

Filed for Record at the Request of:

Aaron M. Rasmussen
Attorney at Law
913 Seventh Street
P.O. Box 1950
Anacortes, WA 98221



200308220023

Skagit County Auditor

8/22/2003 Page 1 of 5 9:15AM

DOCUMENT TITLE: Community Property Affidavit

REFERENCE NUMBER OF RELATED DOCUMENTS: 785463, 812995

GRANTOR: Mary A. Henson

GRANTEE: Public

ABBREVIATED LEGAL DESCRIPTION: Anacortes Block 78, Lots 3 & 4

ASSESSOR'S TAX/PARCEL ID: 3772-078-004-0002 / P55410

COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

MARY A. HENSON, being first duly sworn upon oath, deposes and says:

1. I am the surviving spouse of JOHN L. HENSON ("Decedent"), who died January 9, 2003 at Bellingham, Washington. At that time, Decedent and I were residents of Anacortes, Skagit County, Washington. A certified copy of Decedent's death certificate is attached hereto.
2. On January 20, 1975, Decedent and I, while married, executed an agreement entitled *AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY AFTER DEATH OF ONE OF THE SPOUSES* ("the Agreement"), which is recorded in the Records of Skagit County, Washington at Volume 172, Page 465, Auditor's File Number 812985. The Agreement, a copy of which is attached hereto, provides that all property owned at the time of the Agreement or thereafter acquired by either or both spouses is community property, and that such property vests in the survivor immediately upon the death of either spouse. We were legally competent at the time of the Agreement and have executed no subsequent Wills or other instruments that would have the effect of abrogating or nullifying the Agreement.
3. At the time of and as a result of the Agreement, and at all subsequent times, all real and personal property in which Decedent or myself had any interest became and remained community property.

3. Among the items that Decedent and I held as community property at the time of Decedent's death was real estate described as follows:

Lots 3 and 4, Block 78, Map of the City of Anacortes, Skagit County, Washington, as per plat recorded in Volume 2 of Plats, page 4, records of Skagit County, Washington. Situate in County of Skagit, State of Washington.

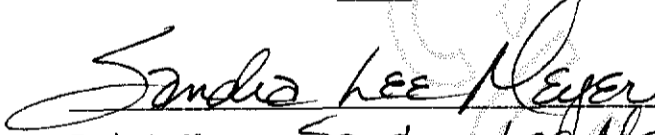
3. All expenses of Decedent's last illness, funeral, and costs of administration have been paid, and I am aware of no unpaid creditors of Decedent or of the former marital community. Nonetheless, I hereby assume complete responsibility for any and all indebtedness of the marital community existing at the time of Decedent's death.
4. Decedent left no Will, and Decedent's estate is not being probated.
5. Decedent's estate is not subject to state or federal transfer taxes, because its fair market value as of the date of Decedent's death was below the applicable exemption thresholds in effect at that time.
6. This affidavit is made to induce any and all title insurance companies to issue policies of title insurance on real property passing to me as the surviving spouse, whether acquired as community property or converted to community property by operation of the Agreement, in reliance upon the representations herein set forth.

DATED this 20th day of August, 2003.



MARY A. HENSON

SUBSCRIBED and SWORN TO before me this 20th day of August, 2003.



Print Name: Sandra Lee Meyer ,
NOTARY PUBLIC in and for the State of
Washington, residing at Anacortes .
My appointment expires 19 Nov 2005 .



