



State Department of Health is attached hereto, marked Exhibit "A" and by reference made a part hereof.

2. **EXECUTION OF AGREEMENT.** That on the 21st day of July, 1972, and while husband and wife, the affiant and the said LAURA B. BEST executed an agreement entitled "Community Property Agreement" which was recorded under Auditor's No. 703256. 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 is attached hereto, marked Exhibit "B" and by reference made a part hereof.

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 as of the time as a result of the execution of said agreement and at all times subsequent thereto, all property (real and personal) owned by them, or in which they had any interest, became and remained 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 "C," attached hereto and by reference made a part hereof, was at the time of death the community property of decedent and has now passed to the affiant, as his 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 surviving spouse, and affiant herein, by virtue of said community property survivorship agreement, and in reliance upon the representations of fact hereinabove set forth.



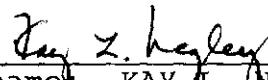
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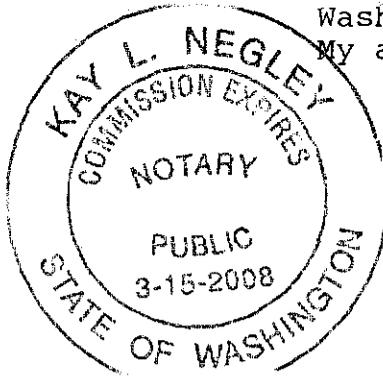
Skagit County Auditor

further executed for the purpose of giving notice of the existence and effectiveness of the Community Property Agreement.

  
ROBERT E. BEST

SIGNED AND SWORN to before me this 15<sup>th</sup> day of February, 2005, by ROBERT E. BEST.

  
Printed name: KAY L. NEGLEY  
Notary Public in and for the State of Washington, residing at Mount Vernon.  
My appointment expires: 3-15-08



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>344-04</b>		<b>Washington State Certificate of Death</b>			State File Number	
1. Legal Name (include AKA's if any)				2. Death Date		
Laura B. Best				May 2, 2004		
3. Sex (M/F) F	4a. Age - Last Birthday 86	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 535-14-6581	6. County of Death Skagit	
7. Birthdate Mar 28, 1918	8a. Birthplace (City, Town, or County) Wayburn, Sask.	8b. (State or Foreign Country) Canada		9. Decedent's Education Bachelor 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? No		
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) 1905 N. 33rd Place				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-	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
14. Estimated length of time at residence. 2y	15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Robert E. Best				
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Self Employed			18. Kind of Business/Industry (Do not use Company Name) Restaurant			
19. Father's Name (First, Middle, Last, Suffix) Charles Edwin Boothby			20. Mother's Name Before First Marriage (First, Middle, Last) Cora Mae Sawyer			
21. Informant's Name Robert E. Best	22. Relationship to Decedent Husband	23. Mailing Address: Number & Street or RFD No. City or Town State Zip 1905 N. 33rd Place Mount Vernon, WA 98273-				
24. Place of Death, if Death Occurred in a Hospital: Nursing Home			24. 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			25a. 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		32. Date of Disposition May 3, 2004	
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E. Collins Way Mount Vernon, WA 98273-0398			33. Funeral Director Signature X <i>M. Murphy</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. <u>Pneumonia - 2 days (Primary)</u>	Interval between Onset & Death <u>2-3 days</u>		
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.	Interval between Onset & Death		
			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			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 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 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)				
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			44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
48a. Certifying Physician - To the best of my knowledge, cause and manner at the time, date and place and due to the cause(s) listed above. X <i>[Signature]</i>			48b. Medical Examiner/Coroner - On the basis of examination, and 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) Dr. Ayham Schnekker, M.D. 1400 E. Kincaid, Mount Vernon, WA 98274			50. Hour of Death (24hrs) 22:30 PM			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Certified (MM/DD/YYYY) 5/3/2004			
53. Title of Certifier Dr.	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 X <i>Dorothy Epps deputy</i>			58. Date Received (MM/DD/YYYY) MAY - 3 2004			
59. Record Amendment			Reviewed by			



DOH/CHS 003 Rev 3/24/2003  
EXHIBIT A



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Skagit County Auditor

### Affidavit for Correction

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) \_\_\_\_\_

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:  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: \_\_\_\_\_

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.

**\*CERTIFIED\***  
MAY 03 2004  
*Howard Leibrand*  
Skagit County Health Department  
Howard Leibrand M.D., Health Officer



Skagit County Auditor

LL00423651

Agreement as to Status of Community Property

After Death of One of the Spouses

Know All Men by These Presents:

That this agreement, made and entered into this 21st day of JULY, 1972, by and between ROBERT E. BEST and LAURA B. BEST, husband and wife, of SEATTLE, KING County, State of Washington, WITNESSETH:

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

I.

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

II.

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.

IN WITNESS WHEREOF, the said ROBERT E. BEST and LAURA B. BEST have hereunto set their hands and seals this 21st day of JULY 1972.

Handwritten signature of Robert E. Best with date Nov. 12 73 3:16 PM.

Sealed signatures of Robert E. Best and Laura B. Best.

STATE OF WASHINGTON,

County of Skagit

SS.



200502170084 Skagit County Auditor

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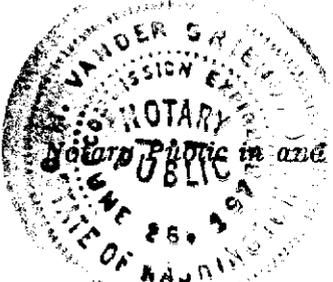
This is to certify that on this 21st day of July, 1972 before me

C. M. Vander Griend, Jr. a Notary Public in and for the State of Washington

duly commissioned and sworn, personally came Robert E. Best

and Laura B. Best husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.



Handwritten signature of C. M. Vander Griend, Jr.

Notary Public in and for the State of Washington residing at Burlington

Official Records

This blank is guaranteed against successful alteration, which guaranty is insured. Washington Legal Blank Co., Seattle. (Community Interest Agreement) Form No. 63.

UNOFFICIAL DOCUMENT

Lot 27, PLAT OF EASTWIND as per plat recorded in Volume 12 of plats, pages 31 and 32, records of Skagit County, Washington, together with (title elimination) manufactured home 1994 Orchard 50x26 Serial No. IS700131GAB.

EXHIBIT C



200502170084

Skagit County Auditor

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