



200406140038

Skagit County Auditor

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AFTER RECORDING RETURN TO:

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### COVER SHEET

**Document Title:** Community Property Affidavit

**Reference Number(s) of Documents Assigned or Released:** N/A

**Grantor(s):** Ekblad, Stig

**Grantee(s):** Public

**Abbreviated Legal Description:** Tract 2, Short Plat No. 34-75, AFN 822515  
Ptn Govt Lot 1, Sec. 1, T35N, R4E, WM

**Assessor's Property Tax Parcel/Account Number(s):** 250401-0-001-0409

UNOFFICIAL DOCUMENT

## COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON        )  
  : ss.  
COUNTY OF SKAGIT         )

Stig Ekblad, being first duly sworn, on oath deposes and says:

That Affiant is the surviving spouse of Doris Ekblad, who died at Sedro Woolley, on the 5<sup>th</sup> day of May, 2004, in Skagit County, State of Washington. A copy of the death certificate is attached hereto.

That among items of community property was real estate described as follows:

See attached Exhibit A, by this reference made a part hereof.

The Affiant and the deceased acquired said property as community property under deed dated April 27, 1979 and recorded under Skagit County auditor's file number 7904300037.

That Affiant and the deceased provided for the conversion of separate property to community property and for the disposition of all community property by Community Property Agreement dated July 11, 1979, and recorded concurrently herewith.

That there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expense, or expenses of last illness; that the decedent left a Will, a copy of which is attached hereto; and that the decedent's estate is not being probated.

That the value of the decedent's estate at the date of death, including all real and personal property, was approximately \$275,500.00, all of which was community property.

This affidavit is made to induce any title insurance company in Skagit County, Washington, to issue its policies of title insurance on real property passing to the surviving spouse because it was community property, all in reliance upon the representations set forth herein.



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Dated: JUNE 3, 2004.

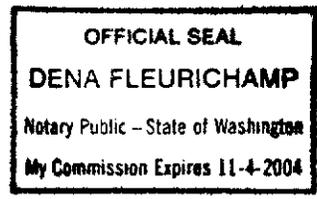
Stig Ekblad

STIG EKBLAD  
6042 Highway 9  
Sedro Woolley, WA 98284  
(360) 856-2149

STATE OF WASHINGTON )  
 )  
 ) SS.  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that STIG EKBLAD is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: June 3, 2004.



Dena Fleurichamp

Print Name: Dena Fleurichamp  
NOTARY PUBLIC in and for the State of  
Washington, residing at Sedro Woolley

My appointment expires: 11/4/2004



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EXHIBIT A

Tract 2 of Short Plat No. 34-75, approved August 25, 1975 and recorded August 27, 1975 as Auditor's File No. 822515 in Book 1 of Short Plats, page 54, records of Skagit County, WA., being a portion of Government Lot 1, Section 1, Township 35 North, Range 4 East W.M.

TOGETHER WITH a non-exclusive easement for access and utilities over and across that portion of Government Lot 1, Section 1, Township 35 North, Range 4 East W.M., described as follows:

Commencing at the Northeast corner of said Section 1; thence South 87° 51' 14" West along the North line of said Section 1 a distance of 347.14 feet; thence South 4° 12' 52" East a distance of 234.50 feet to the TRUE POINT OF BEGINNING; thence North 4° 12' 52" West a distance of 20.00 feet; thence North 81° 22' 08" East 200 feet, more or less, to the West line of State Highway 9; thence South along said highway a distance of 20 feet; more or less, to the intersection with a line bearing North 81° 22' 08" East from the TRUE POINT OF BEGINNING; thence South 81° 22' 08" West a distance of 200 feet, more or less, to the TRUE POINT OF BEGINNING.



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **356-04** Washington State Certificate of Death State File Number