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

58
LOCAL FILE NUMBER

146
STATE FILE NUMBER

1. NAME First: John, Middle: L, Last: Henson				2. SEX (M/F) Male		3. DEATH DATE (Mo, Day, Yr) January 9, 2003	
4. AGE LAST BIRTH-DAY (Yrs) 67		5. UNDER 1 YEAR MOS: , DAYS: , HOURS: , MINS:		7. BIRTHDATE (Mo, Day, Yr) Sept 14, 1935		8. BIRTHPLACE (City, State or Foreign Country) Gore, OK	
11. CITY, TOWN OR LOCATION OF DEATH Bellingham				12. PLACE OF DEATH — <input 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 checked="" type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Bellingham Health Care & Rehabilitation Services			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) Mary Ann Fitzpatrick		16. SOCIAL SECURITY NO. 444-32-7046		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) Welder (helicopter)			19. KIND OF BUSINESS OR INDUSTRY U S Government		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 1207-10th St		23. CITY/TOWN OR LOCATION Anacortes		24. INSIDE CITY LIMITS? (Yes / No) Yes	25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 36 Yrs	26. STATE WA
27. ZIP CODE 98221		28. FATHER'S NAME — FIRST, MIDDLE, LAST John Henson		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Ora Robison			
30. INFORMANT — NAME Mary Ann Henson			31. MAILING ADDRESS 1207-10th St		CITY OR TOWN Anacortes	STATE WA	ZIP 98221

32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Jan 16, 2003		34. CEMETERY/CREMATORY — NAME First Cremation Services		35. LOCATION — CITY/TOWN, STATE Kent, WA	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>				37. NAME OF FACILITY Neptune Society		38. ADDRESS OF FACILITY 19324-40 Ave W/A, Lynnwood, WA 98036	

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 <input checked="" type="checkbox"/> Pat Rolstad ARNP				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 <input checked="" type="checkbox"/>			
40. DATE SIGNED (Mo., Day, Yr) 1/10/03		41. HOUR OF DEATH (24 Hrs.) 1525		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) Pat Rolstad, ARNP 2950 Squalicum Pkwy #B, Bellingham, WA 98225						49. ME/CORONER FILE NUMBER	

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

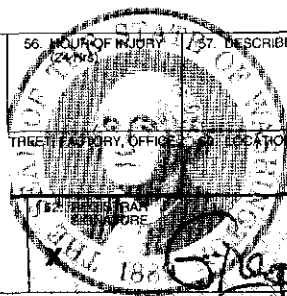
(IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. <i>Pneumonia</i>	INTERVAL BETWEEN ONSET AND DEATH <i>24hr</i>
	B. <i>Dysphagia</i>	INTERVAL BETWEEN ONSET AND DEATH <i>57 years</i>
	C. <i>Alzheimer Dementia</i>	INTERVAL BETWEEN ONSET AND DEATH <i>107 years</i>
	D.	INTERVAL BETWEEN ONSET AND DEATH

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:			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. STREET OR RFD NO., CITY/TOWN, STATE



200308220023
Skagit County Auditor



[Signature] MD

83. DATE RECEIVED (Mo., Day, Yr)
JAN 15 2003

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)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

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)



200308220023
Skagit County Auditor


 GREG STOVALL
 CLERK OF COUNTY HEALTH DEPARTMENT
 AUG 20 2003
 KK00045738
DO NOT DESTROY

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 this 20th day of January, 19 75,
 by and between John L. Henson
 and Mary Ann Henson, husband and wife,
 of Skagit County, State of Washington, 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 where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

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 said John L. Henson
 and Mary Ann Henson have hereunto set their hands
 and seals this 20th day of January, 19 75.

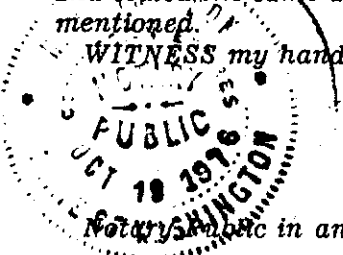
Received for record at Jaw 31 1975 1:06 P.
 at request of Mary Ann Henson
 Lucille H. ... Auditor Skagit Co., Wash. 572
John L. Henson (SEAL)
Mary Ann Henson (SEAL)

STATE OF WASHINGTON,
 County of Skagit } SS.

This is to certify that on this 20th day of January, 19 75, before me
H. L. Trulson a Notary Public in and for the State of Washington
 duly commissioned and sworn, personally came John L. Henson

and Mary Ann Henson husband and wife, to me known to be the individuals
 described in and who executed the within instrument, and acknowledged to me that they signed
 and sealed the same as their free and voluntary act and deed for the uses and purposes therein
 mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.



H. L. Trulson

Notary Public in and for the State of Washington residing at Anacortes

