



200306110013  
Skagit County Auditor

6/11/2003 Page 1 of 8 8:43AM

Return Address  
SCHACHT & HICKS  
ATTORNEYS AT LAW  
PO BOX 1165  
MOUNT VERNON WA 98273

LAND TITLE COMPANY OF SKAGIT COUNTY

Please print or type information

Document Title(s) (or transactions contained therein):

1. AFFIDAVIT RE COMMUNITY PROPERTY AGREEMENT
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:  
(on page \_\_\_ of document(s))

Grantor(s) (Last name first, then first name and initials)

1. KNUDSON, MARY GLORIA ZAMBON a/k/a KNUDSON, MARY G.
2. KNUDSON, THEODORE JOSEPH a/k/a THEODORE J. KNUDSON a/k/a  
THEO J. KNUDSON
- 3.
- 4.
5.  Additional names on page \_\_\_\_\_ of document.

Grantee(s) (Last name first, then first name and initials)

1. THE PUBLIC
2. KNUDSON, MARY GLORIA ZAMBON a/k/a KNUDSON, MARY G.
- 3.
- 4.
5.  Additional names on page \_\_\_\_\_ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

Lot 3 Thunderbird Village First Addition  
Lot 2 Thunderbird Village First Addition  
 Additional legal is on page EX A of document.

Assessor's Property Tax Parcel/Account Number

4442-000-003-0005  
4442-000-002-0006

Additional legal is on page EX A of document.

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



which they had any interest, became and remained community property.

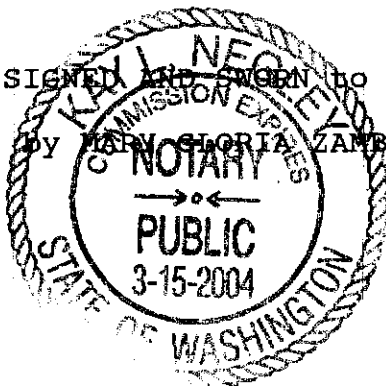
5. INHERITANCE AND ESTATE TAXES. That said estate is not subject to state inheritance taxes or federal estate tax, being below current exemptions, in effect as of the date of death.

6. REAL ESTATE. That all of the real estate listed and described on Exhibit "C," attached hereto and by reference made a part hereof, was at the time of death the community property of decedent and has now passed to the affiant, as his surviving spouse.

7. PURPOSES OF AFFIDAVIT. This affidavit is made to induce all title insurance companies dealing with said real property to issue policies of title insurance upon real estate passing to the surviving spouse, and affiant herein, by virtue of said community property survivorship agreement, and in reliance upon the representations of fact hereinabove set forth. This affidavit is further executed for the purpose of giving notice of the existence and effectiveness of the Community Property Agreement.

*Mary Gloria Zambon Knudson*  
MARY GLORIA ZAMBON KNUDSON  
a/k/a MARY G. KNUDSON

SIGNED AND SWORN to before me this 6th day of June,  
2003, by MARY GLORIA ZAMBON KNUDSON.



*Kay L. Hegley*  
Printed name: KAY L. HEGLEY  
Notary Public in and for the State of  
Washington, residing at Mount Vernon.  
My appointment expires: 3-15-04



