



200602030181

Skagit County Auditor

Filed for Record at request of
and return to:

2/3/2006 Page 1 of 5 3:41PM

STILES & STILES INC. P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Legal : PTN SW1/4 SW1/4 AKA TR 1 S/P 123-79 AF# 8003180024

Tax Parcel # 350622-0-009-0008
P41837

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

State of Washington)ss.
County of Skagit)

Doris Welch, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Morris Devere Welch, who died at Mount Vernon, County of Skagit, State of Washington, on November 12, 2005, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated July 15, 1976, which agreement shall be recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit County, Washington.
2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for: NONE
3. That there was separate property of said decedent. Among items of community property was the following described real estate:

Tract 1 of Short Plat No. 123-79, approved March 18, 1980, and recorded March 18, 1980, as Auditor's File No. 8003180024, in Book 4 of Short Plats, Page 50, records of Skagit County, Washington; being a portion of the Southwest ¼ of the Southwest ¼ of Section 22, Township 35 North, Range 6 East, W.M.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement, and in reliance upon the representations hereinabove set forth.

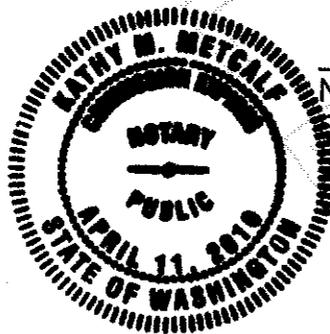
DATED this 3 day of February, 2006.

Doris Welch
Doris Welch

State of Washington)
County of Skagit) ss.

On this day personally appeared before me Doris Welch, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on February 3, 2006.



Kathy M. Metcalf
NOTARY PUBLIC in and for the
State of Washington, residing at
Pedro Woolley
Commission Expires: 4-12-2010



200602030181
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 876		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Suffix MORRIS DEVERE WELCH				2. Death Date Nov 13, 2005		
3. Sex (M/F) Male	4a. Age - Last Birthday 81	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 537-14-4128	6. County of Death Skagit	
7. Birthdate Feb 13, 1924		8a. Birthplace (City, Town, or County) Cheyenne		8b. (State or Foreign Country) Wyoming		
9. Decedent's Education Some College Credits, but no Degree				12. Was Decedent ever in U.S. Armed Forces? Yes		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) Caucasian		
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 33155 S. Skagit Hiway				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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 10 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Doris E. Warnock		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Communications Engineer				18. Kind of Business/Industry (Do not use Company Name) Telecommunications		
19. Father's Name (First, Middle, Last, Suffix) Howard T. Welch				20. Mother's Name Before First Marriage (First, Middle, Last) Della I. Morris		
21. Informant's Name Doris E. Welch		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 33155 S. Skagit Hiway Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Inpatient				25. Facility Name (if not a facility, give number & street or location) United General Hospital		
25a. City, Town, or Location of Death Sedro-Woolley		26b. State WA		27. Zip Code 98284		
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Seattle Service Group Crematory		30. Location-City/Town, and State Everett, Washington		
31. Name and Complete Address of Funeral Facility Purdy & Walters @ Floral Hills, 409 Filbert Rd., Lynnwood WA 98036				32. Date of Disposition November 16, 2005		
33. Funeral Director Signature X <i>Daniel Blum</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. BANETHYONIC LUNG CANCER				Interval between Onset & Death 1-2 years		
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.				Interval between Onset & Death		
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 COPD				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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
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)		
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:				47. 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				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. X <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. X				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Denis A. Harlock 830 Ball St Sedro-Woolley, WA 98284		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				50. Hour of Death (24hrs) 1250		
53. Title of Certifier Physician				54. License Number 41814		52. Date Signed (mm/dd/yyyy) November 14, 2005
55. ME/Coroner File Number NJA-310				56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature X <i>Comie Anderson, Deputy</i>				58. Date Received (mm/dd/yyyy) NOV 16 2005		
59. Amendments						



DOH/CHS 003 Rev 2/06/2004

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
-------------------	------------	----------	------	------------------

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:

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 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 ***

NOV 28 2005

Skagit County Public Health
 1100 1/2 1st St. SE
 Port Angeles, WA 98580



200602030181
 Skagit County Auditor

7607230113

COMMUNITY PROPERTY SURVIVORS AGREEMENT

THIS AGREEMENT, made and entered into this 15th day of July, 1976, between MORRIS DeVERE WELCH and DORIS ELAINE WELCH, his wife, of 2414 - 233rd Pl. S.E., Bothell, Snohomish County, Washington;

WITNESSETH:

WHEREAS, the parties hereto are husband and wife, and it is their desire to settle and adjust their property rights between them, and all other matters which would require a determination in the event of the death of either of them, now therefore, in consideration of the mutual promises of each party, it is agreed that:

1. All of the property, real, personal or intangible, now owned or that shall hereafter be acquired by the parties in any manner whatsoever, and in any character and form, shall be construed as the community property of these parties.
2. All of the property rights, title and interest of the husband in any such property shall be and by this instrument is transferred and conveyed to the wife absolutely and without limitation, with said transfer to be effective upon the death of the husband.
3. All of the property rights, title and interest of the wife in any such property shall be and by this instrument is transferred and conveyed to the husband absolutely and without limitation, with said transfer to be effective upon the death of the wife.
4. This agreement is not made to derogate from the rights of creditors, nor to perpetuate any fraud or unconscionable advantage upon either of the parties hereto.
5. Upon the death of either party, the survivor shall not be bound to any particular disposition of the property received hereunder.

IN WITNESS WHEREOF said parties have hereunto set their hands and seals the day and first above written.

Morris Devere Welch
 MORRIS DeVERE WELCH
Doris Elaine Welch
 DORIS ELAINE WELCH

OFFICIAL RECORDS

7-00

RECORDED

AM 9 27

HENRY B. WHALEN, AUDITOR
SNOHOMISH COUNTY, WASH.

Melba Smith

STATE OF WASHINGTON
COUNTY OF KING

On this day personally appeared before me MORRIS DeVERE WELCH and DORIS ELAINE WELCH, his wife, 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.

UNDER my hand and official seal this 15th day of July, 1976.

William L. Williams
 PUBLIC in and for the State
 of Washington, residing at Seattle



200602030181
 Skagit County Auditor

OFFICIAL RECORDS