

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

2. EXECUTION OF AGREEMENT. That on the 1st day of August, 1989, and while husband and wife, the affiant and the said GARNER D. HOOK executed an agreement entitled "Community Property Agreement". 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.



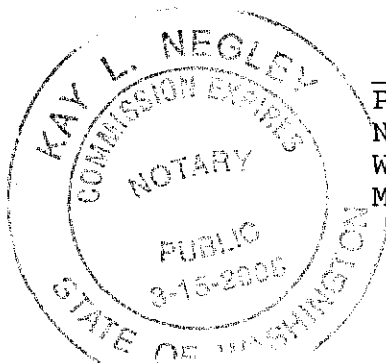
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Skagit County Auditor

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

Betty Jean Hook
BETTY JEAN HOOK

SIGNED AND SWORN to before me this 15th day of September, 2005, by BETTY JEAN HOOK.



Kay L. Negley
Printed name, KAY L. NEGLEY
Notary Public in and for the State of
Washington, residing at Mount Vernon.
My appointment expires: 3-15-2008



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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 625-05		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Garner Daws Hook				2. Death Date July 31, 2005	
3. Sex (MF) Male	4a. Age - Last Birthday 96	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number 536-10-4480	6. County of Death Skagit
7. Birthdate Sept 18, 1908	8a. Birthplace (City, Town, or County) Montrose	8b. (State or Foreign Country) Colorado	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) 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.) 1129 Lopez Lane				13b. City or Town Burlington	
13c. Residence: County Skagit	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98233	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence: 3 Years	15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Betty Jean Maybrier			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Manager of Public Water District			18. Kind of Business/Industry (Do not use Company Name) City Government		
19. Father's Name (First, Middle, Last, Suffix) Dr. John H. Hook			20. Mother's Name Before First Marriage (First, Middle, Last) Chole Wire		
21. Informant's Name Betty Jean Hook		22. Relationship to Decedent Spouse	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1129 Lopez Lane Burlington WA 98233		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home			25. Facility Name (If not a facility, give number & street or location) 1129 Lopez Lane		
26a. City, Town, or Location of Death Burlington			26b. State WA	27. Zip Code 98233	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) First Cremation Service		30. Location-City/Town, and State Kent, Washington	
31. Name and Complete Address of Funeral Facility Neptune Society 19324 40th Avenue West #A Lynnwood, WA 98036			32. Date of Disposition August 9, 2005		
33. Funeral Director Signature X <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. Pneumonia		Due to (or as a consequence of):		Interval between Onset & Death 1 week	
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. Aspiration		Due to (or as a consequence of):		Interval between Onset & Death 1 week	
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 CHF, Aortic Valve Replacement			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 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. Location of Injury: Number & Street: City or Town: Country: State: Zip Code + 4:		45. 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			47. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
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. Edwin Stickler MD			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.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Edwin Stickler 2241 Hospital Drive Sedro Woolley, WA 98284			50. Hour of Death (24hrs) 0900		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY) 8-5-05		
53. Title of Certifier MD	54. License Number MD 34370	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
57. Registrar Signature Connie Anderson, Deputy			58. Date Received (MM/DD/YYYY) 8-9-05		
59. Amendments					

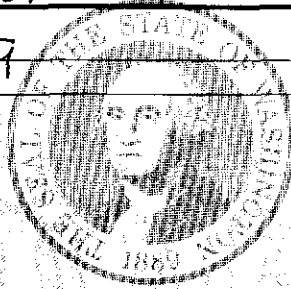


EXHIBIT A
DOH/CHS 003 Rev 2/06/2004

200509160164
Skagit County Auditor



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)

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:

The Record now shows:	The True fact is:
6.	7.
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:

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



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Skagit County Auditor

9/16/2005 Page 5 of 7 3:27PM

AUG 15 2005

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

MM00418615

STATUS OF PROPERTY AGREEMENT

GARNER D. HOOK and BETTY JEAN HOOK , husband and wife, residents of the state of Washington, for the purpose of affecting the status of their property, as permitted by statute, agree as follows:

1. This agreement shall operate and become effective only upon the death of either and shall not be deemed a conveyance by either to the other for the purpose of dissolution of marriage.

2. All property now owned or hereafter acquired as the separate property of either shall not be deemed to be conveyed by this agreement upon the dissolution of marriage, but shall become community property only upon the death of either party to this agreement. PROVIDED, HOWEVER, any property held as joint tenants with right of survivorship shall remain as joint tenants with right of survivorship and shall in no way be affected by this agreement.

3. This agreement shall, upon its becoming effective, constitute an immediate transfer, conveyance and quit claim to the survivor of all of the deceased's interest in all separate and community property.

DATED this 1st day of August, 1989.

John W. Huk
Witness

Garner D. Hook
GARNER D. HOOK Husband

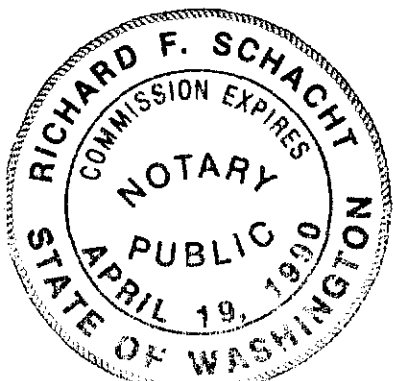
Ray L. Hegley
Witness

Betty Jean Hook
BETTY JEAN HOOK Wife

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

I certify that I know or have satisfactory evidence that GARNER D. HOOK and BETTY JEAN HOOK are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 1st day of August, 1989.



Richard F. Schacht
Notary Public in and for the State of Washington, residing at Mount Vernon.

My commission expires: 4/19/2000



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Skagit County Auditor

EXHIBIT B

Lot 99, "THE CEDARS, A CONDOMINIUM," according to Amended Declaration thereof recorded August 24, 2000, Auditor's File No. 200008240077, records of Skagit County, Washington, and Amended Survey Map and Plans thereof recorded under Auditor's File No. 20008240076, records of Skagit County, Washington.

Tax Id No. 4759-000-099-0000/P117158

EXHIBIT C



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