



200409010125
Skagit County Auditor

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COVER SHEET

Return To:

Fairhaven Legal Associates, P.S.
P.O. Box 526
Burlington, Washington 98233

DOCUMENT TITLE(S) (or transactions contained herein):

1. AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT
2. ORIGINAL DEATH CERTIFICATE OF JOE BRUCKER

REFERENCE NUMBER(S) of Documents Assigned or Released:

GRANTOR(S) (Last name, first name and initials):

- 1) BRUCKER, VIOLET M.
- 2)

Additional Names on Page of Document

GRANTEE(S) (last name, first name and initials):

- 1) THE PUBLIC
- 2)

Additional Names on Page of Document

LEGAL DESCRIPTION (abbreviated: i.e., lot, block, plat or quarter, section, township, and range):

Lots 15 and 16, Block 30, DK12

Additional Legal(s) on Page of Document

ASSESSORS PARCEL / TAX ID NUMBER:

P71492

Tax Parcel Number(s) for additional Legal(s) on Page of Document

This affidavit is made to induce a title insurance company to issue its policy of title insurance on the aforesaid real estate passing to the surviving spouse by virtue of said Community Property Agreement in reliance upon the representations herein set forth.

Violet Brucker

VIOLET BRUCKER

Subscribed and sworn to before me this 20 day of July, 2004.

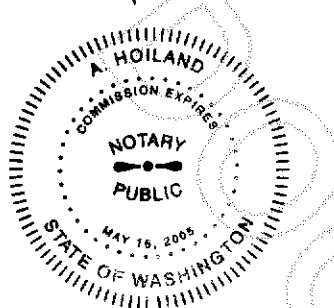
A. Hoiland

[Signature]

Notary Public in and for Washington,

Residing at King.

Exp. 5-16-05



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS
CERTIFICATE OF DEATH

495

LOCAL FILE NUMBER

146-8 6 23206

STATE FILE NUMBER

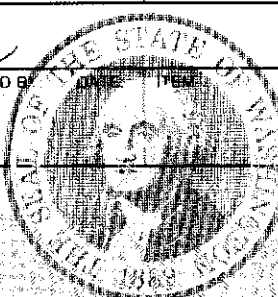
| | | | | | | | |
|--|--|---|--|---|--|--|--|
| 1 NAME FIRST, MIDDLE, LAST Joe (nmn) BRUCKER | | 2 SEX male | | 3 DEATH DATE (MO DAY YR) Sept. 25, 1986 | | 6 COUNTY OF DEATH Skagit | |
| 4 RACE (WHITE, BLACK, AM IND, ETC. (SPECIFY)) White | | 5 AGE - LAST BIRTH DAY (YRS) 75 | | 8 BIRTHDATE (MO DAY YR) | | 9 COUNTY OF DEATH | |
| 10 CITY, TOWN OR LOCATION OF DEATH Sedro-Woolley | | 11 PLACE OF DEATH - <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG RM/OUT PIN <input type="checkbox"/> HOSP <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE United General Hospital | | | | 12 RECEIVED EMERGENCY CARE AMBULANCE FIRETR PARAMED? Yes YES/NO | |
| 13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY) Nebraska | | 14 CITIZEN OF WHAT COUNTRY USA | | 15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married | | 16 SPOUSE (IF WIFE GIVE MAIDEN NAME) Violet Mae Estabrook | |
| 17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) No | | 18 SOCIAL SECURITY NO. | | 19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) Farm laborer | | 20 KIND OF BUSINESS OR INDUSTRY Agriculture | |
| 21 RESIDENCE - NUMBER AND STREET 921 Victoria Avenue | | 22 CITY/TOWN, OR LOCATION Burlington | | 23 INSIDE CITY LIMITS? (YES/NO) yes | | 24 COUNTY Skagit | |
| 25 STATE Washington | | 26 FATHER - NAME FIRST, MIDDLE, LAST George Brucker | | 27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST Annie E. | | | |

