



200602030182

Skagit County Auditor

Filed for Record at request of
and return to:

2/3/2006 Page 1 of 4 3:43PM

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

Legal : First Amendment to the Cedars a Condominium, Lot 24, Acres 0.09, (DK12)

Tax Parcel # 4705-000-024-0000
P112585

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

State of Washington)ss.
County of Skagit)

Charles W. Holmes, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Louella Holmes, who died at Burlington, County of Skagit, State of Washington, on January 29, 2006, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated March 6, 1969, 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 no separate property of said decedent. Among items of community property was the following described real estate:

Unit 24, THE CEDARS, A CONDOMINIUM, according to amended declaration thereof recorded February 5, 1998, under Auditor's File No. 9802050054 records of Skagit County Washington, and Amended Survey Map and Plates thereof recorded in volume 16 of Plats, Pages 214 through 215 inclusive, records of Skagit County Washington.

SUBJECT TO: Restrictions, reservations and easements of record.

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.

5. Among estate items was a Skagit State Bank Account No. 3111165598.

6. Surviving spouse is entitled to the balance of any funds in Skagit State Bank Account No. 3111165598. No personal representative has been appointed for the estate of Louella C. Holmes. This affidavit is made to request Skagit State Bank to pay the balance of the above-stated account to Charles W. Holmes, in reliance upon the representations hereinabove set forth.

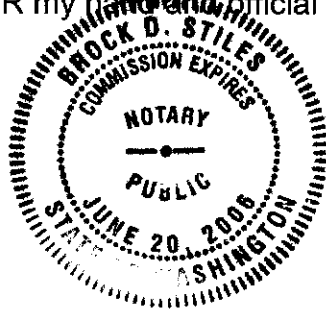
DATED this 31 day of January, 2006.

Charles W. Holmes
Charles W. Holmes

State of Washington)
County of Skagit) ss.

On this day personally appeared before me Charles W. Holmes, who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on January 31, 2006.



