



Beginning at the Southwesterly corner of Tract "B" of said short plat, thence South 7 deg. 08' 25" East along the fence line delineating the West line of Tract "A" a distance of 30 feet; thence North 74 deg. 48' 49" East parallel with the Southerly line of said Tract "B" ; a distance of 67 feet; thence North 7 deg. 08' 25" West parallel with the West line of said Tract "A" a distance of 30 feet to a point on the Southerly line of said Tract "B" thence South 74 deg. 48' 49" West along said Southerly line a distance of 67 feet to the point of beginning.

**PARCEL "B"**

Tract "B" of Skagit county Short Plat No. 70-77, approved October 6, 1977 and recorded October 6, 1977 as Auditor's File No. 866231 in Volume 2 of Short Plats, Page 136 records of Skagit County, Washington.

Both of the above described Parcels "A" & "B" being a portion of the Northeast quarter of the Northwest quarter in Section 19, Township 35 North, Range 5 East W.M.

THAT the decedent executed a will, a copy of which is attached hereto, leaving the above described real property to his wife, Louise A. Hunger who pre-deceased him on April 8, 2000 and then to his surviving sons, Fred C. Hunger and Ralph E. Hunger.

THAT affiant has herein below identified each and all of the heirs at law of decedent, including but not limited to his children, adopted children and the issue of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

THAT the heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Fred C. Hunger 6408 Country Road Sedro Woolley, WA 98284	Legal	Son
Ralph E. Hunger 22391 Prairie Road Sedro Woolley, WA 98284	Legal	Son

THAT affiant(s) know of their own knowledge, and so states, that each and all of the obligations against the estate of said decedent (including but not limited to: all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial;



200312040052  
Skagit County Auditor

promissory notes, installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

THAT affiant states that the total value of the decedent's estate at the date of death including all real and personal property, was approximately \$ 92,000.00

CHECK WHICH APPLIES:

- THAT the decedent left no Will.
- THAT the decedent left a Will, a copy of which is attached hereto.
- THAT the decedent's estate is not being probated.
- THAT State and/or federal succession or inheritance taxes are not payable.
- THAT State and/or federal succession or inheritance taxes in the amount of \$ \_\_\_\_\_ have been paid. Copies of the release/discharge is attached hereto.
- THAT State and/or federal succession or inheritance taxes are due, but have not paid.

THAT this affidavit is made solely to induce FIRST AMERICAN TITLE INSURANCE COMPANY, hereinafter called "Company", or any other title company, to insure title to real property in full reliance upon the herein representations.

DATED: October 31, 2003

Fred C. Hunger 10/31/03  
FRED C. HUNGER DATE

Ralph E. Hunger  
RALPH E. HUNGER DATE

STATE OF WASHINGTON )  
COUNTY OF SKAGIT ) ss.

On this day personally appeared before me Fred C. Hunger, who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this 31 day of October, 2003



Kathy M. Metcalf  
NOTARY PUBLIC in and for the  
State of Washington, residing at  
Seaco-Woolley  
Commission Expires: 4-12-2008

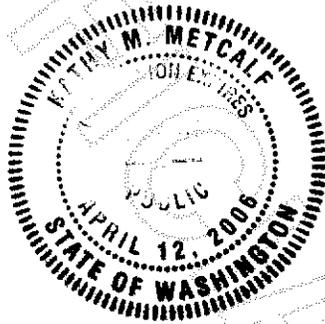


200312040052  
Skagit County Auditor

STATE OF WASHINGTON )  
COUNTY OF SKAGIT ) ss.

On this day personally appeared before me Ralph E. Hunger, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this 31 day of October, 2003



Kathy M. Metcale  
NOTARY PUBLIC in and for the  
State of Washington, residing at  
Sears-Woolley  
Commission Expires: 4-12-2006

  
200312040052  
Skagit County Auditor  
12/4/2003 Page 4 of 10 9:34AM

# ORIGINAL

## Last Will and Testament of Otto F. Hunger

I, Otto F. Hunger, declare this to be my Last Will and Testament, and hereby revoke all prior Wills and Codicils.

