING IN PERSON

CURRENT TAX DISTRIBUTION		CURRENT TAX INFORMATION	
State Levy	SD101	Land Value	20,400
Local School		Improvements/Buildings	
County		TOTAL VALUE	20,400
City or Road	P02	Levy Code	0915
Port Dist		Levy Rate	13.30150
Fire Dist	H304	Voter Approved Tax	98.57
Hospital		Non Voter Approved Tax	172.78
Other		General Tax	271.35
Cemetery		Exemption (if any)	
Forest Fire		Special Assessment	
Dike		TOTAL CURRENT TAX	271.35
Drainage		OTHER TAX INFORMATION	
Conservation Futures		YEAR	INT/PEN. 04/00
TOTAL CURRENT TAX	271.35	TAX	

First half tax paid after April 30th requires interest plus penalty on full amount.

Second half tax becomes delinquent after OCTOBER 31st.

TAX OF LESS THAN \$50.00 MUST BE PAID IN FULL

SEE REVERSE SIDE FOR OTHER INFORMATION

2000 REAL ESTATE TAX STATEMENT

SKAGIT COUNTY TREASURER
P.O. BOX 518, MOUNT VERNON, WA 98273

ACCOUNT NUMBER

350610-4-015-0006

P41009

2000

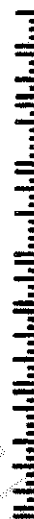
KEEP THIS PORTION

Property Description: (0.93 AC) S 187FT OF E 216FT OF W1/2
SE1/4 SE1/4 N OF 17A

0026316 AV **AUTO T2 0 4006 98284-80462934
00200300032402

MANI ERNEST W
33829 STATE ROUTE 20
SEORO WOOLLEY WA 98284-8046

23677



BRING ALL PARTS WHEN PAYING IN PERSON

CURRENT TAX DISTRIBUTION		CURRENT TAX INFORMATION	
State Levy	SD101	Land Value	38,700
Local School		Improvements/Buildings	64,800
County		TOTAL VALUE	77,600
City or Road	P02	Levy Code	1335
Port Dist	F08	Levy Rate	8.77660
Fire Dist	H304	Voter Approved Tax	881.06
Hospital		Non Voter Approved Tax	1,060.88
Other		General Tax	379.82
Cemetery		Exemption (if any) C	26.08
Forest Fire		Special Assessment	
Dike		TOTAL CURRENT TAX	707.14
Drainage		OTHER TAX INFORMATION	
Conservation Futures		YEAR	INT/PEN. 04/00
TOTAL CURRENT TAX	707.14	TAX	

First half tax paid after April 30th requires interest plus penalty on full amount.

Second half tax becomes delinquent after OCTOBER 31st.

TAX OF LESS THAN \$50.00 MUST BE PAID IN FULL

SEE REVERSE SIDE FOR OTHER INFORMATION.



200212020259
Skagit County Auditor

2000 REAL ESTATE TAX STATEMENT

SKAGIT COUNTY TREASURER
P.O. BOX 518, MOUNT VERNON, WA 98273

ACCOUNT NUMBER

4121-001-006-0008

P73911

2000

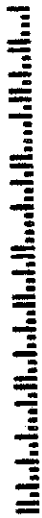
KEEP THIS PORTION

Property Description: SHEA'S TO HAMILTON LESS HWY LOTS 5 & 6 BLK 1

0026316 AV **AUTO 12 0 4006 98284-80462934 00100300032403

MANI ERNEST W
33829 STATE ROUTE 20
SEDR0 WOOLLEY WA 98284-8046

23677



BRING ALL PARTS WHEN PAYING IN PERSON

CURRENT TAX DISTRIBUTION

State Levy	SD101	136.03
Local School		192.45
County		80.50
City or Road	P02	119.68
Port Dist.		7.93
Fire Dist.	H304	19.43
Hospital		
Other		
Cemetery		
Forest Fire		
Dike		
Drainage		
Conservation Futures		2.63
TOTAL CURRENT TAX		558.66

First half tax paid after April 30th requires interest plus penalty on full amount.

Second half tax becomes delinquent after OCTOBER 31st.

TAX OF LESS THAN \$50.00 MUST BE PAID IN FULL

SEE REVERSE SIDE FOR OTHER INFORMATION.

CURRENT TAX INFORMATION

Land Value	23,500
Improvements/Buildings	18,500
TOTAL VALUE	42,000
Levy Code	0915
Levy Rate	13.30150
Voter Approved Tax	202.95
Non Voter Approved Tax	355.71
General Tax	558.66
Exemption (if any)	
Special Assessment	
TOTAL CURRENT TAX	558.66

OTHER TAX INFORMATION
YEAR INT./PEN. 04/00 TAX

2000 REAL ESTATE TAX STATEMENT

SKAGIT COUNTY TREASURER
P.O. BOX 518, MOUNT VERNON, WA 98273

ACCOUNT NUMBER

10-4-020-0009

0

2000

KEEP THIS PORTION

Description: (3.8 AC) S 557FT OF E 346FT OF W1/2 S 1 SE1/4 LESS S 187FT OF E 215FT LESS PTN TO HWY

0026316 AV **AUTO 12 0 4006 98284-80462934 00300300032401

MANI ERNEST W
33829 STATE ROUTE 20
SEDR0 WOOLLEY WA 98284-8046

23677



CURRENT TAX DISTRIBUTION

State Levy	SD101	55.38
Local School		78.35
County		32.78
City or Road	P02	34.89
Port Dist.	F08	3.23
Fire Dist.	H304	20.17
Hospital		7.91
Other		
Cemetery		
Forest Fire		
Dike		
Drainage		
Conservation Futures		1.14
TOTAL CURRENT TAX		234.92

First half tax paid after April 30th requires interest plus penalty on full amount.

