



200509270175

Skagit County Auditor

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AFTER RECORDING RETURN TO:

DEAN P. SHEPHERD, ATTORNEY
P.O. Box 416
EDMONDS, WA 98020-0416

(AFFIDAVIT)

Reference numbers of related documents: N/A
on page(s) _____ of document

Grantor(s):

1. SCHEND, James E., deceased

Grantee(s):

1. SCHEND, Jeanetta A.

Legal Description:

1. East 20 feet of SE $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 29, Township 33, Range 10, except part lying South of County road. Skagit County, WA.
2. Additional legal description is on page(s) 5 of document

Assessor's Property Tax Parcel Account Number(s): P 117484

STATE OF WASHINGTON) ss.
County of Snohomish)

The undersigned affiant is the surviving spouse of JAMES E. SCHEND, decedent, who died on June 22, 2004, in Snohomish County, Washington, being a resident of Darrington, Snohomish County, Washington. His marriage to me was his one and only marriage. He left no issue other than those persons listed below.

Decedent left a Last Will and Testament which has not been probated or revoked,
a copy of which is attached hereto and which has been filed under Snohomish County
Superior Court Probate No. 05-4-00579.9.

“Heirs at law” includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of decedent. Affiant hereby identifies all heirs at law of the decedent:

NAME	AGE	RELATIONSHIP
JEANETTA A. SCHEND	LEGAL	SURVIVING SPOUSE
RICHARD P. SCHEND	LEGAL	SON
ROBERT A. SCHEND	LEGAL	SON



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<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
BRIAN J. SCHEND	LEGAL	GRANDSON
JAMES E. SCHEND	LEGAL	GRANDSON

REGARDING POTENTIAL LIENS AGAINST THE ESTATE OF DECEDENT:

Affiant declares that all debts of the decedent and/or marital community, including, but not limited to all of decedent's medical, funeral and burial expenses, as well as all applicable succession and or inheritance taxes, have been fully paid, except as follows:
No exceptions.

Affiant further states that the decedent never received assistance from the State of Washington for subsistence or medical care (Medicaid/Welfare) in the past.

Affiant further declares that the total value of all community property of the decedent was approximately \$500,000.00, and the value of all separate property of the decedent was approximately \$ -0-.

This Affidavit is made solely to induce a subsequent title insurance company to insure title to real property in which decedent held an interest at the time of his death. Affiant urges Company to issue its policy of title insurance in full reliance upon the representations made herein.

Decedent and his surviving spouse owned as community property the real estate described in Exhibit "A" attached hereto.

DATED: July 6, 2005.

Jeanetta A. Schend
JEANETTA A. SCHEND
P.O. Box 128
Darrington, WA 98251
(360) 436-1612

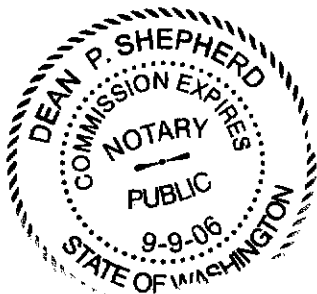
STATE OF WASHINGTON)

) ss.

County of Snohomish)

This is to certify that on the 6th day July, 2005, before me, the undersigned Notary Public in and for the State of Washington, duly commissioned and qualified, personally appeared JEANETTA A. SCHEND, to me known to be the principal described in and who executed the foregoing Affidavit, and acknowledged to me that she signed and sealed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.



Dean P. Shepherd
DEAN P. SHEPHERD
(Print Name)

NOTARY PUBLIC in and for the State of Washington, residing at Edmonds

My appointment expires: 09/09/06



EXHIBIT "A"

THE EAST 20 FEET OF THE SOUTHEAST $\frac{1}{4}$ OF THE SOUTHWEST $\frac{1}{4}$ OF SECTION
29, TOWNSHIP 33 NORTH, RANGE 10, EXCEPT THAT PART LYING SOUTH OF
COUNTY ROAD. RECORDS OF SKAGIT COUNTY, WASHINGTON.
TAX PARCEL NO. P 117484



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FILED

APR 29 2005

FRANK L. DANIELS,
COUNTY CLERK
SNOHOMISH CO. WASH

05 4 005 . 9 9

LAST WILL AND TESTAMENT OF
JAMES EDWARD SCHEND

I, James Edward Schend, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomsoever, do make, publish and declare this my last will and testament, and I do hereby expressly revoke all other and former wills by me at any time made.

FIRST: I direct my executrix, hereinafter named, to pay all my just debts and obligations, including the expenses of my last illness, and my funeral expenses, as soon as practicable after my death.

SECOND: I give and bequeath to my two children, James Edward Schend, Jr., and Richard Paul Schend, the sum of One Dollar each. These nominal bequests are made for the reason that I have full confidence that my wife, Jeanetta Alice Schend will fully and adequately provide for the care, maintenance and education of my said two children in the event of my death, and it is my desire that my wife shall have all of my estate.

THIRD: I give, devise and bequeath unto my wife, Jeanetta Alice Schend, all of the rest, residue and remainder of my property, real, personal and mixed, and wheresoever situate of which I may die seized or possessed, or to which I may be entitled at the time of my death, and to her heirs and assigns forever.

