

Return To:

Rosemary Kamb
Attorney at Law
702 Main Street
Mount Vernon, WA 98273



200405130103

Skagit County Auditor

5/13/2004 Page 1 of 7 2:07PM

NO PROBATE AFFIDAVIT

STATE OF WASHINGTON }
 } SS.
COUNTY OF SKAGIT }

I, Mary Donita Shuert, being first duly sworn, depose and says:

FIRST: That this affidavit is for the purpose of supplying information pertaining to the estate of Floyd Conrad Shuert, 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/personal property:

1. R.E. Tax Parcel #340506-4-001-0000.
2. Personal Property Tax #340506-4-001-0703.

SECOND: That said decedent died on or about the 13th day of January, 2001, in the City of Sedro Woolley, 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 \$600,000.00. 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, or indicate NONE).

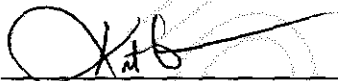
1) None

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).

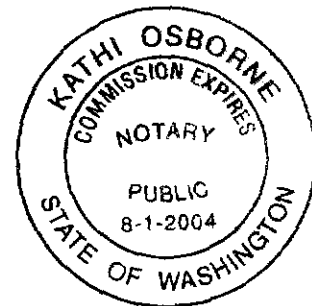
Mary Donita Shuert (wife)
12649 Merrifield
Clear Lake, WA 98235


M. Donita Shuert

SUBSCRIBED AND SWORN to before me this 5th day of May,
2004.



NOTARY PUBLIC in and for the
State of Washington,
Residing at: Mount Vernon
My Commission Expires: 8-1-04



200405130103

Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH



36
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: FLOYD Middle: CONRAD Last: SHUERT				2. SEX (M / F) M		3. DEATH DATE (Mo, Day, Yr) January 13, 2001	
4. AGE LAST BIRTHDAY (Yr) 71		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) Pleasant Hill, MO	
11. CITY, TOWN OR LOCATION OF DEATH Sedro-Woolley				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 Life Care Center of Skagit Valley		13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Donita Liddle		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12): 12 College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Store Manager		19. KIND OF BUSINESS OR INDUSTRY Grocery Business		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 12649 Merrifield		23. CITY/TOWN, OR LOCATION Clear Lake		24. INSIDE CITY LIMIT? (Yes/No) No		25A. COUNTY Skagit	
				25B. LENGTH OF RES. IN CO. 46 yrs		26. STATE WA	
						27. ZIP CODE 98235	
28. FATHER'S NAME — FIRST, MIDDLE, LAST Floyd Shuert				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Myrtle Unknown			
30. INFORMANT — NAME Donita Shuert		31. MAILING ADDRESS PO Box 385 Clear Lake, WA 98235		CITY OR TOWN STATE ZIP			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Jan 16, 2001		34. CEMETERY/CREMATORY — NAME Mount Vernon Crematory		35. LOCATION — CITY/TOWN, STATE Mount Vernon, WA	
36. FUNERAL DIRECTOR SIGNATURE [Signature]		37. NAME OF FACILITY Lemley Chapel Inc 1008 Third St		38. ADDRESS OF FACILITY Sedro-Woolley, WA 98284			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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 x Edwin Stickle MD				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 x			
40. DATE SIGNED (Mo, Day, Yr) 1/16/01		41. HOUR OF DEATH (24 Hrs) 1905		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) Edwin Stickle MD 1952 Hospital Dr Sedro-Woolley, WA 98284				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. Anemia DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 3 years			
		B. Esophageal Varices DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 3 years			
		C. Idiopathic Partial HTN DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 3 +			
		D.		INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Renal Failure, Hepatic Encephalopathy				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
54. ACC. SUICIDE, HOMICIDE, UNDER 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) JAN 16 2001	



200405130103
Skagit County Auditor

5/13/2004 Page 4 of 7 2:07PM

DOH-01-003 (5/99)

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

- All changes must be established by documentary proof submitted with the affidavit.
- 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 established within five years of birth.
- 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
- 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.
- 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 110-001)

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 attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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.

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

Howard Leibrand

Date Issued

JAN 17 2001



200405130103
 Skagit County Auditor

HH00636393

COMMUNITY PROPERTY AGREEMENT
(Effective Upon Death Only)

This is an Agreement dated this 13th day of May, 1986, between F. C. SHUERT and M. DONITA SHUERT, husband and wife, pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status and disposition of community property, to take effect upon the death of either.

IT IS AGREED AS FOLLOWS:

1. All property of whatsoever nature or description, whether real, personal, mixed, and wheresoever situated, now owned or hereafter acquired by the parties, or either of them, in any manner, shall be considered and hereby is declared to be community property. For the purpose of constituting all property community property, each party to this agreement transfers, conveys, and quit claims to the other an undivided one-half (1/2) interest in and to any and all separate property presently owned or which may be hereafter acquired. It is agreed that the status of any of the parties' property shall change only upon the death of either of them and not at the time of execution of this agreement or any time prior to death.

2. Upon the death of either of the parties hereto, absolute ownership and title to all community property, as defined in the preceding paragraph, shall immediately vest in the survivor of them.

3. This Agreement shall be void if there is no sufficient evidence that the parties have died other than simultaneously.

4. Property held by the parties in joint tenancy, and any transfer or attempted transfer of community property into joint tenancy form, shall not change its status as community property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and such property shall be community property and the absolute ownership and title of all such property shall vest immediately in the survivor of the parties hereto as provided herein.

5. This agreement shall terminate and become void upon the happening of any of the following events:

- (a) Mutual abandonment of this agreement by the parties;
- (b) Filing of a petition for dissolution of the marriage by either party;
- (c) Living separate and apart either by conduct or by court decree.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.



200405130103
Skagit County Auditor

5/13/2004 Page 6 of 7 2:07PM

F. C. Shuert

M. Donita Shuert

1 STATE OF WASHINGTON)
2 COUNTY OF SKAGIT)

3 I certify that I know or have satisfactory evidence that
4 F. C. SHUERT and M. DONITA SHUERT, husband and wife, signed this
5 instrument and acknowledged it to be their free and voluntary act
6 for the uses and purposes mentioned in the instrument.

7 DATED: May 13, 1986

8 Stanley K. Bruhn
9 NOTARY PUBLIC

10 My Appointment Expires: 11/28/86



200405130103

Skagit County Auditor

5/13/2004 Page 7 of 7 2:07PM