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

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,

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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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:

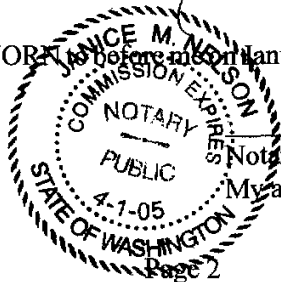
The South 275 feet of the North 525 feet of the West 792 feet of the Southeast quarter of the Southwest quarter of Section 29, Township 33 North, Range 4 East, W.M., lying East of the County (Franklin) Road along the West line thereof.

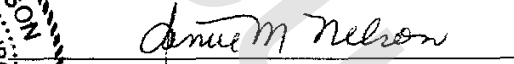
Situate in the County of Skagit, State of Washington.

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.




Notary Public
My appointment expires: 4-1-05

Non Probate Affidavit

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Elliott W. Johnson Inc. P.S.
711 South First Street
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200501210088

Skagit County Auditor

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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:

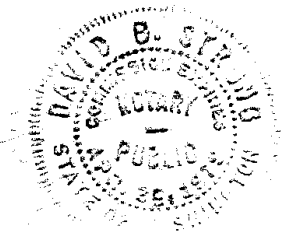
FIRST: That all property of whatsoever nature or description whether real, personal, or mixed and wheresoever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

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.



[Signature]
NOTARY PUBLIC in and for the
State of Washington, residing at
111. Vespera

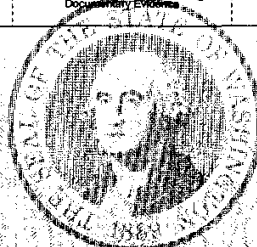


200501210088
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 55604		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Russell Herbert Huffstetter Jr.					
2. Death Date July 20, 2004		3. County of Death Skagit			
4. Sex (M/F) M	4a. Age - Last Birthday 82	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	
6a. Birthplace (City, Town, or County) Siloam		6b. (State or Foreign Country) MS		8. Decedent's Education 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				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98273-
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. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Cleaner			18. Kind of Business/Industry (Do not use Company Name) Scott Paper Co.		
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. City or Town State Zip 22829 Franklin Rd Mount Vernon, WA 98273-	
24. Place of Death, if Death Occurred in 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 College Way Mount Vernon, WA 98273-0398		32. Date of Disposition Jul 21, 2004			
33. Funeral Director Signature <i>[Signature]</i>					
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. Lymphoma Due to (or as a consequence of): 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. Parkinson's Disease Due to (or as a consequence of): c. [REDACTED] Due to (or as a consequence of): d. [REDACTED] Interval between Onset & Death 3 mon.					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Parkinson's Disease				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"/> 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 checked="" type="checkbox"/> Yes <input 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
47a. Certifying Physician: I am a duly licensed physician and certify that the time, date, and place and cause of death are as stated.			47b. Medical Examiner/Coroner: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and caused the cause(s) and manner stated.		
48. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) John G. Stoeser M.D. 1400 East Kincaid, Mount Vernon 98274			49. Hour of Death (24hrs) 16:15		
50. Name and Title of Attending Physician (if other than Certifier) (Type or Print)			51. Date Certified (MM/DD/YYYY) 7/21/04		
52. Title of Certifier M.D.		53. License Number		54. ME/Coroner File Number	
55. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
56. Registrar Signature <i>[Signature]</i> Janice Lu Brown Deputy Registrar			57. Date Received (MM/DD/YYYY) JUL 22 2004		
58. Record Amendment		59. Item		60. Reviewed by	

DOH101-003 Rev 3/24/2003



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DOH101-003 (5/94)



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
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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

JUL 22 2004



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Skagit County Auditor

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

L00422608