FOURTH: I hereby nominate and appoint my wife, Jeanetta Alice Schend, sole executrix of this my last will and testament, without necessity of placing any bond upon qualifying as such executrix, or during the course of the administration of my estate.

IN WITNESS WHEREOF, I have hereunto set my hand this 15 day of February, A. D. 1952.

James Edward Schend



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1 The foregoing instrument was signed, sealed, published and
2 declared by the testator, James Edward Schend, as and for his last
3 will and testament, in the presence of us, who, at his request,
4 and in his presence, and in the presence of each other, have here-
5 unto subscribed our names as witnesses thereto this 15th day
6 of February, 1952.

7 [Signature] residing at Havre, Montana.
8

9 John D. Gilman residing at Havre, Montana.
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Exhibit

" 1 "

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number <u>04</u>		1704		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any)						2. Death Date	
James E Schend						June 22, 2004	
3. Sex (M/F)		4a. Age - Last Birthday		4b. Under 1 Year		4c. Under 1 Day	
M		87				5. Social Security Number	
						517-14-0103	
6. Birthdate		6a. Birthplace (City, Town, or County)		6b. (State or Foreign Country)		6. County of Death	
Apr 28, 1917		Fresno		WA		Snohomish	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.						11. Decedent's Race(s)	
No						White	
12. Was Decedent ever in U.S. Armed Forces? Yes							
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)						13b. City or Town	
PO Box 128						Darrington	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Snohomish				Washington		98241-	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)		13g. Inside City Limits?	
4 years		Married		Jeannetta Gofflot		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT USE RETIRED))						18. Kind of Business/Industry (Do not use Company Name)	
Motorpool						U.S. Army	
19. Father's Name (First, Middle, Last, Suffix)						20. Mother's Name Before First Marriage (First, Middle, Last)	
Anthony Schend						Beatrice Flynn	
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number & Street or RFD No. City or Town State Zip			
Jeannetta Schend		Wife		PO Box 128 Darrington, WA 98241-			
24. Place of Death, if Death Occurred in a Hospital:						24. Place of Death, if Death Occurred Somewhere Other than a Hospital:	
Regency Care Of Arlington						Nursing Home	
25. Facility Name (if not a facility, give number & street)				26a. City, Town, or Location of Death		26b. State	
Regency Care Of Arlington				Arlington		WA	
27. Zip Code				28. Method of Disposition		29. Place of Disposition (Name of cemetery, crematory, other place)	
98223				Cremation		Hawthorne Memorial Park	
30. Location-City/Town, and State						31. Name and Complete Address of Funeral Facility	
Mount Vernon, Washington						Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398	
32. Date of Disposition						33. Funeral Director Signature X	
6-24-2004						<i>[Signature]</i>	
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. Aspiration Pneumonia							
b. Lung Cancer							
c.							
d.							
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"/> 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"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year							
40. Date of Injury (MM/DD/YYYY)		41. Hour of Injury (24hrs)		42. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		43. Injury at Work?	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
44. Location of Injury: Number & Street: Apt. No.							
City or Town: County: State: Zip Code + 4:							
45. Describe how injury occurred							
46. If transportation injury, specify:							
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)							
47. Certifying Physician - On the basis of my knowledge, death occurred at the time, date, and place stated, and was due to the cause(s) stated.							
48. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place stated, and due to the cause(s) stated.							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)							
Dr. Gary Schilhammer, M.D. 1120 Riddle St., Darrington, WA 98241							
50. Hour of Death (24hrs)							
02:45 AM							
51. Name and Title of Attending Physician if other than Certifier (Type or Print)							
52. Date Certified (MM/DD/YYYY)							
6/22/2004							
53. Title of Certifier							
Dr.							
54. License Number							
M.D. 000214							
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							
M. [Signature]							
58. Date Received (MM/DD/YYYY)							
JUN 24 2004							
59. Record Amendment							
Item							

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Affidavit for Correction

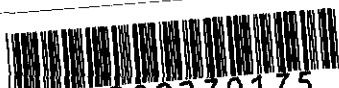
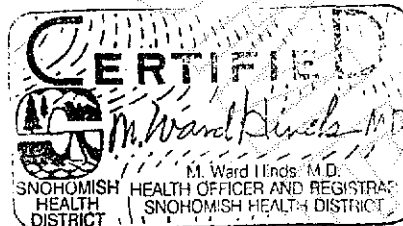
This is a legal Document. Complete in ink and do not alter.

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			
Use the section below for requesting any changes on the record.							
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:			
<p>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.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <table style="width:100%;"> <tr> <td style="width:33%;">Examples of documentary proof:</td> <td style="width:33%;"> Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records </td> <td style="width:33%;"> Medical Record Military Record (DD-214) Birth Record Passport School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back) </td> </tr> </table>					Examples of documentary proof:	Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
Examples of documentary proof:	Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)					
Birth Certificates:							
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 2. 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. 3. Proof must be five (or more) years old or have been established within five years of birth. 4. 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. 5. 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). 6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)							
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. 3. 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:							
1. 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. 2. 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)



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