



200401090025

Skagit County Auditor

1/9/2004 Page

1 of

9 9:31AM

PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON )  
: ss  
COUNTY OF SKAGIT )

ALBERT R. OTTE, being first duly sworn, on oath deposes and says:

That he is a resident of Anacortes, Skagit County, Washington. That ANNABELLE OTTE was his wife. That ANNABELLE OTTE died a resident of Anacortes, Skagit County, Washington on December 9, 2003. A copy of the death certificate is attached hereto. ANNABELLE OTTE died leaving property in Skagit County all of which was the community proper of affiant and decedent,

That at the time of the death of ANNABELLE OTTE, there was in full force and effect a Community Property Agreement executed by affiant and decedent on September 17, 1991, which agreement is attached to this Affidavit..

That there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses, or last illness except as follows: None

That the decedent left a Will, a copy of which is attached hereto.

That the decedent's estate is not being probated.

That the property owned by affiant and ANNABELLE OTTE consisted of the following:

REAL ESTATE

1. STREET: 15212 N. Dewey Beach Drive, Anacortes, Washington
- TAX ID: P65083/3904-000-021-0006
- LEGAL: DEWEY BEACH ADD 4, (Includes M/H:S/N Mg3549AB KOZY 82 48X24) Lot 21 together with Southeasterly 80 feet of Lot 19 and South 60 feet of Lot 20 except all that portion of Lot 21, lying Southeasterly of a line drawn parallel to and 2.0 feet Northwesterly of the Southeasterly line of said Lot 21

PERSONAL PROPERTY

1. Household furniture valued at \$500.00
2. Motor vehicles valued at \$500.00
3. Bank accounts and cash valued at \$100.00

That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

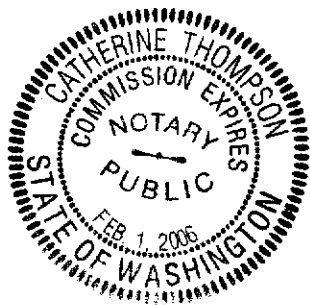
This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

Dated this 30<sup>th</sup> th day of December 2003.

Albert R. Otte

ALBERT R. OTTE

SUBSCRIBED and SWORN TO before me this 30 th day of Dec, 2003.



Catherine Thompson

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

My appointment expires: 2006.



