

1. I am the surviving spouse of Terrence F. Flaherty who died at a resident of Skagit County, Washington at Mount Vernon on August 21, 2004, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated November 4, 2003. A true and correct copy of this Community Property Agreement is attached hereto and incorporated herein. Attached also is a true and correct copy of the death certificate that was issued herein. This Community Property Agreement was validly executed and in full force and effect at the death of the decedent.

2. There are no unpaid creditors of said decedent or of the former marital community not unpaid funeral expenses or expenses of last illness.

3. The decedent left surviving him the following children: Teresa C. Sundstrom and Flavia V. Carlson.

4. The estate is fully solvent.

5. There was no separate property.

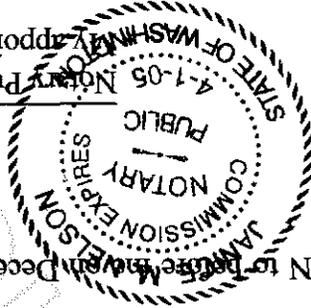
6. Among other items of community property was the following described real estate:

Attached as Schedule "A-1"

7. This affidavit is made to induce Title Companies to issue their policies of title insurance on real property passing to the surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations herein set forth.

Virginia C. Flaherty
Virginia C. Flaherty

SUBSCRIBED AND SWORN to before me on December 1, 2004 by Virginia C. Flaherty.



James W. Johnson
Notary Public
My appointment expires: _____

Affidavit re: Community Property Agreement



When Recorded Return to:

Community Property Agreement

Grantor(s): Terrence F. Flaherty

[] Additional names on page ___ of document

Grantee(s): Virginia C. Flaherty

[] Additional names on page ___ of document

Legal Description (abbreviated): N/A

[] Additional legal description on page ___ of document

Assessor's Tax Parcel Number: N/A

Reference (Auditor File Numbers of Documents assigned, released or amended): N/A

Community Property Agreement

Page 1

Terrence F. Flaherty
Virginia C. Flaherty

Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616



Skagit County Auditor

Community Property Agreement

THIS AGREEMENT, made and entered into on November 4, 2003, by and between Terrence F. Flaherty and Virginia C. Flaherty, husband and wife, who reside in Mount Vernon, Skagit County, Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property covered: This agreement shall apply to all community property now owned or hereafter acquired by husband and wife (except for assets for which a separate beneficiary designation has been or is hereafter made by husband or wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If husband dies and wife survives, any separate property of husband which is owned by husband at the time of his death (except for assets for which husband has made a separate beneficiary designation other than by will) shall become and be considered community property vested as of the moment of his death, and if wife dies and husband survives her, any separate property of wife which is owned by wife at the time of her death (except for assets for which wife has made a separate beneficiary designation other than by will) shall become and be considered community property vested as of the moment of her death. All such property is regarded to in this agreement as the "described community property."

2. Vesting at death of a spouse: If husband dies and wife survives him, all of the described community property shall vest in wife as of the moment of husband's death. If wife dies and husband survives her, all of the described community property shall vest in husband as of the moment of wife's death.

3. Disclaimer: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. Automatic revocation: The provisions of paragraph 2 shall be automatically revoked

- a. Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or
- b. Upon the establishment of a domicile out of the State of Washington by either party; or

Community Property Agreement

Page 2

Elliot W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616

H:\E\WJ\Flaherty\308 Flaherty 105.wpd
11/4/3 7:59



Skagit County Auditor
200412160119

c. Immediately prior to death, if the order of death cannot be ascertained.

5. Optional revocation by one party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

6. Powers of appointment: This agreement shall not affect any power of appointment now held by or hereafter given to husband or wife or both of them, nor shall it obligate husband or wife or both of them to exercise any such power of appointment in any way.

7. Revocation of inconsistent agreements: To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

Dated: November 4, 2003.

Terrence F. Flaherty
Witness

Virginia C. Flaherty
Witness



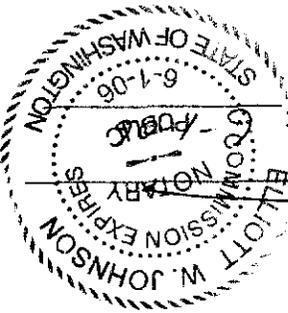
State of Washington)
) ss.
) County of Skagit)

I certify that I know or have satisfactory evidence that Terrence F. Flaherty and Virginia C. Flaherty are the persons who appeared before me and acknowledged that they signed this instrument as their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: November 4, 2003.

Notary Public

My appointment expires: 6-1-08



Elliott W. Johnson Inc. P.S.

