

When Recorded Return to:

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



200505020170
Skagit County Auditor

5/2/2005 Page

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Lack of Probate Affidavit

Grantor(s): Jacqueline A. Gustafson
Grantee(s): The Public
Legal Description (abbreviated): Ptn NE S33 T32N R6EWM
Assessor's Tax Parcel Number: 3873-000-123-0000 P63996
3873-000-122-0001 P 63995

Reference:

In the Matter of the Estate of
Paul Richard Gustafson,
Deceased.

Lack of Probate Affidavit

State of Washington)
) ss.
County of Skagit)

Jacqueline A. Gustafson, being first duly sworn, deposes and says:

1. I am the surviving spouse of **Paul Richard Gustafson** who died at a resident of Snohomish County, Washington at Arlington on December 9, 2004, having provided for the disposition of all

Affidavit re:
Community Property Agreement

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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

community property between myself and my deceased spouse under Community Property Agreement dated July 3, 2002. 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. 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 children: Laura Sherman, Christine LaPolla, Grace Gustafson and Mark Gustafson.

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:

Recreational real estate located at 63262 West Ross Place, Marblemount, Skagit County, Washington. Skagit County Assessor's Tax Parcel Nos. 3873-000-123-0000 P63996 and 3873-000-122-0001 P 63995 and legally described as:

Lots 122 and 123, "CASCADE RIVER PARK NO. 3", as per plat recorded in Volume 9 of Plats, pages 22 through 24, inclusive, records of Skagit County, Washington.

8. 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.

Jacqueline A. Gustafson
Jacqueline A. Gustafson

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Community Property Agreement

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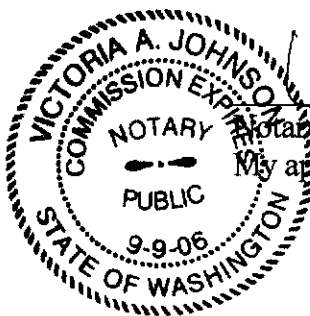


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SUBSCRIBED AND SWORN to before me on April 27, 2005 by Jacqueline A. Gustafson.



Victoria A. Johnson
Notary Public
My appointment expires: 9-9-06

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Community Property Agreement

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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 3378		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST PAUL RICHARD GUSTAFSON			2. Death Date DEC 9, 2004		
3. Sex (M/F) MALE	4a. Age - Last Birthday 74	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death SNOHOMISH
7. Birthplace (City, Town, or County) MARQUETTE		8b. (State or Foreign Country) MICHIGAN		9. Decedent's Education 16 YEARS COLLEGE GRAD.	
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 5 th St.) (Include Apt. No.) 25030 JIM CREEK RD.			13b. City or Town ARLINGTON		
13c. Residence: County SNOHOMISH		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WASHINGTON	13f. Zip Code + 4 98223	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence: 35 YEARS		15. Marital Status at Time of Death MARRIED		16. Surviving Spouse's Name (Give name prior to first marriage) JACQUELINE SODERLIND	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) PROBATION/PAROLE OFFICER			18. Kind of Business/Industry (Do not use Company Name) LAW ENFORCEMENT		
19. Father's Name (First, Middle, Last, Suffix) CONRAD OSCAR GUSTAFSON			20. Mother's Name Before First Marriage (First, Middle, Last) INGEBORG [REDACTED]		
21. Informant's Name JACQUELINE GUSTAFSON		22. Relationship to Decedent WIFE	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 25030 JIM CREEK RD. ARLINGTON, WA. 98223		
24. Place of Death, if Death Occurred in a Hospital: 25030 JIM CREEK RD.			Place of Death, if Death Occurred Somewhere Other than a Hospital: PLACE OF RESIDENCE		
25. Facility Name (if not a facility, give number & street or location) 25030 JIM CREEK RD.			26a. City, Town, or Location of Death ARLINGTON	26b. State WASHINGTON	27. Zip Code 98223
28. Method of Disposition CREMATION		29. Place of Final Disposition (Name of cemetery, crematory, other place) FIRST CREMATION SERVICES		30. Location-City/Town, and State KENT, WASHINGTON	
31. Name and Complete Address of Funeral Facility FUNERAL ALTERNATIVES OF SNOHOMISH CO. 1321 STATE AVE. MARYSVILLE, WA			32. Date of Disposition DEC 14, 2004		
33. Funeral Director Signature X <i>Vaughn Van Fleet</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. <i>pancreatic cancer</i>		Interval between Onset & Death <i>months</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.		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 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 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)		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:			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			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 <i>[Signature]</i>		
			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. <i>[Signature]</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) MICHAEL MARTONICK 7205 265th ST. N.W. STANWOOD, WA 98292			50. Hour of Death (24hrs) 1947		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)			52. Date Signed (mm/dd/yyyy) 12-13-04		
53. Title of Certifier MD	54. License Number	55. ME/Coroner File Number NJA SN 2212	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature <i>M. Brand</i>			58. Date Received (mm/dd/yyyy) DEC 14 2004		
59. Amendments					

