

UNREGISTERED
THAT the decedent had not executed a will.

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

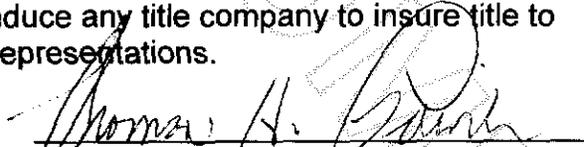
THAT affiant states that the total value of the decedent's estate at the date of death including all real and personal property, was approximately \$

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 any title company to insure title to real property in full reliance upon the herein representations.

DATED: May 20, 2004.


Thomas H. Poirier - Affiant
24420 Wicker Rd
Sedro-Woolley, WA 98284
(360) 856-2007

STATE OF WASHINGTON)



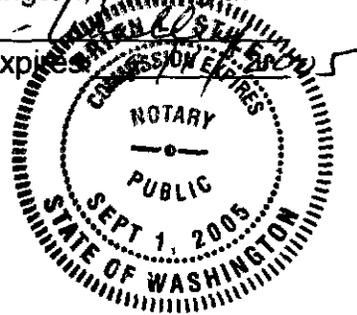
200406010073
Skagit County Auditor

COUNTY OF SKAGIT) ss.

On this day personally appeared before me, Thomas H. Poirier, who executed the within and foregoing instrument and acknowledged that they 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 on 5-20-04

Ernest Stele
NOTARY PUBLIC in and for the
State of Washington, residing at
Adro - 1000 1st St
Commission Expires SEP 1, 2005



200406010073
Skagit County Auditor

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



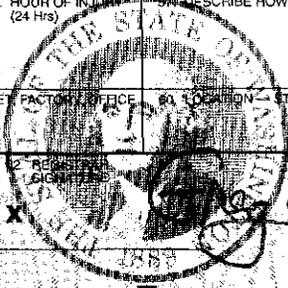
CERTIFICATE OF DEATH

1096
LOCAL FILE NUMBER

146

STATE FILE NUMBER

1. NAME First: BARBARA Middle: JEAN Last: POIRIER				2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) October 28, 2002	
4. AGE LAST BIRTHDAY (Yrs) 69		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr)	
8. BIRTHPLACE (City, State or Foreign Country) Bellingham, WA				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Whatcom	
11. CITY, TOWN OR LOCATION OF DEATH Concrete				12. PLACE OF DEATH — <input type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Sea Plane Launch at Baker Lake			
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) Thomas Henry Poirier, Sr.		16. SOCIAL SECURITY NO. [REDACTED]		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) Homemaker		19. KIND OF BUSINESS OR INDUSTRY Own Home		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) Caucasian	
22. RESIDENCE — NUMBER AND STREET 24420 Wicker Road		23. CITY/TOWN, OR LOCATION Sedro-Woolley		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skagit	
25B. LENGTH OF RES. IN CO. 37 yrs		26. STATE WA		27. ZIP CODE 98284			
28. FATHER'S NAME — FIRST, MIDDLE, LAST Frank L. Kennedy				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Lydia			
30. INFORMANT — NAME Thomas H. Poirier		31. MAILING ADDRESS STREET OR RFD NO. 24420 Wicker Road CITY OR TOWN Sedro-Woolley, WA STATE WA ZIP 98284					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Oct. 30, 2002		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 40thAveW, #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 <i>[Signature]</i> X				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) October 29, 2002		41. HOUR OF DEATH (24 Hrs.) 0800 hrs.		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) Daniel Garcia, MD 402 "D" Street Concrete, WA 98237						49. ME/CORONER FILE NUMBER NJA-122-02	
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. Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 1 day	
		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: hypertension, hyperlipidemia				52. AUTOPSY? (Yes / No) NO		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.) 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			



[Signature] MD

63. DATE RECEIVED (Mo., Day, Yr)
OCT 30 2002

200406010073
Skagit County Auditor

DOH 110-006 (Rev. 7/91) (Formerly DSHS 9-150)
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 _____ 3. DATE OF EVENT _____ 4. PLACE OF EVENT (City and County) _____		
2. NAME _____		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 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.

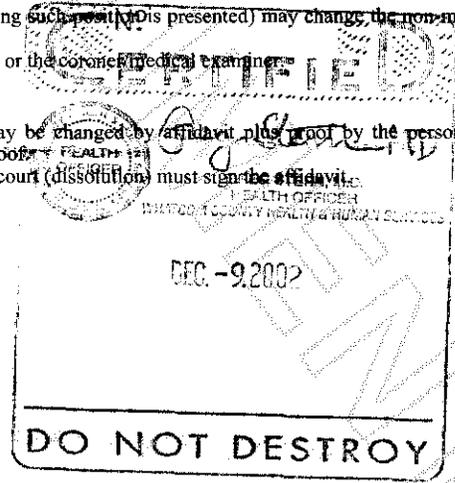
Marriage/Dissolution (Divorce) Certificates

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.



200406010073
 Skagit County Auditor

JJ00309148