

When Recorded Return to:

Elliott W Johnson Inc PS
711 S. First St
Mount Vernon, WA 98273



200501210088
Skagit County Auditor

1/21/2005 Page 1 of 5 2:24PM

Lack of Probate Affidavit

Grantor(s):

Elaine A. Huffstetter

Grantee(s):

The Public

Legal Description (abbreviated):

Residence Property at 22829 Franklin Road, Mount Vernon, Washington

Assessor's Tax Parcel Number:

330429-3-008-0117 P17473

Reference:

In the Matter of the Estate of
Russell H. Huffstetter,
Deceased.

Lack of Probate Affidavit

State of Washington)
) ss.
County of Skagit)

Elaine A. Huffstetter, being first duly sworn, deposes and says:

1. I am the surviving spouse of **Russell H. Huffstetter** who died at a resident of Skagit County, Washington at Mount Vernon on July 20, 2004, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated March 30, 1976. 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

Non Probate Affidavit

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Page 1

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

issued herein. This Community Property Agreement was validly executed and in full force and effect at the death of the decedent.

2. The decedent executed no wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering the assets listed below, any portion thereof, or any interest therein other than the instruments which have been duly recorded in the office of the Auditor of the location of the asset, except the above Community Property Agreement.

3. There are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness. The estate is fully solvent.

4. The decedent left surviving, in addition to the undersigned, the following adult children: Charene Annette Smith; Jennifer Margurite Reynolds and Russell H. Huffstetter, III.

5. The decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS) including nursing facility services, home or community-based services, hospital, prescription drugs or any other services.

6. There was no separate property.

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

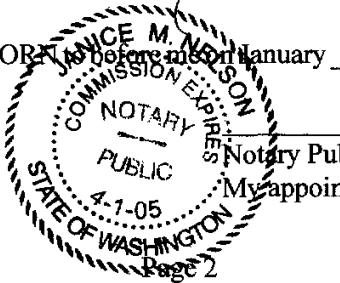
The South 275 feet of the North 525 feet of the West 792 feet of the Southeast quarter of the Southwest quarter of Section 29, Township 33 North, Range 4 East, W.M., lying East of the County (Franklin) Road along the West line thereof.

Situate in the County of Skagit, State of Washington.

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.


Elaine A. Huffstetter

SUBSCRIBED AND SWORN to before me on January 19, 2005 by Elaine A. Huffstetter.



My appointment expires: 4-1-05

Non Probate Affidavit

NonPro07

1/6/05 11:18

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711 South First Street
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Skagit County Auditor

COMMUNITY PROPERTY AGREEMENT

This agreement made and entered into this 30th day of March, 1976, by and between RUSSELL HERBERT HUFFSTETTER, JR. and ELAINE ADELE HUFFSTETTER, husband and wife, of Skagit County, Washington, pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status and position of community property to take effect on the death of either, WITNESSETH:

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

FIRST: 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 community property.

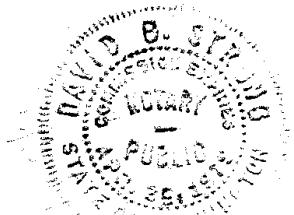
SECOND: That upon the death of either of the aforementioned parties, title to all community property as herein defined shall immediately vest in fee simple in the survivor of them without the necessity of any probate or any other court proceedings subject only to such requirements for payment of inheritance taxes as the State of Washington may impose.

IN WITNESS WHEREOF: The said RUSSELL HERBERT HUFFSTETTER, JR. and ELAINE ADELE HUFFSTETTER, have hereunto set their hands the 30th day of March, 1976.

Russell Herbert Huffstetter Jr.
RUSSELL HERBERT HUFFSTETTER, JR.
Elaine Adele Huffstetter
ELAINE ADELE HUFFSTETTER

This certifies that on the 30th day of March, 1976, personally appeared before me RUSSELL HERBERT HUFFSTETTER, JR. and ELAINE ADELE HUFFSTETTER husband and wife, to me known to be the individuals who executed the foregoing instrument and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

David L. Johnson
NOTARY PUBLIC in and for the
State of Washington, residing at
777. Vernon.