### ARTICLE 1. FAMILY; GUARDIAN

My immediate family now consists of my wife, Louise A. Hunger, and my two children, namely: Fred C. Hunger and Ralph E. Hunger. The provisions of this Will shall not only apply to my two children named above and their issue, but also to all my children who may hereafter be born to or adopted by me, and to their issue. Except as herein provided, it is my intention to leave nothing to my children or their issue.

### ARTICLE 2. PERSONAL REPRESENTATIVE

2.1 Designation. I appoint my wife Louise A. Hunger, as my Personal Representative. If she at any time declines, fails, or is unable to act as my Personal Representative, I appoint Fred C. Hunger, as my Personal Representative. If they at any time decline, fail, or are unable to act as my Personal Representative, I appoint Ralph E. Hunger, as my Personal Representative.

2.2 Bond Waiver; Powers. No bond, surety, or other security shall be required of my Personal Representative in any jurisdiction for any purpose. My Personal Representative shall have unrestricted nonintervention powers to settle my estate in the manner set forth in this Will. Furthermore, my Personal Representative shall have full power, authority and discretion to do all that my Personal Representative thinks necessary or desirable in administration of my estate, including authority to:

- a. make interim distributions of principal and income to those who are to receive the principal and the income;
- b. sell, lease, exchange, mortgage, pledge, or assign all or any part of the property of my estate for any purpose which my Personal Representative thinks is in the best interests of my estate, whether or not it is necessary in order to pay debts, taxes, or expenses of administration.

Testator's Initials: OFH  
Dated: 2-16-95

Witness Initials: [Signature]  
Witness Initials: [Signature]



200312040052

Skagit County Auditor

- c. invest and reinvest property that is not specifically given, in any form of investment that my Personal Representative thinks advisable; and
- d. continue to operate any business or business properties in which I have an interest at the time of my death and, in so doing, delegate discretionary as well as administrative powers.
- e. make non-pro rata distributions to beneficiaries who are entitled to share in any portion of my estate.

2.3 Taxes From Residue. I direct that all estate, inheritance, and other taxes imposed by reason of my death, and interest and penalties on those taxes, shall be paid by my Personal Representative out of the residue of my estate. This direction shall apply to all such taxes attributable to all property of my estate, even though some property does not pass under my Will or is not a part of the residue of my estate.

ARTICLE 3. DISPOSITION OF PROPERTY

3.1 Provision for Spouse. If my wife, Louise A. Hunger, survives me by thirty days, I give her all of my property, both real and personal, wheresoever situated.

3.2 Personal Property List. I may prepare a list of personal property and directions as to how the same should be distributed if my spouse fails to survive me by thirty days. I hereby incorporate into this will any list which is now existing or which may hereafter be prepared by me pursuant to RCW 11.12.260 and any other applicable law.

3.3 Provision for Children. If my wife does not survive me by thirty days, I give, devise, and bequeath all of the rest residue and remainder of my property, both real and personal, and wheresoever situated to those of my children whom survive me, and to the then living descendants of any deceased child of mine; surviving children of mine to share equally and descendants of deceased children to take the share that deceased parent would have taken had he or she survived, per stirpes.

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I have initialed for identification purposes all pages of this Will, and have executed the entire instrument by signing this page on this 16th day of February, 1999, at Sedro-Woolley, Skagit County, Washington.



200312040052  
Skagit County Auditor

12/4/2003 Page 6 of 10 9:34AM

Otto F Hunger  
Otto F. Hunger

Testator's Initials: OFH  
Dated: 2-16-99

Witness Initials: [Signature]  
Witness Initials: [Signature]

ATTESTATION

The foregoing instrument, consisting of three (3) typewritten pages, of which this is the last, was at the date thereof by Otto F. Hunger, the testator named therein, signed, sealed and published as, and declared by him to be his Last Will and Testament, in the presence of us, who at his request and in his presence, and in the presence of each other, and who being of the opinion that he, at the time of executing this Will, was of sound mind and memory, and was not acting under duress, menace, fraud or undue influence of any person, having subscribed our names thereto.

