



200511040146

Skagit County Auditor

11/4/2005 Page 1 of 5 10:13AM

NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
)
)
COUNTY OF SKAGIT)

RICHARD STRASBURG, being first duly sworn, on oath, deposes and says:

That he is a resident of Anacortes, Skagit County, Washington. That LOIS ARDEL WOLFE was the wife of BERNART F. WOLFE now deceased. I am the Administrator of the estate of BERNART F. WOLFE, Skagit County Cause No. 05-4-00189-5. That LOIS A. WOLFE died a resident of Anacortes, Skagit County, Washington on the 4th day of October, 2001. A copy of the Certificate of Death is attached hereto. LOIS A. WOLFE died leaving property in Skagit County all of which was the community property of her then surviving spouse, BERNART F. WOLFE and LOIS A. WOLFE.

That there are no unpaid creditors of said decedent. The former marital community debts are subject to the probate of BERNART F. WOLFE. There are no unpaid funeral expenses or last illness expenses.

That the decedent left no Will.

That the decedent's estate is not being probated.

That the property owned by BERNART F. WOLFE and LOIS A. WOLFE consists of the following:

REAL ESTATE

1., STREET: 1914 - 11th Street, Anacortes, Washington
TAX ID # P56074/3772-16-015-0008
LEGAL: Lots 13 through 16 Block 168 City of Anacortes

PERSONAL PROPERTY

- | | | |
|----|-------------------------------------|-----------|
| 1. | Household furniture valued at | \$ 500.00 |
| 2. | Motor vehicles valued at | \$ 500.00 |
| 3. | Bank accounts and cash valued at | \$ 500.00 |
| 4. | Stock certificiates (value unknown) | \$ |

That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

That this affidavit is made to induce any an all title insurance companies to issue a policy of title insurance companies to issue a policy of title insurance on real property for passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

DATED: 3 Nov 05

Richard Strasburg
RICHARD STRASBURG as Personal
Representative of the Estate of BERNART
F. WOLFE, and not acting on his own
capacity

SUBSCRIBED AND SWORN TO before me this 3 day of Nov,
2005.

Schutt SC
NOTARY PUBLIC in and for the State
Of Washington, residing at Anacortes
My commission expires: Aug 08