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH



364-03  
LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: <b>Theodore</b> Middle: <b>J.</b> Last: <b>Knudson</b>				2. SEX (M / F) <b>Male</b>		3. DEATH DATE (Mo., Day, Yr) <b>May 1, 2003</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>77</b>		5. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____		7. BIRTHDATE (Mo., Day, Yr) [REDACTED]		8. BIRTHPLACE (City, State or Foreign Country) <b>Bellingham, Wash.</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Mount Vernon</b>		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. RMOUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>Mira Vista Care Center</b>				13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>Yes</b>	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify): <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Mary G. Zambon</b>		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): _____ College (1-4 or 5+): <b>1</b>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Self-Employed</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Lumber/Millwork</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No</b>		21. RACE (Specify) <b>Caucasian</b>	
22. RESIDENCE — NUMBER AND STREET <b>1400 N. Waugh Rd.</b>		23. CITY/TOWN, OR LOCATION <b>Mt. Vernon</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>		25A. COUNTY <b>Skagit</b>	
25B. LENGTH OF RES. IN CO. <b>55 Yrs.</b>		26. STATE <b>WA</b>		27. ZIP CODE <b>98273</b>			
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Joseph Knudson</b>				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Edna Emily [REDACTED]</b>			
30. INFORMANT — NAME <b>Mary G. Knudson</b>		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>1400 N. Waugh Rd. Mount Vernon WA 98273</b>					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Entombment</b>		33. DATE (Mo., Day, Yr) <b>May 5, 2003</b>		34. CEMETERY/CREMATION — NAME <b>Mount Vernon Mausoleum</b>		35. LOCATION — CITY/TOWN, STATE <b>Mount Vernon, Wa. 98273</b>	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY <b>Kern Funeral Home</b>		38. ADDRESS OF FACILITY <b>1122 S. 3rd St. Mt. Vernon, WA 98273</b>			
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> <b>X</b>				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>[Signature]</i> <b>X</b>			
40. DATE SIGNED (Mo., Day, Yr) <b>5/1/03</b>		41. HOUR OF DEATH (24 Hrs.) <b>0140</b>		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) <b>Dr. CHARLES KOTAR, 1400 E. KINCAID, MT VERNON WA 98274</b>				49. MCORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. <b>Chronic Obstructive Pulmonary Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>	
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. <b>Tobacco Use</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Decades</b>	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: <b>Enterococcal Endocarditis</b>				52. AUTOPSY? (Yes / No) <b>No</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>	
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, BLOG, ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <b>x Dorothy Epps, deputy</b>				63. DATE RECEIVED (Mo., Day, Yr) <b>MAY - 2 2003</b>	

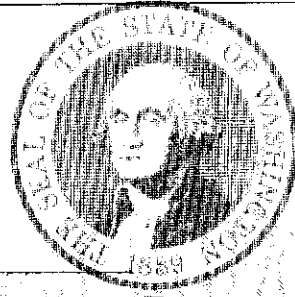


EXHIBIT A



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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.



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**\*CERTIFIED\***

MAY 06 2003

KK00217615

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



COMMUNITY PROPERTY AGREEMENT

EXHIBIT B -1

AGREEMENT made this 21st day of October, 1996, between THEODORE JOSEPH KNUDSON ("Husband") and MARY GLORIA ZAMBON KNUDSON ("Wife"), both of whom are domiciled in the state of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. PROPERTY COVERED. This Agreement shall apply to all community and separate property now owned or hereafter acquired by Husband and Wife or either of them (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. All such property is declared to be community property of Husband and Wife and is referred to in this Agreement as the "described community property."

2. VESTING AT DEATH OF 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.

3. 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.

4. AUTOMATIC REVOCATION. The provisions of paragraph 2 shall be automatically revoked

- (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, a 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.

IN WITNESS WHEREOF, the said THEODORE JOSEPH KNUDSON and MARY GLORIA ZAMBON KNUDSON have hereunto set their signatures this 21st day of October, 1996.

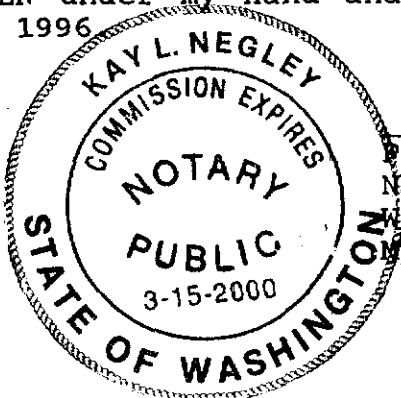
*Theodore Joseph Knudson*  
THEODORE JOSEPH KNUDSON Husband

*Mary Gloria Zambon Knudson*  
MARY GLORIA ZAMBON KNUDSON Wife

STATE OF WASHINGTON )  
 ) ss:  
COUNTY OF SKAGIT )

On this day personally appeared before me THEODORE JOSEPH KNUDSON and MARY GLORIA ZAMBON KNUDSON, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, 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 on this 21st day of October, 1996



*Kay L. Negley*  
Printed name: KAY L. MEGLEY  
Notary Public in and for the State of Washington, residing at Mount Vernon.  
My appointment expires: 3-15-00

EXHIBIT B - 2

UNOFFICIAL DOCUMENT

Lot 3 THUNDERBIRD VILLAGE FIRST ADDITION, as per plat recorded in Volume 13 of Plats, pages 46 and 47, records of Skagit County, Washington.

Tax account No. 4442-000-003-0005/P82510

Lot 2 THUNDERBIRD VILLAGE FIRST ADDITION, as per plat recorded in Volume 13 of Plats, pages 46 and 47, records of Skagit County, Washington.

Tax account No. 4442-000-002-0006/P82509

**EXHIBIT C**



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