

Rosemary Kamb - Attorney
702 Main Street
Mount Vernon, WA 98273



200309080347
Skagit County Auditor

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NO PROBATE AFFIDAVIT

STATE OF WASHINGTON }
COUNTY OF SKAGIT } SS.

I, Beverly J. Waite, being first duly sworn, depose and says:

FIRST: That this affidavit is for the purpose of supplying information pertaining to the estate of Raymond M. Waite, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

Tax Parcel No. 3867-000-079-0500 P116951

Tax Parcel No. 3867-000-079-0408 P62825

SECOND: That said decedent died on or about the 13th day of October, 2002, in the City of Burlington, County of Skagit, State of Washington.

THIRD: That said decedent executed no wills, agreements to convey community property agreements, conveyances, mortgages, deeds of trust, lien agreements, or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor of said county, except as follows: (enumerate if any, or indicate NONE).

1) **COMMUNITY PROPERTY AGREEMENT**

FOURTH: That the said personal property, at the date of decedent's death had an approximate value of less than \$150,000.00. That the value of decedent's estate at the date of death was within the exemptions allowed under federal and Washington estate tax regulations, so no estate taxes are owing by decedent's estate.

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, of indicate NONE).

1) **NONE**

SIXTH: That the following list comprises all of the heirs at law by whom said decedent was survived: (Show age of each heir opposite name. If any heirs are under 18, this affidavit is not applicable).

Beverly J. Waite
1180 S. Spruce Street
Burlington, WA 98233

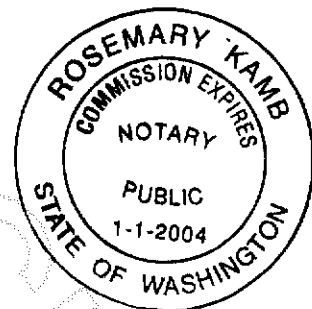


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Beverly J. Waite
Beverly J. Waite
Personal Representative

SUBSCRIBED AND SWORN to before me this 26 day of August,
2003.

Rosemary Kamb
NOTARY PUBLIC in and for the
State of Washington,
Residing at: Mount Vernon, Wa.
My Commission Expires: 01 January 2004



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STATE OF WASHINGTON DEPARTMENT OF HEALTH



719-02
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Raymond Middle: Millard Last: Waite				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) 10/13/2002	
4. AGE (LAST BIRTH DAY (Yrs)) 84		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		7. BIRTHDATE (Mo, Day, Yr) 11/09/1917		8. BIRTHPLACE (City, State or Foreign Country) Hamilton, WA	
11. CITY, TOWN OR LOCATION OF DEATH Burlington		12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. ROOM/PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE 1180 South Spruce Street				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) Beverly Jean Rohweder		16. SOCIAL SECURITY NO. 537-05-2672		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) Service Technician		19. KIND OF BUSINESS OR INDUSTRY Trucking		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 1180 South Spruce Street		23. CITY/TOWN, OR LOCATION Burlington		24. INSIDE CITY LIMITS? (Yes / No) Yes		25. COUNTY Skagit	
26. FATHER'S NAME — FIRST, MIDDLE, LAST Ray N. Waite		27. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Ella Childers		28. LENGTH OF RES. IN CO. 84 Years		29. STATE WA	
30. INFORMANT — NAME Beverly J. Waite		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 1180 South Spruce Street, Burlington, WA 98233		32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 10/14/2002	
34. CEMETERY/CREMATORY — NAME Mount Vernon Cemetery		35. LOCATION — CITY/TOWN, STATE Mount Vernon, WA		36. FUNERAL DIRECTOR SIGNATURE 		37. NAME OF FACILITY Hulbush Funeral Home	
38. ADDRESS OF FACILITY 281 S. Burlington Blvd., Burlington, WA, 98233		39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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 MD		40. DATE SIGNED (Mo, Day, Yr) 10/14/02		41. HOUR OF DEATH (24 Hrs) Early AM	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Roger Estep M.D., 2116 East Section, Mount Vernon, WA 98273		43. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 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		44. DATE SIGNED (Mo, Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
46. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Roger Estep M.D., 2116 East Section, Mount Vernon, WA 98273		47. PRONOUNCED DEAD (Mo., Day, Yr)		48. HOUR PRONOUNCED DEAD (24 Hrs.)		49. ME/CORONER FILE NUMBER NJA 245	
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. Chronic obstructive pulmonary disease DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH 20 yrs	
B. DUE TO, OR AS A CONSEQUENCE OF:		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
D. DUE TO, OR AS A CONSEQUENCE OF:		E. 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		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 EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE x Dorothy Epps, deputy				63. DATE RECEIVED (Mo., Day, Yr) OCT 14 2002	



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AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (if Birth), HUSBAND (if Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (if Birth), WIFE (if Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. 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).
8. **This affidavit cannot be used to add a father to a birth certificate.** (use the paternity affidavit - form DOH 110-001)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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

CERTIFIED

OCT 22 2002

H. J. Leibrand
 County Health Department
 Leibrand M.D., Health Officer



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 Skagit County Auditor

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W I T N E S S E T H:

FIRST: That all property of whatsoever nature or description, whether real, personal and mixed, and wheresoever situated, now owned, or hereafter acquired by them, or either of them shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the foregoing paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said Raymond M. Waite and Beverly J. Waite, have hereunto set their hands and seals this 15 day of February, 1973.

Raymond M. Haite (SEAL)
Beverly J. Waite (SEAL)

Frank R. Allen
Margaret M. Hochberg

Witnesses

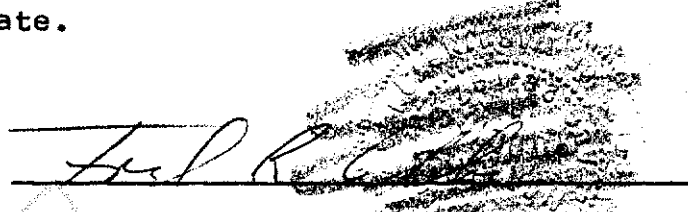


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State of Washington)
:ss.
County of Skagit)

This certifies that on this 15 day of February, 1973,
personally appeared before me Raymond M. Waite and Beverly J. Waite
to me known to be the individuals described in and who executed
the within and foregoing instrument and acknowledged that they
signed 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 first
above written in this certificate.


Notary Public in and for State of
Washington, residing at Burlington.



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ATTORNEY
404 FAIRHAVEN AVENUE
BURLINGTON, WASHINGTON
TELEPHONE (206) 755-1185