

1. NAME OF DECEDENT. That affiant is the surviving spouse of JEAN V. TJERSLAND, who died in Skagit County, Washington, on the 6th day of May, 2004. That at that time they were residents of LaConner, Skagit County, Washington. That certified copy of Certificate of Death issued by the Washington State Department of Health is attached hereto, marked Exhibit "A" and by reference made a part hereof.

2. EXECUTION OF AGREEMENT. That on the 13th day of August, 1993, and while husband and wife, the affiant and the said JEAN V. TJERSLAND executed an agreement entitled "Community Property Agreement." That since the execution thereof, the said agreement has not been altered, modified, revoked, renounced or abandoned in any way, nor has any instrument inconsistent there with or contradictory thereto been executed. That the said Community Property Agreement was recorded on June 10, 2004, under Auditor's File No. 200406100046.

3. PAYMENT OF DEBTS. That all expenses of last illness, burial and funeral and costs of administration have been paid.

4. STATUS OF PROPERTY. That at the time of execution of said agreement, and at all times subsequent thereto, all property owned by them, or in which they had any interest, was community property.

5. INHERITANCE AND ESTATE TAXES. That said estate is not subject to state inheritance taxes or federal estate tax, being below current exemptions, in effect as of the date of death.

6. REAL ESTATE. That all of the real estate listed and described on Exhibit "B," attached hereto and by reference made a part hereof, was the community property of decedent and has now passed to the affiant, as her surviving spouse.

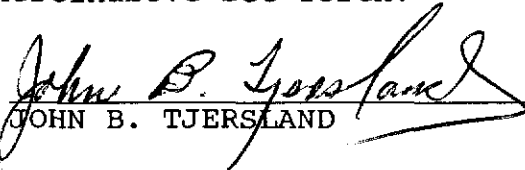
7. PURPOSES OF AFFIDAVIT. This affidavit is made to induce all title insurance companies dealing with said real property to issue policies of title insurance upon real estate passing to the



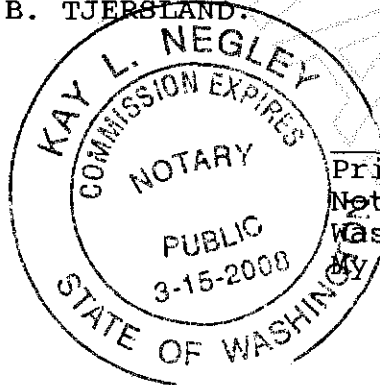
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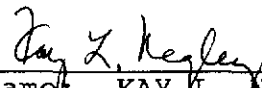
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surviving spouse, and affiant herein, by virtue of said community property survivorship agreement, and in reliance upon the representations of fact hereinabove set forth.


JOHN B. TJERSLAND

SIGNED AND SWORN to before me this 7th day of December, 2004,
by JOHN B. TJERSLAND.




Printed name: KAY L. NEGLEY
Notary Public in and for the State of
Washington, residing at Mount Vernon
My appointment expires: 03/15/2008



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 368-04		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Jean Virginia Tjersland				2. Death Date May 6, 2004	
3. Sex (MF) Female	4a. Age - Last Birthday 73	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) Mount Vernon	8b. (State or Foreign Country) Washington	9. Decedent's Education Some college credit, no degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No		11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 508 Colville Way				13b. City or Town La Conner	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98257	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 63 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) John B. Tjersland	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Fashion sales			18. Kind of Business/Industry (Do not use Company Name) Retail Sales		
19. Father's Name (First, Middle, Last, Suffix) Roy C. Moen			20. Mother's Name Before First Marriage (First, Middle, Last) Virginia E. [REDACTED]		
21. Informant's Name John B. Tjersland		22. Relationship to Decedent Husband	23. Mailing Address: Number/Street or RFD No. City or Town State Zip 508 Colville Way La Conner WA 98257		
24. Place of Death, if Death Occurred in a Hospital: 508 Colville Way			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home		
25. Facility Name (if not a facility, give number & street) 508 Colville Way			26a. City, Town, or Location of Death La Conner	26b. State WA	27. Zip Code 98257
28. Method of Disposition Cremation		29. Place of Disposition (Name of cemetery, crematory, other place) Mount Vernon Crematory		30. Location-City/Town, and State Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility Kern Funeral Home 1122 So. 3rd St., Mount Vernon, WA 98273				32. Date of Disposition May 10, 2004	
33. Funeral Director Signature X <i>[Signature]</i>					
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. <i>Cardiac arrhythmia</i>		Interval between Onset & Death <i>minutes</i>	
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. <i>Dilated cardiomyopathy</i>		Interval between Onset & Death <i>years</i>	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <i>Hypertensive heart disease</i>				36. Autopsy? <input checked="" 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 checked="" 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 type="checkbox"/> Probably <input checked="" 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: City or Town: County: State: Zip Code + 4:				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
46. Describe how injury occurred				48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place stated due to the cause(s) and manner stated. X <i>Daniel Selove MD</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. X				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Daniel Selove M.D., 3031 Krosmer Ave, Everett, WA 98201	
50. Name and Title of Attending Physician if other than Certifier (Type or Print)				50. Hour of Death (24hrs) 1200	
51. Title of Certifier Physician				52. Date Certified (MM/DD/YYYY) 05-07-2004	
53. License Number MD 000 31999		54. ME/Coroner File Number 047-04		55. Was case referred to medical examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X <i>Norothy Epps, Deputy</i>				58. Date Received (MM/DD/YYYY) Date MAY 10 2004	
59. Record Amendment Item				Reviewed by	

DOH/CHS-003 Rev 3/24/2003



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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:

<p>The Record now shows:</p> <p>6. _____</p> <p>8. _____</p> <p>10. _____</p> <p>12. _____</p>	<p>The True fact is:</p> <p>7. _____</p> <p>9. _____</p> <p>11. _____</p> <p>13. _____</p>
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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

<p>Examples of documentary proof:</p> <ul style="list-style-type: none"> Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records 	<ul style="list-style-type: none"> Medical Record Military Record (DD-214) Birth Record Passport 	<ul style="list-style-type: none"> School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position 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.
3. 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:

1. 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.
2. 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

MAY 13 2004



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

LL00423642

THE WEST HALF OF:

The East 1/2 of the West 2/3 of the following tract:

The East 20 rods of the Southwest 1/4 and the West 1/2 of the Southeast 1/4 of Section 27, Township 34 North, Range 3 East, W.M., EXCEPT ditch and road rights of way.

EXHIBIT B



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