200501210088
Skagit County Auditor

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 556-04		Washington State Certificate of Death				State File Number	
1. Legal Name (include MA's First, Middle, Last, Suffix)							
Russell Herbert Huffstetter Jr.							
3. Sex (MF)	4a. Age - Last Birthday	4b. Under 1 Year Months	4c. Under 1 Day Days	4d. Minutes	5. Social Security Number	2. Death Date	
M	82					July 20, 2004	
6a. Birthplace (City, Town, or County)		6b. (State or Foreign Country)		6. Decedent's Education			
Biloxi		MS		1 YEAR College no 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. 824 SE 5th St.) (Include Apt. No.) 22829 Franklin Rd							
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98273-	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 49y		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Elaine Forty		17. Kind of Business/Industry (Do not use Company Name) Scott Paper Co.	
18. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Cleancerman		19. Father's Name (First, Middle, Last, Suffix) Russell Herbert Huffstetter Sr.		20. Mother's Name Before First Marriage (First, Middle, Last) Marian Mabel		21. Informant's Name Elaine Huffstetter	
22. Relationship to Decedent Wife		23. Mailing Address: Number/Street or RFD No. 22829 Franklin Rd Mount Vernon, WA 98273-					
24. Place of Death, if Death Occurred in a Hospital: Hawthorne Memorial Park				Place of Death, if Death Occurred Somewhere Other than a Hospital: Nursing Home			
25. Facility Name (If not a facility, give number & street) Life Care Center of Mount Vernon		26a. City, Town, or Location of Death Mount Vernon		26b. State WA		27. Zip Code 98274	
28. Method of Disposition Cremation		29. Place of Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park		30. Location-City/Town, and State Mount Vernon, Washington		31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 Colleens Way Mount Vernon, WA 98273-0338	
32. Date of Disposition Jul 21, 2004							
33. Funeral Director Signature X							
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>Lyuphoma</i>		Due to (or as a consequence of):		Interval between Onset & Death <i>3 mo.</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. c. 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 <i>Parkinsons Disease</i>		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 checked="" type="checkbox"/> No			
38. Manner of Death <input 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"/> Pregnant at time of 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/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 <i>fall</i>							
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 - On this line, list the physician who conducted the initial (initial) and place and date of examination (initial examination date and place)				48b. Medical Examiner/Coroner - On this line, list the physician who conducted the final (final) and place of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and state the cause(s) and manner stated. <i>X</i>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) John Dobstoesser M.D. 1400 East Kincaid, Mount Vernon 98274				50. Hour of Death (24hrs) <i>16:15</i>			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Certified (MM/DD/YYYY) <i>7/21/04</i>			
53. Title of Certifier <i>MD</i>		54. License Number		55. ME/Coroner File Number		56. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>Janice Lee Brown, Deputy Registrar</i>				58. Date Received (MM/DD/YYYY) <i>JUL 22 2004</i>			
59. Record Amendment		Item		Documentation/Evidence		Reviewed by	

DOHCHS 003 Rev 3/24/2003

200501210088
Skagit County Auditor

1/21/2005 Page 4 of 5 2:24PM

DOH-01-003 (5/99)

Affidavit for Correction

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

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

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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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:				
The Record now shows:		The True fact is:		
6.		7.		
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 <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify) _____				Telephone Number: _____
I declare under penalty of perjury under the laws of the State of Washington that the forgoing 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 Hospital Records Military Record (DD-214) School Record Insurance Records Birth Record Voter's Registration Card (if it bears an Marriage/Divorce Records Passport effective date) Alien Registration Card (front and back)				
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

JUL 22 2004



200501210088
Skagit County Auditor

1/21/2005 Page 5 of 5 2:24PM

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

LL 00422608