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

2. EXECUTION OF AGREEMENT. That on the 30th day of November, 1970, and while husband and wife, the affiant and the said DONALD BRUCE MUNROE and PATRICIA A. MUNROE executed an agreement entitled "Agreement as to Status of Community Property" 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. The Agreement was recorded under Skagit County Auditor's No. 746522, Volume 56, page 84, records of Skagit County. 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 at the time of execution of said agreement, and at all times subsequent thereto, all property owned by them, or in which they had any interest, was 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.

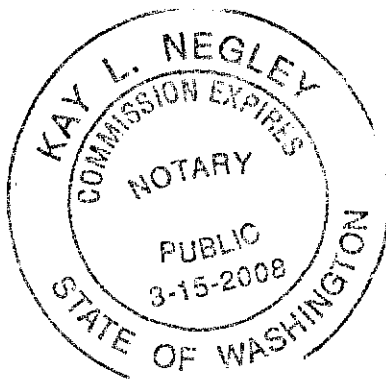


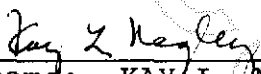
6. REAL ESTATE. That all of the real estate listed and described on Exhibit "C" attached hereto and by reference made a part hereof, was the community property of decedent and has now passed to the affiant as his surviving spouse.

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.


PATRICIA ANN MUNROE

SIGNED AND SWORN to before me this 27th day of May, 2005, by PATRICIA ANN MUNROE.



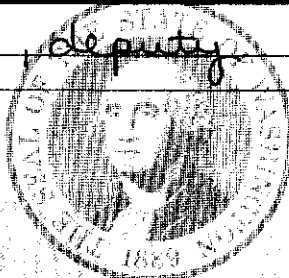

Printed name: KAY L. NEGLEY
Notary Public in and for the State of Washington, residing at Mount Vernon.
My appointment expires: 3-15-08



200505310143
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 309-05		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any): First DONALD Middle BRUCE LAST MUNROE			2. Death Date April 17, 2005		
3. Sex (M/F) Male	4a. Age - Last Birthday 60	4b. Under 1 Year Months 0 Days 0	4c. Under 1 Day Hours 0 Minutes 0	5. Social Security Number 535-40-8870	6. County of Death Skagit
7. Birthdate April 26, 1944	8a. Birthplace (City, Town, or County) Seattle	8b. (State or Foreign Country) Washington	9. Decedent's Education High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 4483 Ida Drive				13b. City or Town Sedro-Woolley	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98284	13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 19 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Patricia Spurlock	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Chief Engineer			18. Kind of Business/Industry (Do not use Company Name) Marine Transportation		
19. Father's Name (First, Middle, Last, Suffix) Alexander Munroe			20. Mother's Name Before First Marriage (First, Middle, Last) Beatrice Harrell		
21. Informant's Name Patricia Munroe		22. Relationship to Decedent Wife	23. Mailing Address: 4483 Ida Drive Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (If not a facility, give number & street or location) 4483 Ida Drive			26a. City, Town, or Location of Death Sedro-Woolley	26b. State WA	27. Zip Code 98284
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Union Cemetery		30. Location-City/Town, and State Sedro-Woolley, Washington	
31. Name and Complete Address of Funeral Facility Lemley Chapel, Inc. 1008 Third St., Sedro-Woolley, WA 98284			32. Date of Disposition April 22, 2005		
33. Funeral Director Signature <i>[Signature]</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. Cardiac arrest		Due to (or as a consequence of):		Interval between Onset & Death 10'	
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. Myocardial Infarction		Due to (or as a consequence of):		Interval between Onset & Death 1 hr	
c. _____		Due to (or as a consequence of):		Interval between Onset & Death	
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 Type I DM, hyperlipidemia, Rheumatoid Arthritis			36. Autopsy? ☐ Yes ☒ No	37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No	
38. Manner of Death ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending		39. If female ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year		40. Did tobacco use contribute to death? ☒ Yes ☐ Probably ☐ No ☐ 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? ☐ Yes ☐ No ☐ Unk	
45. Location of Injury: Number & Street: _____ Apt. No. _____					
City or Town: _____ County: _____ State: _____ Zip Code + 4: _____			47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ 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) Stevan Luther, M.D. 830 Ball St., Sedro-Woolley, WA 98284		
50. Hour of Death (24hrs) 2200 hours			51. Name and Title of Attending Physician if other than Certifier (Type or Print)		
52. Date Signed (MM/DD/YYYY) 4-18-05		53. Title of Certifier Physician			
54. License Number		55. ME/Coroner File Number 061-05		56. Was case referred to ME/Coroner? ☒ Yes ☐ No	
57. Registrar Signature <i>[Signature]</i>			58. Date Received (MM/DD/YYYY) APR 19 2005		
59. Amendments					



