



200501260064
Skagit County Auditor

1/26/2005 Page 1 of 4 3:10PM

LACK OF PROBATE AFFIDAVIT
(Community Property)

STATE OF)
)
COUNTY OF) SS

Order No.: _____

County: SKAGIT

Helen M. Berry, being first duly sworn, on oath deposes and says:

That affiant is the surviving spouse of Kenneth, who died at Alliance Living community of Anacortes, on the 4th day of June, 192002 in SKAGIT County, State of Washington. (A copy of the death certificate is attached hereto.)

That among items of community property was real estate described as follows:
Lot 6 Similk Highlands Div #1 Vol. 10 page 15 records of Skagit County, Washington
7572 Crescent Ln. Anacortes WA.
P17936

[CHECK THE FOLLOWING ITEMS WHICH APPLY:]

That affiant and the deceased acquired said property as community property under deed dated 1-12-1970 and recorded under 828524 County Recording No. _____

OR

That affiant and the deceased provided for the conversion of separate property to community property by deed dated _____, 19__ and recorded under _____ County Recording No. _____;

OR

That affiant and the deceased provided for the conversion of separate property to community property and for the disposition of all community property by Community Property Agreement (a copy of which is attached hereto). dated _____, 1995 and recorded under _____ County Recording No. _____.

That there are no unpaid creditors (including claims of the State of Washington for assistance pursuant to the provisions of RCW 43.20B.080) of said decedent or of the former marital community nor unpaid funeral expense, or expenses, of last illness, except as follows:

[CHECK THE FOLLOWING ITEMS WHICH APPLY:]

- That the decedent left a Will, ~~a copy of which is attached hereto.~~ *can not find will*
- That the decedent left no Will.
- That the decedent's estate is not being probated.
- That the decedent's estate is subject to probate proceedings in _____ County, State of _____ under No. _____.
- That the value of the decedent's estate as of the date of death, including all real and personal property, was approximately \$ 200,000 including the value of all separate property of said decedent of approximately \$ 0, and including the value of the decedent's community estate of approximately \$ 0.

This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the Company) to issue its policy or policies of title insurance on the real property, covered by the Company's order number set forth above, passing to the surviving spouse because it was community property or passing to the surviving spouse because it was separate property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

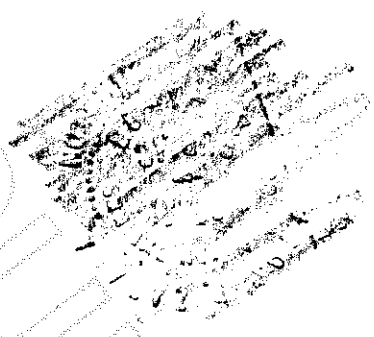
DATED: Jan. 26 2005

Helen M. Berry
(Affiant's full name)

(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 26 day of January 2005

[Signature]
Notary Public in and for the State of
Washington, residing at Burlington



STATE OF WASHINGTON DEPARTMENT OF HEALTH



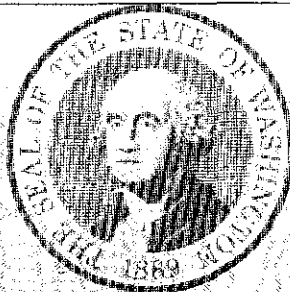
409-02
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Kenneth Middle: Burton Last: Berry			2. SEX (M/F) M		3. DEATH DATE (Mo, Day, Yr) Jun 4, 2002		
4. AGE LAST BIRTHDAY (Yrs) 89		5. UNDER 1 YEAR MOS: _____ DAYS: _____		6. UNDER 1 DAY HOURS: _____ MINS: _____		7. BIRTHDATE (Mo, Day, Yr) Nov 14, 1912	
8. BIRTHPLACE (City, State or Foreign Country) Los Angeles, CA			9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No		10. COUNTY OF DEATH Skagit		
11. CITY, TOWN OR LOCATION OF DEATH Anacortes			12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. ROOM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> IN HOME 6. <input type="checkbox"/> OTHER PLACE Alliance Living Community of Anacortes			13. SMOKING IN LAST 15 YEARS? (Yes/No) No	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Helen Marie Lane		16. SOCIAL SECURITY NO. 559-28-2952		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+): _____	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Accountant		19. KIND OF BUSINESS OR INDUSTRY Petroleum Industry		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 7572 Crescent Lane		23. CITY/TOWN OR LOCATION Anacortes		24. INSIDE CITY LIMITS? (Yes/No) No		25A. COUNTY Skagit	
				25B. LENGTH OF RES. IN CO. 26 yrs		26. STATE WA	
						27. ZIP CODE 98221	
28. FATHER'S NAME — FIRST, MIDDLE, LAST Burton (NMN) Berry				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Ivy Grace Johnson			
30. INFORMANT — NAME Helen Marie Berry			31. MAILING ADDRESS STREET OR RFD NO. 7572 Crescent Lane CITY OR TOWN Anacortes, WA STATE WA ZIP 98221				
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 6/6/2002		34. CEMETERY/CREMATORY — NAME Northwest Crematory		35. LOCATION — CITY/TOWN, STATE Anacortes, WA	
36. FUNERAL DIRECTOR SIGNATURE <i>x Joanne B. Evans</i>			37. NAME OF FACILITY Evans Funeral Chapel			38. ADDRESS OF FACILITY 1105 32nd Street Anacortes, WA 98221-	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>x Oliver L. Stalsbrotten M.D.</i>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>x</i>			
40. DATE SIGNED (Mo., Day, Yr) June 5, 2002		41. HOUR OF DEATH (24 Hrs.) 18:15 PM		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Oliver L. Stalsbrotten M.D. 2511 M Avenue Suite B, Anacortes, WA 98221				49. ME/CORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. <i>acute myocardial infarction</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1/12</i>	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. <i>atherosclerotic coronary artery disease</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1/2</i>	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE AF HTN CVA						52. AUTOPSY? (Yes/No) No	
54. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED.	
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM _____ OCCUMENTARY EVIDENCE _____ REVIEWED BY _____ DATE _____			62. REGISTRAR SIGNATURE <i>x Dorothy Epps, deputy</i>			63. DATE RECEIVED (Mo., Day, Yr) JUNE 6, 2002	



200501260064
Skagit County Auditor

1/26/2005 Page

3 of 4 3:10PM

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER _____ for _____		
2. NAME _____		3. DATE OF EVENT _____	4. PLACE OF EVENT (City and County) _____	
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution) _____		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution) _____		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7. _____		8. _____		
9. _____		10. _____		
11. _____		12. _____		
13. _____		14. _____		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY _____				15. _____
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE _____		17. DATE _____	18. ADDRESS _____	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. 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).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

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.

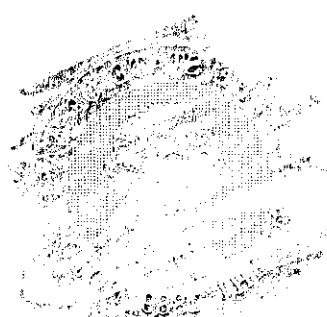
Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must be present.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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



CERTIFIED

JUN 11 2002

Howard Leibrand

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

JJ00087689



200501260064

Skagit County Auditor