

1. I am the surviving spouse of **Enola Elizabeth McCluney** who died at a resident of Skagit County, Washington at Mount Vernon on May 10, 2003, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated June 23, 1998. A true and correct copy of this Community Property Agreement is attached hereto and incorporated herein. Attached also is a true and correct copy of the death certificate that was issued herein.

2. There are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness. The decedent left surviving her no children. The estate is fully solvent and there was no separate property.

3. Among other items of community property was the following described real estate:

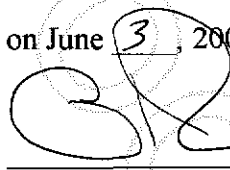
Parcel No. P52504 3713-000-012-0008

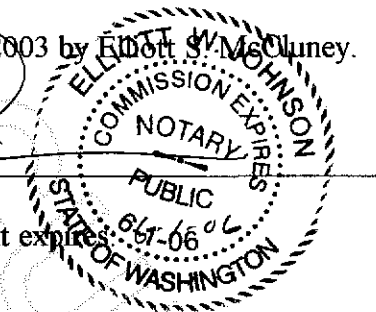
Tract 12, College Heights Addition, Mount Vernon, Washington, as per plat recorded in Vlume 7 of Plats, page 10, records of Skagit County, Washington.

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.


Elliott S. McCluney

SUBSCRIBED AND SWORN to before me on June 3 2003 by Elliott S. McCluney.


Notary Public
My appointment expires 6-1-06



200306050144
Skagit County Auditor

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Affidavit re:
Community Property Agreement

Page 2

NonPro07
6/3/3 11:48
C:\HOME\HOME\EWJ\McCluney\305 Affidavit re Community Property.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

When Recorded Return to:

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

Community Property Agreement

Grantor(s): Elliott Samuel McCluney
Enola Elizabeth McCluney

Additional names on page
___ of document

Grantee(s): Enola Elizabeth McCluney
Elliott Samuel McCluney

Additional names on page
___ of document

Legal Description (abbreviated): N/A

Additional legal description
on page ___ of document

Assessor's Tax Parcel Number: N/A

Reference (Auditor File Numbers of Documents assigned, released or amended): N/A

Community Property
Agreement

Page 1

Elliott Samuel McCluney
Enola E. McCluney

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6/18/98 11:14



200306050144

Skagit County Auditor

Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(206) 336-6502 Fax 336-5616
Email elliottj@ncia.com

Community Property Agreement

THIS AGREEMENT, made and entered into on June 23, 1998, by and between **Elliott Samuel McCluney** and **Enola Elizabeth McCluney**, husband and wife, who reside in Mount Vernon, Skagit County, Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

- Property covered:** This agreement shall apply to all community property now owned or hereafter acquired by husband and wife (except for assets for which a separate beneficiary designation has been or is hereafter made by husband or wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If husband dies and wife survives, any separate property of husband which is owned by husband at the time of his death (except for assets for which husband has made a separate beneficiary designation other than by will) shall become and be considered community property vested as of the moment of his death, and if wife dies and husband survives her, any separate property of wife which is owned by wife at the time of her death (except for assets for which wife has made a separate beneficiary designation other than by will) shall become and be considered community property vested as of the moment of her death. All such property is regarded to in this agreement as the "described community property."
- Vesting at death of a spouse:** If husband dies and wife survives him, all of the described community property shall vest in wife as of the moment of husband's death. If wife dies and husband survives her, all of the described community property shall vest in husband as of the moment of wife's death.
- Disclaimer:** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.
- Automatic revocation:** The provisions of paragraph 2 shall be automatically revoked.

Community Property
Agreement

Page 2

Elliott Samuel McCluney
Enola E. McCluney

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Skagit County Auditor

Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(206) 336-6502 Fax 336-5616
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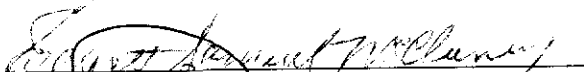
- a. Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or
- b. Upon the establishment of a domicile out of the State of Washington by either party; or
- c. Immediately prior to death, if the order of death cannot be ascertained.

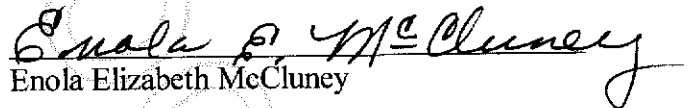
5. Optional revocation by one party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

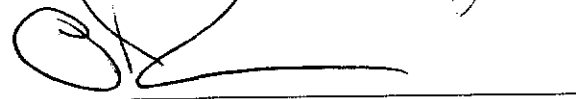
6. Powers of appointment: This agreement shall not affect any power of appointment now held by or hereafter given to husband or wife or both of them, nor shall it obligate husband or wife or both of them to exercise any such power of appointment in any way.

7. Revocation of inconsistent agreements: To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

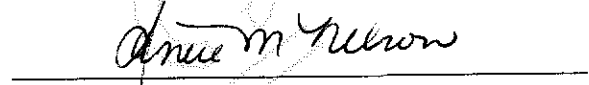
Dated: June 23, 1998.