200505310143
Skagit County Auditor

Affidavit for Correction

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

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)
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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)



200505310143

Skagit County Auditor

CERTIFIED

APR 19 2005

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

MM00417961

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 30 day of NOVEMBER, 1970,
by and between DONALD BRUCE MUNROE
and PATRICIA ANN MUNROE, husband and wife,
residing in SKAGIT County, State of Washington.

WITNESSETH, That whereas the said parties hereto are owners of certain community property, and are desirous that said property, together with all other community property, either real or personal, that may hereafter be acquired, shall pass, without delay or expense, upon the death of either, to the survivor.

NOW, THEREFORE, for and in consideration of the sum of One (\$1.00) Dollar, the receipt of which is hereby acknowledged by each party hereto, and, also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of

said DONALD B. MUNROE while said PATRICIA A. MUNROE survives then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said

PATRICIA A. MUNROE in fee simple; and in the event of the death of said

PATRICIA A. MUNROE while the said DONALD B. MUNROE survives then the whole of said community property now owned together with all other community

property, real and personal, that may hereafter be acquired, shall at once vest in said

DONALD B. MUNROE in fee simple.

IN WITNESS WHEREOF, the said Patricia A. Munroe
and Donald B. Munroe have hereunto set their hands
and seals the day and date first above written.

Signed, Sealed and Delivered in the Presence of

STATE OF WASHINGTON,

County of Skagit

Received for record at Dec 8 1970 10:40 AM

SS.

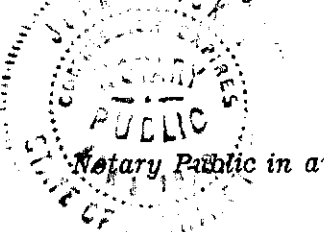
at request of Patricia Ann Munroe
A. H. JOHNSON, Auditor Skagit Co., Washington

This is to certify that on this 30 day of November, 1970, before me

John A. Wicker a Notary Public in and for the State of Washington
duly commissioned and sworn, personally came Patricia A. Munroe

and Donald B. Munroe 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.



200505310143
Skagit County Auditor

EXHIBIT B

Official Records

VOL 56 PAGE 84

1-1
R/R

REQUEST OF _____
INDEXED FILED _____
70 DEC 8 AM 10:04
A.H. JOHNSON
SAC, COCONINO COUNTY
TUCSON, ARIZONA

Patricia Ann Thomas
Rt 2 Box 207
Holbrook, Arizona

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 05-10-2001 BY 60322 UCBAW/STP

PARCEL A:

That portion of the Southwest 1/4 of the Northwest 1/4 and of the West 1/2 of the Northwest 1/4 of the Southwest 1/4 of Section 25, Township 36 North, Range 4 East, W.M., described as follows:

Commencing at the Northwest corner of the Southwest 1/4 of said Section 25; thence South 89°49'10" East along the North line of said subdivision for a distance of 695.01 feet to the true point of beginning; thence South 0°03'03" East for a distance of 350.88 feet; thence North 89°18'10" West for a distance of 300.34 feet to the East edge of easement road; thence North 28°32'18" East along the edge of Easement road for a distance of 448.36 feet; thence South 61°27'42" East for a distance of 97.68 feet to the true point of beginning. (Also known as Tract B, Short Plat 2-74).

TOGETHER WITH and subject to that certain non exclusive easement for ingress, egress and utilities over and across a 60 foot strip described in Declaration of Easements recorded August 2, 1973, under Auditor's File No. 788858.

Tax Parcel No. 360425-3-003-0808

PARCEL B:

The South 50 feet of Lot "B", all of Lot "C", and the North 60 feet of Lot "D" in "CORRECTED PLAT OF SLIPPER'S ACRES:", as per plat recorded in Volume 4 of Plats, page 54 records of Skagit County, Washington.

TOGETHER with that certain road right of way and easement as set forth in document recorded May 11, 1953, under Auditor's File No. 488134.

Tax Parcel No. 4015-000-004-0001

EXHIBIT C



200505310143
Skagit County Auditor