200401090025  
Skagit County Auditor

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

10/3-03  
LOCAL FILE NUMBER

## Health CERTIFICATE OF DEATH

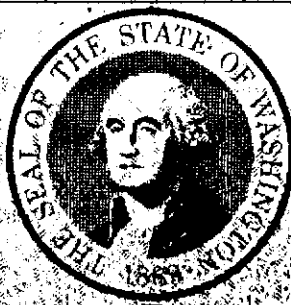
146

STATE FILE NUMBER

1. NAME <b>ANNABELLE B. OTTE</b>				2. SEX (M / F) <b>FEMALE</b>		3. DEATH DATE (Mo, Day, Yr) <b>DECEMBER 9, 2003</b>		
4. AGE LAST BIRTHDAY (Yrs) <b>82</b>		5. UNDER 1 YEAR MO:    DAY:    HRS:    MINS:		6. BIRTH DATE (Mo, Day, Yr) [REDACTED]		7. BIRTH PLACE (City, State & Foreign Country) <b>NATIONAL CITY, CA</b>		
11. CITY, TOWN OR LOCATION OF DEATH <b>ANACORTES</b>				12. PLACE OF DEATH — 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. ROOM/OUT PAT. 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>ISLAND HOSPITAL</b>			15. SMOKING IN LAST 15 YEARS? (Yes / No) <b>NO</b>	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>MARRIED</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>ALBERT OTTE</b>		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <b>12</b> College (13-16 or 17+): <b>0</b>		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>HOMEMAKER</b>		19. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</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>15212 NORTH DEWEY BEACH DR</b>		23. CITY/TOWN OR LOCATION <b>ANACORTES</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>NO</b>		25A. COUNTY <b>SKAGIT</b>		
26B. LENGTH OF RES. IN CO. <b>21 YRS</b>		26. STATE <b>WA</b>		27. ZIP CODE <b>98221</b>				
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>JOHN BARTUSEK</b>				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>HANNAH [REDACTED]</b>				
30. INFORMANT — NAME <b>ALBERT OTTE</b>		31. MAILING ADDRESS — STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>15212 N. DEWEY BEACH DRIVE, ANACORTES, WA 98221</b>						
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>CREMATION</b>		33. DATE (Mo, Day, Yr) <b>12/12/03</b>		34. CEMETERY/CREMATORY — NAME <b>MOUNT VERNON CEMETERY</b>		35. LOCATION — CITY/TOWN, STATE <b>MOUNT VERNON, WASHINGTON</b>		
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY <b>GILBERTSON FUNERAL HOME</b>		38. ADDRESS OF FACILITY <b>27803 168th AVENUE NW STANWOOD, WASHINGTON 98292</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 <b>X</b>				
40. DATE SIGNED (Mo., Day, Yr) <b>12-11-03</b>		41. HOUR OF DEATH (24 Hrs) <b>0813</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. GALVIN L. GORDON M.D. 1213 24th St. #100 ANACORTES, WA. 98221</b>				49. MEDICORONER FILE NUMBER <b>NONE</b>				
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>Lung cancer, unknown type</b> DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH <b>2-3 weeks</b>		
		B. <b>bowel obstruction 2nd to 1st</b> DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>		
		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:				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 Dorothy Epps, deputy</b>				63. DATE RECEIVED (Mo., Day, Yr) <b>12-11-03</b>		

FOR INSTRUCTIONS SEE BACK AND HANDBOOK.

DOH 110-006 (Rev. 7/81) (Formerly DHS 9-150)



200401090025  
Skagit County Auditor

1/9/2004 Page

3 of 9 9:31AM

DOH 01-003 (5/98)

## COMMUNITY PROPERTY AGREEMENT

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 17<sup>th</sup> day of SEPTEMBER, 1991, by and between ALBERT R. OTTE and ANN B. OTTE, husband and wife, of SKAGIT County, State of Washington, pursuant to the provisions of §26.16.120RCW, permitting agreements between husband and wife fixing the status and disposition of community property to take effect upon the death of either, Witnesseth: That, in consideration of the love and affection that each of us has for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

II.

That upon the death of either of us, title to all community property as herein defined shall immediately vest in fee simple in the survivor.

IN WITNESS WHEREOF, we ALBERT R. OTTE and ANN B. OTTE have hereunto set our hands this 17<sup>th</sup> day of SEPTEMBER, 1991.

Witness

Witness

Spouse

Spouse

STATE OF WASHINGTON,

County of SKAGIT

ss.

(Individual Acknowledgement)

This is to certify on this 17<sup>th</sup> day of SEPTEMBER, 1991, before me ALBERT R. OTTE and ANN B. OTTE 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 the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

day and year in this certificate first above written.



200401090025

Skagit County Auditor

1/9/2004 Page 4 of 9 9:31AM

Community Property Agreement

Washington Legal Blank Inc., Issaquah, WA Form No. 63 8/89

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM OR BY ANY MEANS.

Notary Public in and for the State of

My appointment expires: 11-12-93

VOL 1012 PAGE 80

2004.1.9 AM 9:13

SUPERIOR COURT OF WASHINGTON FOR SKAGIT COUNTY

In Re the Estate of:

ANNABELLE B. OTTE,  
Deceased.

NO.

04-4 00006 8

LAST WILL AND TESTAMENT OF  
ANNABELLE B. OTTE

See attached Exhibit "A"

LAST WILL AND TESTAMENT



200401090025

Skagit County Auditor

1/9/2004 Page

5 of

9 9:31AM

STEPHEN C.  
SCHUTT

ATTORNEY AT LAW  
WSBA # 14107

P.O. BOX 1032  
1011 EIGHTH STREET

ANACORTES,

WASHINGTON 98221

(360) 293-5994

# Last Will and Testament of

ANNABELL OTTE

I, Annabell Otte, of the City of Anacortes, County of Skagit, State of Washington, being of sound and disposing mind and memory and not acting under duress, menace, fraud or undue influence of any person whatever, do make publish and declare this to be my Last Will and Testament, hereby revoking all Wills heretofore executed by me:

FIRST: I direct that all my just debts be paid, including the expenses of my last illness and funeral, as soon as practicable after my death.