 Elliott Samuel McCluney


 Enola Elizabeth McCluney



 Witness



 Witness

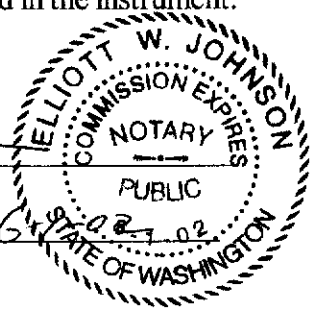
State of Washington)
) ss.
 County of Skagit)

I certify that I know or have satisfactory evidence that **Elliott Samuel McCluney** and **Enola Elizabeth McCluney** are the persons who appeared before me and acknowledged that they signed



this instrument as their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: June 23, 1998.



Notary Public

My appointment expires: 6-27-02

UNOFFICIAL DOCUMENT



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Skagit County Auditor

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



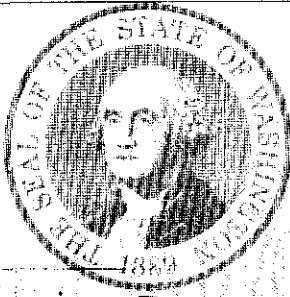
393-03
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Enola Middle: Elizabeth Last: McCluney	2. SEX (M/F) F	3. DEATH DATE (Mo., Day, Yr) May 10, 2003
4. AGE LAST BIRTHDAY (Yrs) 82	5. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____	6. UNDER 1 DAY HOURS: _____ MINS: _____
7. BIRTHDATE (Mo., Day, Yr) Jul 2, 1920	8. BIRTHPLACE (City, State or Foreign Country) Maringouin, LA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No
10. COUNTY OF DEATH Skagit	11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon	12. PLACE OF DEATH — <input checked="" type="checkbox"/> 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"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 1911 Forest Drive
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) Elliott McCluney
16. SOCIAL SECURITY NO. 439-07-4564	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) Homemaker
19. KIND OF BUSINESS OR INDUSTRY Home	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: _____	21. RACE (Specify) White
22. RESIDENCE — NUMBER AND STREET 1911 Forest Drive	23. CITY/TOWN OR LOCATION Mount Vernon	24. INSIDE CITY LIMITS? (Yes/No) Yes
25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 41y	26. STATE WA
27. ZIP CODE 98273-	28. FATHER'S NAME — FIRST, MIDDLE, LAST Albert Newchurch	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Unknown
30. INFORMANT — NAME Elliott McCluney	31. MAILING ADDRESS 1911 Forest Drive Mount Vernon, WA 98273-	32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation
33. DATE (Mo., Day, Yr) May 14, 2003	34. CEMETERY/CREMATORY — NAME Hawthorne Memorial Park	35. LOCATION — CITY/TOWN, STATE Mount Vernon Washington
36. FUNERAL DIRECTOR SIGNATURE X [Signature]	37. NAME OF FACILITY Hawthorne Funeral Home	38. ADDRESS OF FACILITY 1825 E. College Way Mount Vernon, WA 98273-0398
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 X [Signature]	40. DATE SIGNED (Mo., Day, Yr) 5-13-03	41. HOUR OF DEATH (24 Hrs.) 8:30 AM
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Geoffrey Spielman M.D. 2061 Hospital Drive, Sedro Woolley, WA 98284	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 [Signature]	44. DATE SIGNED (Mo., Day, Yr)
45. HOUR OF DEATH (24 Hrs.)	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) Geoffrey Spielman M.D. 2061 Hospital Drive, Sedro Woolley, WA 98284	49. ME/CORONER FILE NUMBER NJA-130	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. hypoglycemia DUE TO, OR AS A CONSEQUENCE OF: B. IDDM DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. INTERVAL BETWEEN ONSET AND DEATH hours INTERVAL BETWEEN ONSET AND DEATH Years INTERVAL BETWEEN ONSET AND DEATH _____ INTERVAL BETWEEN ONSET AND DEATH _____
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: HTN, Hyperlipidemia	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: _____ DOCUMENTARY REVIEWED BY: _____ DATE: _____ EVIDENCE: _____	62. REGISTRAR SIGNATURE X Dorothy Epps, deputy
63. DATE RECEIVED (Mo., Day, Yr) MAY 13 2003	64. RECORD AMENDMENT (Registrar use only) ITEM: _____ DOCUMENTARY REVIEWED BY: _____ DATE: _____ EVIDENCE: _____	65. RECORD AMENDMENT (Registrar use only) ITEM: _____ DOCUMENTARY REVIEWED BY: _____ DATE: _____ EVIDENCE: _____



200306050144
Skagit County Auditor

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DOH 01-003 (5/99)

Affidavit for Correction

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization, Medical Record, School Record, Hospital Records, Military Record (DD-214), Voter's Registration Card (if it bears an effective date), Insurance Records, Birth Record, Alien Registration Card (front and back), Marriage/Divorce Records, Passport.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

MAY 14 2003



200306050144
Skagit County Auditor

Howard Leibrand KK00220058
Skagit County Health Department
Howard Leibrand M.D., Health Officer