1. Legal Name (Include Middle if any)		First: <b>DORIS</b>		Middle: <b>(NMI)</b>		Last: <b>EKBLAD</b>		Suffix:		2. Death Date <b>May 5, 2004</b>			
3. Sex (M/F) <b>Female</b>		4a. Age - Last Birthday <b>83</b>		4b. Under 1 Year Months: Days:		4c. Under 1 Day Hours: Minutes:		5. Social Security Number <b>057-14-9963</b>		6. County of Death <b>Skagit</b>			
7. Birthdate <b>Aug 3, 1920</b>		8a. Birthplace (City, Town, or County) <b>Bronx</b>		8b. (State or Foreign Country) <b>New York</b>		8. Decedent's Education <b>2 years college, no degree</b>							
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>				11. Decedent's Race(s) <b>Caucasian</b>				12. Was Decedent ever in U.S. Armed Forces? <b>No</b>					
13a. Residence: Number and Street (e.g. 824 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>6042 State Route 9</b>						13b. City or Town <b>Sedro-Woolley</b>							
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98284</b>		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
14. Estimated length of time at residence. <b>25 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Stig Ekblad</b>									
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Homemaker</b>						18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>							
19. Father's Name (First, Middle, Last, Suffix) <b>John Ragger</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Carolyn Russ</b>									
21. Informant's Name <b>Stig Ekblad</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address: Number/Street or RFD No. City or Town State Zip <b>6042 State Route 9 Sedro-Woolley, WA 98284</b>									
24. Place of Death, if Death Occurred in a Hospital: <b>In-Patient</b>													
25. Facility Name (If not a facility, give number & street) <b>United General Hospital</b>						26a. City, Town, or Location of Death <b>Sedro-Woolley</b>		26b. State <b>WA</b>		27. Zip Code <b>98284</b>			
28. Method of Disposition <b>Cremation</b>		29. Place of Disposition (Name of Cemetery, Crematory, or other place) <b>Haven Funeral Home</b>				30. Location-City/Town, and State <b>Mount Vernon, Washington</b>							
31. Name and Complete Address of Funeral Facility <b>Lemley Chapel, Inc. 1006 1st St, Sedro-Woolley, WA 98284</b>						32. Date of Disposition <b>May 5, 2004</b>							
33. Funeral Director Signature X <i>[Signature]</i>													
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.													
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <b>Congestive Heart Failure</b> Due to (or as a consequence of):						Interval between Onset & Death <b>1 year</b>					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. <b>Ischemic Cardiomyopathy</b> Due to (or as a consequence of):						Interval between Onset & Death <b>Unknown</b>					
		c. _____ Due to (or as a consequence of):						Interval between Onset & Death					
		d. _____ Due to (or as a consequence of):						Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Hyperlipidemia, Atherosclerotic Renal Failure</b>						36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year						40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown					
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area)				44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street City or Town: _____ County: _____ State: _____ Zip Code + 4: _____						46. Describe how injury occurred							
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)													
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <b>Edwin Stickle MD</b>						48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Edwin Stickle, M.D. 2241 Hospital Dr., Sedro-Woolley, WA 98284</b>						50. Hour of Death (24hrs) <b>1055 Hrs.</b>		51. Name and Title of Attending Physician if other than Certifier (Type or Print)					
52. Date Certified (MM/DD/YYYY) <b>5-5-04</b>		53. Title of Certifier <b>Physician</b>						54. License Number <b>MD 34310</b>		55. ME/Coroner File Number		56. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X <b>Dorothy Epps deputy</b>						58. Date Received (MM/DD/YYYY) <b>MAY - 5 2004</b>		Reviewed by: _____ Date: _____					
59. Record Amendment													



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## Last Will and Testament

BE IT KNOWN That I, DORIS EKBLAD, of Sedro Woolley, Skagit County, State of Washington, being of legal age and being of sound and disposing mind and memory, and not acting under duress, menace, fraud or the undue influence of any person or persons whomsoever, do hereby make, publish and declare this, my Last Will and Testament:

ARTICLE I: If my beloved husband, Stig Ekblad, survives me, then I give, devise and bequeath unto him all of my property and estate of every kind and nature whatsoever, real, personal and mixed and wheresoever the same may be situated.

ARTICLE II: If my said husband, Stig Ekblad, does not survive me, or if we should die at the same or approximately the same time as the result of accident or otherwise, then I give, devise and bequeath all of my said property and estate unto my beloved son, Eric J. Ekblad.

ARTICLE III: I nominate and appoint my husband, Stig Ekblad, as executor of this, my Last Will and Testament. If, however, he does not survive me or is unable or unwilling to accept the appointment, then I nominate and appoint the said Eric J. Ekblad as executor. I direct that neither of said persons shall be required to furnish any bond or security whatsoever in order to accept the said appointment.

ARTICLE IV: I direct that this, my Last Will and Testament, may be administered without the intervention of any court or courts whatsoever, except to do those things which are required by the laws of the State of Washington in the administration of a non-intervention will. I specifically direct that my executor, whichever of said persons be appointed, shall have the right to continue any business in court and without any liability for loss as a result thereof. I further direct that my executor, whichever of said persons be appointed, shall have the right to sell, convey, or in any manner dispose of the property of my estate, real or personal, without order of court and without confirmation of sale. upon such terms as he may deem advisable, irrespective of



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Doris Ekblad (SEAL)

of whether or not a sale may be necessary for any purpose. My executor, whichever of said persons be appointed, shall have the same right with respect to the property of my estate and the sale, management and disposition thereof that I could exercise if living and acting in person.

ARTICLE V: I hereby revoke all former wills by me at any time heretofore made.

IN WITNESS WHEREOF, I, the said DORIS EKBLAD, have to this, my Last Will and Testament, subscribed my name and affixed my seal at Sedro Woolley, Washington, this 11 day of July, 1979.

Doris Ekblad (SEAL)

WE HEREBY CERTIFY that the foregoing instrument, consisting of one typewritten page besides this one, each signed by the testatrix, was on the 11 day of July, 1979, signed, sealed and published by DORIS EKBLAD, the above named testatrix, as and declared by her to be her Last Will and Testament, in the presence of us, the undersigned, who at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses thereto.

John W. Wood  
Residing at Sedro Woolley, Washington

Carol Mayes  
Residing at Sedro Woolley, Washington



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AFFIDAVIT OF ATTESTING WITNESSES

I hereby request the attesting witnesses to the attached will to make the following affidavit.

[Signature] (SEAL)

STATE OF WASHINGTON )  
                                  : SS  
COUNTY OF SKAGIT    )

The undersigned being first duly sworn on oath deposes and says, each for himself: That he is a competent witness, knows the above named and is one of the subscribing witnesses to the attached will. The said will was signed on the date it bears in the presence of the undersigned and was published and declared to be the same and the testatrix requested us in attestation thereof to subscribe our names as witnesses thereto. The undersigned in the presence of the testatrix and in the presence of each other subscribed their names as witnesses to said will.

At the time of execution of said instrument the said testatrix was over the age of 18 years, was of sound and disposing mind and not acting under duress, menace, fraud or the undue influence of anyone.

John H. Ward  
Carol Mayner

SUBSCRIBED and sworn to before me this 11 day of July, 1979.

Mary E. Swan  
Notary Public in and for the State of  
Washington, residing at Mount Vernon



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