

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:

1) **COMMUNITY PROPERTY AGREEMENT**

FOURTH: That the said personal property, at the date of decedent's death had an approximate value of less than \$60,000.00. 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).

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).

Myrtle Anne Knutzen
925 Maple Street
Sedro Woolley, WA 98284



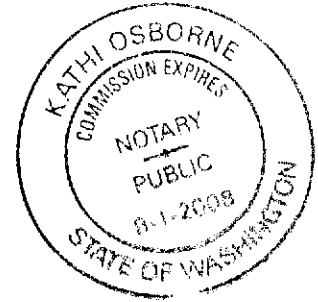
200411010138
Skagit County Auditor

11/1/2004 Page 2 of 7 1:05PM

Myrtle Anne Knutzen
Myrtle Anne Knutzen

SUBSCRIBED AND SWORN to before me this 26 day of October,
2004.

Kathi Osborne
NOTARY PUBLIC in and for the
State of Washington,
Residing at: Mount Vernon
My Commission Expires: 8-1-08



200411010138

Skagit County Auditor

AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY

After Death Of One of the Spouses

Know All Men By These Presents, that this agreement made and entered into by and between **Vern David Knutzen and Myrtle Anne Knutzen**, husband and wife, of Skagit County, Washington, and pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status of community property to take effect upon the death of either:

WITNESSETH:

That in consideration of the love and affection that each of said parties has for the other and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised:

I

That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be their community property.

II

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

In Witness Whereof, the parties have hereunto set their hands and seals this

8-20, 2004:



200411010138

Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 742-04		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix VERN DAVID KNUTZEN				2. Death Date Oct. 08, 2004		
3. Sex (M/F) Male	4a. Age - Last Birthday 87 Years	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit	
7. [REDACTED]		8a. Birthplace (City, Town, or County) Burlington	8b. (State or Foreign Country) Washington	9. Decedent's Education Bachelor's Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 925 Maple Street				13b. City or Town Sedro-Woolley		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98284	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence 87 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Myrtle Sickler		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Retail Clothing Store				18. Kind of Business/Industry (Do not use Company Name) Self Employed		
19. Father's Name (First, Middle, Last, Suffix) George Knutzen				20. Mother's Name Before First Marriage (First, Middle, Last) Anna [REDACTED]		
21. Informant's Name Myrtle Knutzen		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 925 Maple St. Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence				Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) 925 Maple Street				26a. City, Town, or Location of Death Sedro-Woolley		26b. State WA
27. Zip Code 98284		28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Burlington City Cemetery		30. Location-City/Town, and State Burlington, Washington
31. Name and Complete Address of Funeral Facility Affordable Burial & Cremation Services, LLC				32. Date of Disposition October 11, 2004		33. Funeral Director Signature <i>[Signature]</i> #1977
Cause of Death (See instructions and examples)						
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. LUNG CANCER			Interval between Onset & Death 3 MOS	
Due to (or as a consequence of):		b.			Interval between Onset & Death	
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		c.			Interval between Onset & Death	
Due to (or as a consequence of):		d.			Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above CHRONIC ALCOHOL DEPENDENCY				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"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <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. Apt. No. 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. <i>[Signature]</i>				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) Dr. Dale Abbott 835 Ea. Fairhaven Ave. Burlington WA 98233				50. Hour of Death (24hrs) 0250 Hours		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 10-8-04		
53. Title of Certifier Physician		54. License Number MD00025894		55. ME/Coroner File Number NJA-281		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) OCT - 8 2004		
59. Amendments						



200411010138
Skagit County Auditor

DOH/CHS 003 Rev 2/06/2004

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

CERTIFIED

OCT 08 2004

Howard Leibrand

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

LL00420238



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Skagit County Auditor