Second half tax becomes delinquent after OCTOBER 31st.

TAX OF LESS THAN \$50.00 MUST BE PAID IN FULL

SEE REVERSE SIDE FOR OTHER INFORMATION.

CURRENT TAX INFORMATION

Land Value	17,100
Improvements/Buildings	
TOTAL VALUE	17,100
Levy Code	1335
Levy Rate	13.67120
Voter Approved Tax	82.63
Non Voter Approved Tax	151.15
General Tax	233.78
Exemption (if any)	
Special Assessment	1.14
TOTAL CURRENT TAX	234.92

OTHER TAX INFORMATION
YEAR INT./PEN. 04/00 TAX



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Skagit County Auditor

837
LOCAL FILE NUMBERHealth
CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last ERNEST WESLEY MANI				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) November 10, 2001	
4. AGE (Years / Months / Days) 70		5. UNDER 1 YEAR MOS DAYS MONTHS YEARS		6. BIRTH DATE (Mo, Day, Yr) May 31, 1931		7. BIRTH PLACE City, State or Foreign Country Hamilton, WA	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		9. COUNTY OF DEATH Skagit		10. PLACE OF DEATH X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME HOUSE 2 [] IN TRANSPORT 3 [] EMERG. AMBULANCE 4 [] HOSP. 5 [] NURS. HOME 6 [] OTHER PLACE Skagit Valley Hospital		11. SMOKING IN LAST 15 YEARS? (Yes / No) Yes	
12. TOWN OR LOCATION OF DEATH Mount Vernon		13. PLACE OF DEATH Skagit Valley Hospital		14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Nellie Moody	
16. SOCIAL SECURITY NO. 516-82-8609		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16 or 17+) 11		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Truck Driver		19. KIND OF BUSINESS OR INDUSTRY Logging Industry	
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) White		22. RESIDENCE — NUMBER AND STREET 33829 St. Rt. 20		23. CITY/TOWN, ZIP CODE Sedro-Woolley WA 98284	
24. FATHER'S NAME — FIRST, MIDDLE, LAST Ernest J. Mani		25. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Frada Lowman		26. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP Nellie Mani 33829 St. Rt. 20 Sedro-Woolley, WA 98284		27. DATE OF DEATH Nov 13, 2001	
28. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		29. DATE (Mo, Day, Yr) Nov 13, 2001		30. NAME OF FACILITY Mount Vernon Crematory		31. LOCATION — CITY/TOWN, STATE Mount Vernon, WA	
32. FUNERAL DIRECTOR'S SIGNATURE X [Signature]		33. NAME OF FACILITY Lemley Chapel Inc		34. ADDRESS OF FACILITY 1008 Third St. Sedro-Woolley, WA 98284		35. LOCATION — CITY/TOWN, STATE Mount Vernon, WA	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
36. 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 Edwin Stickle MD				37. 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			
38. DATE SIGNED (Mo, Day, Yr) 11/12/01		39. HOUR OF DEATH (24 Hrs) 0815		40. DATE SIGNED (Mo, Day, Yr)		41. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN (If other than certifier, type of physician) Edwin Stickle 1952 Hospital Dr., Sedro-Woolley, WA 98284				43. PRONOUNCED DEAD (Mo, Day, Yr)		44. HOUR PRONOUNCED DEAD (24 Hrs)	
45. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Edwin Stickle 1952 Hospital Dr., Sedro-Woolley, WA 98284				46. ME/CORONER FILE NUMBER			
47. ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. Esophageal Rupture				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
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. Lung Cancer				INTERVAL BETWEEN ONSET AND DEATH 6 months	
		C. Nicotinic Addiction				INTERVAL BETWEEN ONSET AND DEATH Unknown	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
48. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Severe COPD, Pneumonia				49. AUTOPSY? (Yes / No) No		50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
51. ACC. SUICIDE HOA, UNDET. OR PENDING INVEST. (Specify)		52. INJURY DATE (Mo, Day, Yr)		53. DESCRIBE HOW INJURY OCCURRED		54. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE	
55. INJURY AT WORK? (Yes / No)		56. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)		57. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE		58. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE	
59. REGISTRAR SIGNATURE X Dorothy Eppes, deputy				60. DATE RECEIVED (Mo, Day, Yr) NOV 13 2001			

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Skagit County Auditor

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