

**AFTER FILING RETURN TO:**

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200509290129

Skagit County Auditor

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Land Title Co

Document Titles:

1. COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Reference Numbers of Documents:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Grantors:

1. GEORGE + DOROTHY KERTIS
2. \_\_\_\_\_

Grantees:

1. \_\_\_\_\_
2. \_\_\_\_\_

Legal Descriptions:

J. M. MOORES TO ANA LOTS 1 to 3 BLK 8

Assessor Parcel/Tax Nos. P57937/3804.008.0030.002  
 Assessor Parcel/Tax Nos. \_\_\_\_\_  
 Assessor Parcel/Tax Nos. \_\_\_\_\_

DUPLICATE DOCUMENT

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

KNOW ALL MEN BY THESE PRESENTS THAT:

WHEREAS, GEORGE F. KERTIS and DOROTHY M. KERTIS are husband and wife and are residents of the State of Washington; and

WHEREAS, the aforesaid husband and wife do comprise a community within the meaning of the community property laws of the State of Washington; and

WHEREAS, GEORGE F. KERTIS and DOROTHY M. KERTIS have each heretofore acquired certain real and/or personal property which is their respective separate estate, each of them does hereby recite, convey and quit claim unto the marital community composed of themselves all of their separate estate, such that all said property owned by either of them, or in which either of them has any interest, shall hereafter be their community property; and

WHEREAS, all property of whatsoever nature or description, whether real, personal or mixed and wheresoever situated, now owned or hereafter acquired by them, or either of them, shall be considered and is hereby declared to be community property; and

WHEREAS, the said GEORGE F. KERTIS and DOROTHY M. KERTIS, husband and wife, are desirous of jointly entering into an agreement concerning the disposition of all of their community property, whether presently owned or hereafter acquired, said disposition to take effect only upon the death of either of them.

NOW, THEREFORE, the said GEORGE F. KERTIS and DOROTHY M. KERTIS hereby agree that upon the death of either of them, all of the right, title and interest of the community in any property, real or personal, whether presently owned or hereafter acquired, shall belong to and vest in the survivor, for all purposes, in the same manner and to the same extent as though it had always been the separate property of the survivor.

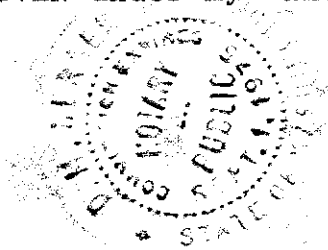
IN WITNESS WHEREOF, GEORGE F. KERTIS and DOROTHY M. KERTIS have affixed their hands and seals this 17<sup>th</sup> day of January, 1975.

George F. Kertis  
Dorothy M. Kertis

STATE OF WASHINGTON: ss.  
COUNTY OF SNOHOMISH:

I, the undersigned, a Notary Public in and for the State of Washington, hereby certify that on this 17<sup>th</sup> day of January, 1975, personally appeared GEORGE F. KERTIS and DOROTHY M. KERTIS, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.



D. M. Bergerson  
NOTARY PUBLIC in and for the State of Washington, residing at Ararat



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death				State File Number	
Local File Number <b>694-05</b>					
1. Legal Name (include AKA's if any): First <b>George</b> Middle <b>Frank</b> Last <b>KERTIS</b> Suffix			2. Death Date <b>Sep 4, 2005</b>		
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>85</b>	4b. Under 1 Year Months <b>8</b> Days <b>5</b>	4c. Under 1 Day Hours <b>1</b> Minutes <b>00</b>	5. Social Security Number <b>328-16-9668</b>	6. County of Death <b>Skagit</b>
7. Birthdate <b>Aug 31, 1920</b>		8a. Birthplace (City, Town, or County) <b>Mt. Olive</b>	8b. (State or Foreign Country) <b>Illinois</b>	8. Decedent's Education <b>8th Grade</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>3103 L Avenue</b>				13b. City or Town <b>Anacortes</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98221</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>52y</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Dorothy Mae Olson</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Maintenance Foreman</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Oil Refinery</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>John Kertis</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Anna Evanko</b>		
21. Informant's Name <b>Dorothy M. Kertis</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>3103 L Avenue Anacortes WA 98221</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>3103 L Avenue</b>			25. Facility Name (if not a facility, give number & street or location) <b>3103 L Avenue</b>		
26. State <b>WA</b>			27. Zip Code <b>98221</b>		
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Northwest Crematory</b>		30. Location-City/Town, and State <b>Anacortes, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Evans Funeral Chapel 1105 32nd Street Anacortes, WA 98221</b>				32. Date of Disposition <b>Sep 9, 2005</b>	
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) <b>a. myocardial infarction</b>			Interval between Onset & Death <b>Immediate</b>		
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>b. Coronary artery disease</b>			Interval between Onset & Death <b>years</b>		
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. <b>Acute MI 9/1/05</b>			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"/> 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 checked="" type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY) <b>7/4/05</b>		42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>home</b>		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street City or Town State Zip Code #4					
46. Describe how injury occurred <b>Quit breathing @ home. EMT's called &amp; CPR performed</b>					
47. If transportation injury, specify: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			48. Medical Examiner/Coroner - Check box based on location and investigation in my opinion (check only one box) <input checked="" type="checkbox"/> ME <input type="checkbox"/> Coroner		
49. Name and Address of Certifier: Physician, Medical Examiner or Coroner (Type or Print) <b>Danielle Debelak, M.D. 1213 - 24th Street, Anacortes, WA 98221</b>				50. Hour of Death (24hrs) <b>23:48 PM</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) <b>09/07/2005</b>	
53. Title of Certifier <b>MD</b>		54. License Number <b>MD00044058</b>	55. ME/Coroner File Number <b>NJA#245</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) <b>SEP 12 2005</b>	
59. Amendments					



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