SECOND: I, Annabell Otte, in the event my husband, Albert Robert Otte, survives me, devise and bequeath all the residue of my real and personal property to him, and I make and appoint the said Albert Robert Otte the Personal Representative of this Will and direct that he shall not be required to give any bond as such Personal Representative.

THIRD: In the event I survive my husband or my husband's death and mine should occur simultaneously or approximately so, or in the same common accident or calamity, or under any circumstances causing doubt as to whom survived the other, I nominate and appoint my son, RONALD L. OTTE, of Eagle River, Alaska, the Personal Representative of this Will and direct that

he shall not be required to give any bond as such Personal Representative, or in the event the said Ronald L. Otte should predecease me, I nominate and appoint my daughter, SALLY OTTE MILLS, as the Personal Representative and direct that she shall not be required to give any bond as such Personal Representative, and I devise and bequeath all the residue of my real and personal property to the following named children of mine as follows:

1. To my son, WILLIAM FREDRICK OTTE, I devise and bequeath my real property located at 315 East Melrose, Boise, Ada County, Idaho, more particularly described as:

Lot 20 Exc E 9 feet, Newel Sub No. 2, Boise, Ada County, Idaho;

together with all of the furnishings and fixtures in said house, except for my personal belongings and property.

2. To my remaining three children, namely:

RONALD LEON OTTE, my son,

ROBERT ALLEN OTTE, my son,

SALLY OTTE MILLS, my daughter;

I devise and bequeath all the remaining residue of my real and personal property, share and share alike.

In the event one of my children above-named predeceases me, then I devise and bequeath the share of my estate that would have otherwise been his or hers, to the surviving children of mine in equal portions, share and share alike.



200401090025  
Skagit County Auditor

1/9/2004 Page

7 of

9 9:31AM

IN WITNESS WHEREOF, I, Annabell Otte, have signed and sealed these presents and do publish and declare the same as and for my Last Will and Testament this 11<sup>th</sup> day of April, 1991, at Caldwell, Idaho.

Annabell Otte  
Annabell Otte

The foregoing instrument consisting of three pages of type-written matter, including this page, was, at the date hereof, signed, sealed, published, and declared by Annabell Otte to be her Last Will and Testament, in the presence of us, the undersigned, who, at her request and in her sight and presence, and in the sight and presence of them, have hereunto subscribed our names as witnesses thereto.

WITNESS

ADDRESS

Brenda Fitzsimons  
Luzia As

4012 Meadow  
Caldwell, ID 83605  
11834 Bonnie Ln.  
ampa ID 83651

We, the testatrix and the witnesses, respectively, whose names are signed to the attached or foregoing instrument, being



200401090025  
Skagit County Auditor

1/9/2004 Page 8 of 9 9:31AM



first duly sworn, do hereby declare to the undersigned authority that the testatrix signed and executed the instrument as her Last Will and that she had signed willingly or directed another to sign for her, and that she executed it as her free and voluntary act for the purposes therein expressed; and that each of the witnesses, in the presence and hearing of the testatrix, signed the Will as witness and that to the best of their knowledge the testatrix was at that time an adult of sound mind and under no constraint or undue influence.

Annabell Otte  
Annabell Otte

Brenda Fitzsimons  
Witness

Sergio A. Gutierrez  
Witness

SUBSCRIBED, sworn to and acknowledged before me by Annabell Otte, the testatrix, witness Brenda Fitzsimons and witness Sergio A. Gutierrez this 11<sup>th</sup> day of April, 1991.

[Signature]  
Notary Public for Idaho  
Residing at Caldwell, Idaho  
My commission expires 12/31/95