*Sue A. Yankus*  
Witness

*Otto F. Hunger*  
Witness

*Mount Vernon, WA*  
Address

*Solo Woolley art*  
Address



200312040052

Skagit County Auditor

12/4/2003 Page 7 of 10 9:34AM

Testator's Initials: *OFH*  
Dated: *2-16-99*

Witness Initials: *[Signature]*  
Witness Initials: *[Signature]*



# STATE OF WASHINGTON DEPARTMENT OF HEALTH



460-03  
LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

146 STATE FILE NUMBER

1. NAME First: <b>Otto</b> Middle: <b>Fredrick</b> Last: <b>Hunger</b>			2. SEX (M/F) <b>M</b>		3. DEATH DATE (Mo. Day, Yr.) <b>June 1, 2003</b>		
4. AGE LAST BIRTHDAY (Yrs) <b>80</b>		5. UNDER 1 YEAR MOS:    DAYS:    HOURS:    MINS:		7. BIRTHDATE (Mo. Day, Yr.) <b>Mar 17, 1923</b>		8. BIRTHPLACE (City, State or Foreign Country) <b>Napavine, WA</b>	
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>Yes</b>		10. COUNTY OF DEATH <b>Skagit</b>		11. CITY, TOWN OR LOCATION OF DEATH <b>Sedro Woolley</b>		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM/OUTPTL. 4. HOSP. 5. IN HOME 6. OTHER PLACE <b>United General Hospital</b>	
13. SMOKING IN LAST 15 YEARS? (Yes/No) <b>No</b>		14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Widowed</b>		15. SURVIVING SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO. <b>535-14-8629</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (D-12)    College (1-4 or 5-) <b>10</b>		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Hatchery Manager</b>		19. KIND OF BUSINESS OR INDUSTRY <b>WA State Fisheries</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>(Yes) No</b>	
21. RACE (Specify) <b>White</b>		22. RESIDENCE — NUMBER AND STREET <b>6408 Country Rd.</b>		23. CITY/TOWN, OR LOCATION <b>Sedro Woolley</b>		24. INSIDE CITY LIMITS? (Yes/No) <b>No</b>	
25A. COUNTY <b>WA</b>		25B. LENGTH OF RES. IN CO. <b>53y</b>		26. STATE <b>WA</b>		27. ZIP CODE <b>98284</b>	
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Otto F. Hunger</b>				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Vera B. Jolliffe</b>			
30. INFORMANT — NAME <b>Fred Hunger</b>		31. MAILING ADDRESS STREET OR RFD NO.    CITY OR TOWN    STATE    ZIP <b>6408 Country Rd. Sedro Woolley, WA 98284</b>					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Crementation</b>		33. DATE (Mo. Day, Yr.) <b>Jun 3, 2003</b>		34. CEMETERY/CREMATORY — NAME <b>Hawthorne Memorial Park</b>		35. LOCATION — CITY/TOWN, STATE <b>Mount Vernon Washington</b>	
36. FUNERAL DIRECTOR SIGNATURE <b>X</b>		37. NAME OF FACILITY <b>Hawthorne Funeral Home</b>		38. ADDRESS OF FACILITY <b>1825 E. College Way Mount Vernon, WA 98273-0398</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 <b>X</b>				40. DATE SIGNED (Mo., Day, Yr.) <b>6/2/2003</b>			
41. HOUR OF DEATH (24 Hrs.) <b>11:20 AM</b>				42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Dr. Denis A. Harlock, M.D.</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 <b>X</b>	
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) <b>Dr. Denis A. Harlock, M.D. 830 Ball St. SW, Sedro Woolley, WA 98284</b>				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. <b>ISCHEMIC CARDIOMYOPATHY</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 YEARS</b>	
		B. DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
		D. 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: <b>Pneumonia / Demonia</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, HOMICIDE, 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 <b>X</b> <i>Dorothy Eppe, deputy</i>		63. DATE RECEIVED (Mo., Day, Yr.) <b>JUN - 3 2003</b>			



200312040052  
Skagit County Auditor

# 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 Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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**Birth Certificates:**

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

**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.
3. 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:**

1. 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.
2. 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\***

JUN 24 2003



200312040052

Skagit County Auditor

Howard Leibrand M.D., Health Officer

KK00397252