Brock D. Stiles
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 6-20-06



200602030182
Skagit County Auditor

2/3/2006 Page 2 of 4 3:43PM

| Local File Number | | Washington State Certificate of Death | | | | State File Number | |
|---|--|--|--|--|---|-------------------|--|
| 1. Legal Name (include AKA's if any) First Middle LAST Suffix LOUELLA CLARA HOLMES | | | | | 2. Death Date Jan 29, 2006 | | |
| 3. Sex (M/F) Female | | 4a. Age - Last Birthday 83 | | 5. Social Security Number 537-20-9195 | | | |
| 7. Birthdate Jan 8, 1923 | | 8a. Birthplace (City, Town, or County) Tutill | | 8b. (State or Foreign Country) South Dakota | | | |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No | | | | | 11. Decedent's Race(s) Caucasian | | |
| 12. Was Decedent ever in U.S. Armed Forces? No | | | | | | | |
| 13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1076 Fidalgo Drive | | | | | 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. 6 yrs | | 15. Marital Status at Time of Death Married | | 16. Surviving Spouse's Name (Give name prior to first marriage) Charles Holmes | | | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED)) In Home Care Provider | | | | | 18. Kind of Business/Industry (Do not use Company Name) Health Care | | |
| 19. Father's Name (First, Middle, Last, Suffix) Walter John Brookings | | | | | 20. Mother's Name Before First Marriage (First, Middle, Last) Clara Margaret Peters | | |
| 21. Informant's Name Charles Holmes | | 22. Relationship to Decedent Spouse | | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1076 Fidalgo Drive Burlington, WA 98233 | | | |
| 24. Place of Death, if Death Occurred in a Hospital: Burton Care Center | | | | | | | |
| 25. Facility Name (if not a facility, give number & street or location) Burton Care Center | | | | | | | |
| 26. Method of Disposition Burial | | 27. Place of Final Disposition (Name of cemetery, crematory, other place) Union Cemetery | | 28. Location-City/Town, and State Sedro-Woolley, Washington | | | |
| 31. Name and Complete Address of Funeral Facility Lemley Chapel 1008 Third Street Sedro-Woolley, WA 98284 | | | | | 32. Date of Disposition Feb 4, 2006 | | |
| 33. Funeral Director Signature X <i>Rich Lemley</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. <i>pericoronitis</i> 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. <i>Parkinson's Syndrome</i> c. <i>cerebral vascular accident</i> d. <i>atrial fibrillation</i> | | | | | | | |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above: atrial fibrillation | | | | | | | |
| 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. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown | | | | | | | |
| 41. Date of Injury (mm/dd/yyyy) 1/29/06 | | | | | | | |
| 42. Hour of Injury (24hrs) 1045 | | | | | | | |
| 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Home | | | | | | | |
| 44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | | | | | | |
| 45. Location of Injury: Number & Street: Apt. No. 1076 Fidalgo Drive | | | | | | | |
| 46. Describe how injury occurred Slip and fall | | | | | | | |
| 47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) | | | | | | | |
| 48a. Certifying Physician - is the holder of a medical license and is not a resident of the state of Washington. T.W. Martin, Jr. MD | | | | | | | |
| 48b. Medical Examiner/Coroner - is the holder of a medical license and is not a resident of the state of Washington. T.W. Martin, Jr. MD | | | | | | | |
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) T.W. Martin, Jr., MD 2061 Hospital Dr. Sedro-Woolley, WA 98284 | | | | | | | |
| 50. Hour of Death (24hrs) 1045 hrs | | | | | | | |
| 51. Name and Title of Attending Physician if other than Certifier (Type or Print) T.W. Martin, Jr., MD | | | | | | | |
| 52. Date Signed (mm/dd/yyyy) January 30, 2006 | | | | | | | |
| 53. Title of Certifier Physician | | 54. License Number 0014430 | | 55. ME/Coroner File Number | | | |
| 56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| 57. Registrar Signature Rich Lemley | | | | | | | |
| 58. Date Received (mm/dd/yyyy) 1/30/06 | | | | | | | |



200602030182

Skagit County Auditor

2/3/2006 Page

3 of

4 3:43PM

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT, made and entered into this day of
October, 1968, by and between CHARLES W. HOLMES and LOUELLA C. HOLMES,
husband and wife, pursuant to the provisions of Section 26.16.120
Revised Code of Washington, providing for agreements between husband
and wife for the fixing of the status and disposition of community
property to take effect upon the death of either.

W I T N E S S E T H :

That, in consideration of the love and affection that each
of the parties has for the other, and in consideration of the mutual
benefits to be derived by the parties hereto, it is hereby agreed,
covenanted and promised as follows:

FIRST: That all property of whatsoever nature and descrip-
tion, whether real, personal or mixed, and wheresoever situated, now
owned or hereafter acquired by them or either of them, shall be con-
sidered, and is hereby declared to be community property.

SECOND: That upon the death of either of the parties hereto,
title to all community property as defined in the preceding paragraph
shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said CHARLES W. HOLMES and LOUELLA
C. HOLMES, husband and wife, have hereunto set their hands and seals
this 6th day of ~~October~~, 1968.

Walter A. Koster Sr.

Charles W. Holmes

Doris E. Koster
(Witnesses)

Louella C. Holmes

STATE OF WASHINGTON)
(ss
COUNTY OF SKAGIT)

This certifies that on the 6th day of ~~October~~, 1968, person-
ally appeared before me CHARLES W. HOLMES and LOUELLA C. HOLMES, hus-
band and wife, to me known to be the individuals described in and who
executed the foregoing instrument and acknowledged the same as their
free and voluntary act and deed, for the uses and purposes therein
mentioned.

WITNESS my hand and official seal the day and year in the
foregoing first above written.

Carol M. Penick
Notary Public in and for the State of
Washington, residing at Sedro Woolley



200602030182
Skagit County Auditor