HEALTH STATISTICS & ASSESSMENT
SNOHOMISH HEALTH DISTRICT
3020 RUCKER AVE
EVERETT WA 98201-3900

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Skagit County Auditor

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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 forgoing 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)**

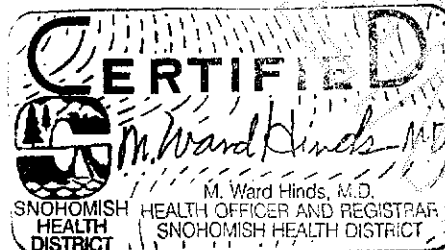
Death Certificates:

- 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)



DEC 14 2004

MM00241983

When Recorded Return to:

4/522

ELLIOTT W. JOHNSON
Attorney at Law
711 S. First St.
Mount Vernon, WA 98273

Community Property Agreement

Grantor(s):

Paul R. Gustafson

☐ Additional names on page
____ of document

Grantee(s):

Jacqueline A. Gustafson

☐ Additional names on page
____ of document

Legal Description (abbreviated):

N/A

☐ Additional legal descrip-
tion 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

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Paul R. Gustafson
Jacqueline A. Gustafson

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Community Property Agreement

THIS AGREEMENT, made and entered into on July 3, 2002, by and between **Paul R. Gustafson and Jacqueline A. Gustafson**, husband and wife, who reside in Arlington, Snohomish County, Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

- 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."
- 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.
- 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.
- Automatic revocation:** The provisions of paragraph 2 shall be automatically revoked.

Community Property
Agreement

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Paul R. Gustafson
Jacqueline A. Gustafson

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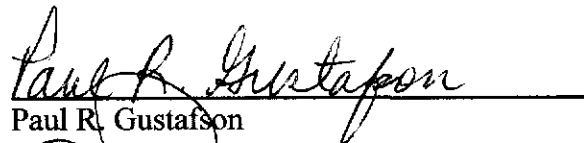
- a. Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or
- b. Upon the establishment of a domicile out of the State of Washington by either party; or
- c. Immediately prior to death, if the order of death cannot be ascertained.

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.

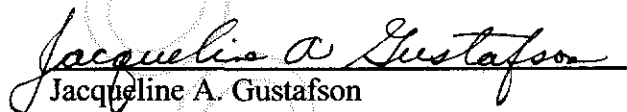
6. Powers of appointment: This agreement shall not affect any power of appointment now held by or hereafter given to husband or wife or both of them, nor shall it obligate husband or wife or both of them to exercise any such power of appointment in any way.

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.

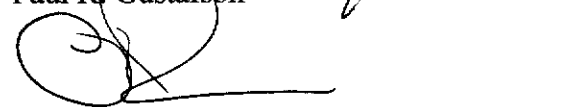
Dated: July 3, 2002.


Paul R. Gustafson

Witness


Jacqueline A. Gustafson

Witness



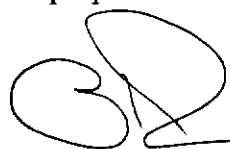




State of Washington)
) ss.
County of Skagit)

I certify that I know or have satisfactory evidence that Paul R. Gustafson and Jacqueline A. Gustafson 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: July 3, 2002.



Notary Public
My appointment expires: 6-1-06