NO PROBATE COMMUNITY PROPERTY AFFIDAVIT - 2



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

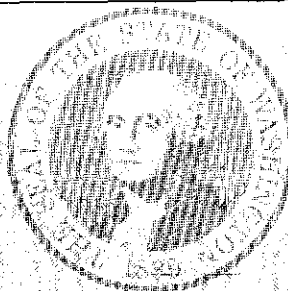


CERTIFICATE OF DEATH

761
LOCAL FILE NUMBER

146
STATE FILE NUMBER

1. NAME First: Lois Middle: Ardel Last: Wolfe				2. SEX (M / F) F		3. DEATH DATE (Mo, Day, Yr) Oct 4, 2001	
4. AGE LAST BIRTHDAY (Yrs) 72		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) [REDACTED]		8. BIRTHPLACE (City, State or Foreign Country) Anacortes, WA	
11. CITY, TOWN OR LOCATION OF DEATH Anacortes		12. PLACE OF DEATH — <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 1914 11th Street				13. COUNTY OF DEATH Skagit	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Ben F. Wolfe		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) High School Teacher		19. KIND OF BUSINESS OR INDUSTRY Public Education		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 1914 11th Street		23. CITY/TOWN, OR LOCATION Anacortes		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Skagit	
				25B. LENGTH OF RES. IN CO. 4yrs		26. STATE WA	
						27. ZIP CODE 98221	
28. FATHER'S NAME — FIRST, MIDDLE, LAST Harold Bliss Trafton				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Grace Laura [REDACTED]			
30. INFORMANT — NAME Ben F. Wolfe				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 1914 11th Street, Anacortes, WA 98221			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Oct 8, 2001		34. CEMETERY/CREMATORY — NAME Northwest Crematory		35. LOCATION — CITY/TOWN, STATE Anacortes, WA	
36. FUNERAL DIRECTOR'S SIGNATURE x R. L. Evans		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 1105 32nd Street, Anacortes, WA 98221-			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature]				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature]			
40. DATE SIGNED (Mo, Day, Yr) 10-5-01		41. HOUR OF DEATH (24 Hrs) 1440		44. DATE SIGNED (Mo, Day, Yr)		45. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN (Type or Print) Franklin F. Bjorseth M.D. 2511 M Avenue Suite A, Anacortes, WA 98221				46. PROCLAIMED DEAD (Mo, Day, Yr)		47. HOUR PROCLAIMED DEAD (24 Hrs)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Franklin F. Bjorseth M.D. 2511 M Avenue Suite A, Anacortes, WA 98221				49. ME/CORONER FILE NUMBER NJA 191			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. Glioblastoma MA (brain CA)				INTERVAL BETWEEN ONSET AND DEATH MONTHS	
		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACD, BLICIDE, HDM, UNDET, OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE Martha Ruiz, Deputy		63. DATE RECEIVED (Mo, Day, Yr) OCT 10 2001	



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AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER _____ for _____ 3. DATE OF EVENT _____ 4. PLACE OF EVENT (City and County) _____ 5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution) _____ 6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution) _____		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS: THE RECORD NOW SHOWS: _____ THE TRUE FACT IS: _____				
7. _____		8. _____		
9. _____		10. _____		
11. _____		12. _____		
13. _____		14. _____		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY _____ PHONE NUMBER: _____				15. _____
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE _____		17. DATE _____		18. ADDRESS _____

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- 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 established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname 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 110-001)

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 attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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

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

H. Leibrand

Date Issued



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OCT 10 2001
 II00305905



200105240110
Skagit County Auditor

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Return Address:

LOIS & BEN WOLFE

1914 - 11TH STREET

ANACORTES, WA 98221

QUIT CLAIM DEED (Statutory Form)

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 63.04) 1/97: (please print last name first)

Reference # (If applicable): _____

Grantor(s) (Seller): (1) WOLFE, LOIS (2) _____ Add'l. on pg. _____

Grantee(s) (Purchaser): (1) WOLFE, LOIS (2) WOLFE, BEN Add'l. on pg. _____

Legal Description (abbreviated): PLAT OF ANACORTES, BLK 168, LOTS 13 to 15 Add'l. legal is on pg. _____

Assessor's Property Tax Parcel / Account # 3772 168 015 0008

THE GRANTOR() LOIS WOLFE
of 1914 - 11TH STREET, City of ANACORTES,
County of SKAGIT, State of WASHINGTON, for and in consideration
of _____, convey _____ and quit-claim _____ to
of _____, City
of _____, County of _____, State of _____, all interest
in the following described Real Estate:

PLAT OF ANACORTES, BLOCK 168, LOTS 13 TO 15

situated in the County of SKAGIT, State of WASHINGTON, Dated this 24TH day
of MAY, 2001. 41042
SKAGIT COUNTY WASHINGTON
Real Estate Excise Tax
PAID

Grantor(s)

Lois Wolfe

MAY 24 2001

STATE OF WASHINGTON

County of Skagit

SS. (INDIVIDUAL ACKNOWLEDGEMENT)

Amount Paid \$ 0
By: Skagit County Treasurer
Deputy

I certify that I know or have satisfactory evidence that LOIS WOLFE is the
person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be
her free and voluntary act for the uses and purposes mentioned in the instrument.



Dated this 24TH day of May, 2001

Print Name Jennifer A. Hawkins

Notary Public in and for the State of Washington
Residing @ BOV

My appointment expires: 11-10-2002



Quit-Claim Deed (Statutory Form)

©Washington Legal Blank, Inc., Issaquah, WA Form No. 289 6/97

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.



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