711 South First Street

Mount Vernon, WA 98273

(360) 336-6502 Fax 336-5616

email info@ewjllaw.com



200412160119

Skagit County Auditor

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



Washington State Certificate of Death

Local File Number: 025-04

1. Legal Name (include AKA's if any): First, Middle, Last
Terrence Ploya Plaherty

2. Death Date: 08/21/2004

3. Sex (M/F): M

4. Age - Last Birthday: 83

5. Social Security Number: 532-18-8547

6. County of Death: Skagit

7. Birthdate: 08/19/1921

8a. Birthplace (City, Town, or County): Eastsound, Island

8b. (State or Foreign Country): WA

9. Decedent's Education: High School Diploma

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 5th St.) (Include Apt. No.): 13187 Rector Road

13b. City or Town: Mount Vernon

13c. Residence: County: Skagit

13d. Tribal Reservation Name (if applicable):

14. Estimated length of time at residence: 40 years

15. Marital Status at Time of Death: Married

16. Surviving Spouse's Name (Give name prior to first marriage): Virginia Chatfield

17. Usual Occupation (Indicate type of work done during most of working life. (Do not use retiree). (Do not use Company Name): Farmer

18. Kind of Business/Industry (Do not use Company Name): Farm

19. Father's Name (First, Middle, Last, Suffix): Roy Frank Plaherty

20. Mother's Name Before First Marriage (First, Middle, Last): Agnes Jeannette Angeline

21. Informant's Name: P. O. Box 901 Eastsound, WA 98245

22. Relationship to Decedent: Daughter

23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip

24. Place of Death: If Death Occurred Somewhere Other than a Hospital: P.O. Box 901 Eastsound, WA 98245

25. Place of Death: If not a facility, give number & street or location: 13187 Rector Road

26a. City, Town, or Location of Death: Mount Vernon

26b. State: WA

27. Zip Code: 98273

28. Method of Disposition: 13187 Rector Road

29. Place of Final Disposition (Name of cemetery, crematory, other place): Mount Vernon Cemetery

30. Location-City/Town, and State: Mount Vernon, WA

31. Name and Complete Address of Funeral Facility: 281 South Burlington Blvd., Mount Vernon, WA

32. Date of Disposition: 08/23/2004

33. Funeral Director Signature: Paul A. Johnson

34. Cause of Death (See instructions and examples):
 a. IMMEDIATE CAUSE (Final disease or condition resulting in death):
 Cardiac arrhythmia / atrial fibrillation
 Interval between Onset & Death: months
 b. Sequentially list conditions, if any, leading to the causes listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST:
 atherosclerotic coronary heart disease
 Interval between Onset & Death: years
 c. Due to (or as a consequence of):
 unknown heart disease
 Interval between Onset & Death: years
 d. Due to (or as a consequence of):
 unknown heart disease
 Interval between Onset & Death: years

35. Other significant conditions contributing to death but not resulting in the underlying cause given above:
 36. Autopsy? Yes No
 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death:
 Natural Homicide Suicide Pending
 Accident Undetermined Not pregnant at time of death Pregnant at time of death
 Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year Injury at Work? Yes No Unk

39. If Female:
 Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year Injury at Work? Yes No Unk

40. Did tobacco use contribute to death? Yes No

41. Date of Injury (mm/dd/yyyy):
 Pending Accident Homicide Suicide Undetermined Not pregnant at time of death Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year Injury at Work? Yes No Unk

42. Hour of Injury (24hrs):
 Pending Accident Homicide Suicide Undetermined Not pregnant at time of death Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year Injury at Work? Yes No Unk

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
 Pending Accident Homicide Suicide Undetermined Not pregnant at time of death Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year Injury at Work? Yes No Unk

44. Injury at Work? Yes No Unk

45. Location of injury: Number & Street:
 City or Town:
 County:
 Zip Code + 4:

46. Describe how injury occurred:
 Driver/Operator Pedestrian Other (Specify):
 Passenger Other (Specify):

47. If transportation injury, specify:
 Driver/Operator Pedestrian Other (Specify):
 Passenger 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, place and one to the cause(s) and manner stated.
 T. W. Martin Jr MD
 2061 Hospital Drive, Sedro-Woolley, WA 98284

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):
 T. W. Martin Jr, MD 2061 Hospital Drive, Sedro-Woolley, WA 98284

50. Hour of Death (24hrs): 2000

51. Name and Title of Attending Physician (if other than Certifier (Type or Print):

52. Date Signed (mm/dd/yyyy): 08/23/2004

53. Title of Certifier: MD

54. License Number: 097-04

55. ME/Coroner File Number: 097-04

56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: Denomy Eppo, Deputy

58. Date Received (mm/dd/yyyy): AUG 23 2004

59. Amendments:

200412160119



DCHS 003 Rev 2/66/2004

THIS IS A COPIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL



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 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:	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant	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 (DD-214)
- Military Record
- Birth Record
- Insurance Records
- Hospital Records
- Marriage/Divorce Records
- Passport
- School Record
- Voter's Registration Card (if it bears an effective date)
- Alien Registration Card (front and back)

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)

1. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

2. 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.

3. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

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

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

6. The Record now shows:

7. The True fact is:

8. The Record is incorrect or incomplete as follows:

9. Use the section below for requesting any changes on the record.

10. Record Type: Birth Death Marriage Dissolution

11. This is a legal Document. Complete in ink and do not alter.

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

Skagit County Health Department
Howard Leibrand M.D., Health Officer
LL00421671

12/16/2004 Page 8 of 8 2:56PM
Skagit County Auditor
200412160119

AUG 25 2004

CERTIFIED

DOH/CHS 023