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| 28 INFORMANT NAME Violet M. Brucker | | 29 MAILING ADDRESS 921 Victoria Avenue, Burlington, WA 98233 | | STATE WA | | ZIP 98233 | |
| 30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) Burial | | 31 DATE (MO DAY YR) Sept. 30, 1986 | | 32 CEMETERY/CREMATORY NAME Hawthorne Lawn Memorial | | 33 LOCATION - CITY/TOWN, STATE Park, Mount Vernon, WA | |
| 34 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i> | | 35 NAME OF FACILITY Hulbush Funeral Home | | 36 ADDRESS 221 South Carl Street Burlington, WA 98233 | | | |

| | | | |
|--|--|---|--|
| 37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> M.D. | | 41 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) STATED SIGNATURE AND TITLE <i>[Signature]</i> Deputy Coroner | |
| 38 DATE SIGNED (MO DAY YR) September 26, 1986 | | 39 HOUR OF DEATH (24 HRS) 1330 | |
| 40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Stephen M. Aldrich, 1030 East Fairhaven Avenue, Burlington, WA 98233 | | 44 PRONOUNCED DEAD (MO DAY YR) SEPTEMBER 25, 1986 | |
| 43 HOUR OF DEATH (24 HRS) 1330 | | 45 HOUR PRONOUNCED DEAD (24 HRS) 1505 | |

| | | | |
|---|--|---|--|
| 47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C)) (A) Acute Myocardial Infarction (cardiac arrest) | | INTERVAL BETWEEN ONSET AND DEATH 1 hr | |
| (B) Atherosclerotic vasculardi. | | INTERVAL BETWEEN ONSET AND DEATH | |
| (C) | | INTERVAL BETWEEN ONSET AND DEATH | |
| 48 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE Emphysema | | 49 AUTOPSY? (YES/NO) No | |
| 50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) Yes | | 51 ACC. SUICIDE, HOM. UNDET OR PENDING INVEST (SPECIFY) | |
| 52 INJURY DATE (MO DAY YR) | | 53 HOUR OF INJURY (24 HRS) | |
| 54 DESCRIBE HOW INJURY OCCURED | | 55 INJURY AT WORK? (YES/NO) | |
| 56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG ETC (SPECIFY) | | 57 LOCATION - STREET OR RFD NO, CITY/TOWN, STATE | |
| 58 REGISTRAR SIGNATURE <i>[Signature]</i> | | 59 DATE RECEIVED (MO DAY YR) 9-29-86 | |

| | | |
|---|----------------------------------|------|
| 60. ITEM DOCUMENTARY EVIDENCE REVIEWED BY | DOCUMENTARY EVIDENCE REVIEWED BY | DATE |
|---|----------------------------------|------|



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RESIDENCE ITEM 5. PARENTS. DECEASED. CERTIFIER. CAUSE OF DEATH. CAUSE LAST.

Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

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 |
|-------------------|------------|----------|------|------------------|

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) |
|--------------------|-------------------|-------------------------------------|

| | |
|--|---|
| 4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) | 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) |
|--|---|

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 foregoing is true and correct.

| | | |
|----------------|-----------|--------------|
| 15. Signature: | 16. Date: | 17. Address: |
|----------------|-----------|--------------|

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

Birth Certificates:

- 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 have been established within five years of birth.
- 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.
- 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/CHS 021)**

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 certifying physician or the coroner/medical examiner.
- 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:

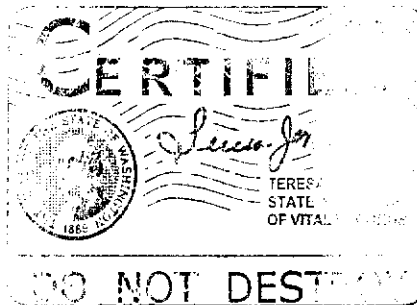
- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



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AUG 25 2004