

AFTER RECORDING RETURN TO:

Name William R. Allen, Attorney

Address P.O. Box 437

City, State, Zip Sedro Woolley, WA 98284



200607110080

Skagit County Auditor

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COVER SHEET

Document Title: Lack of Probate (Community Property Agreement) Affidavit

Reference Number(s) of Documents Assigned or Released: 200506290135
200506290137

Grantor(s):

1. George Eberli
2. Marjorie Eberli

Grantee(s):

1. George Eberli
2. Marjorie Eberli
3. Public

Abbreviated Legal Description: Lot 14, Block 1, DK 12, PANORAMA VIEW LOTS

Ptn of NE ¼ of NE ¼ of Sec. 16, T35N, R5E, WM

Ptn of SE ¼ of SE ¼ of Sec. 9, T35N, R5E, WM

Assessor's Property Tax Parcel/Account Number(s): 3965-001-014-0009/P67766
350509-4-010-0005/P38794
350516-1-020-0200/P39201
350509-4-007-0000/P38793
350516-1-021-0009/P39202

LACK OF PROBATE AFFIDAVIT

MARJORIE EBERLI, being first duly sworn on oath, deposes and says:

THAT Affiant is the surviving spouse of GEORGE EBERLI, who died at Burlington, on the 22nd day of May, 2006, in Skagit County, State of Washington. A copy of the death certificate is attached hereto.

THAT at the time of his death, decedent's sole surviving heir at law was his spouse, Marjorie Eberli.

THAT among items of community property was real estate described as follows:

Lot 14, Block 1, LAMMS PANORAMA VIEW LOTS, according to the plat thereof recorded in Volume 7 of Plats, page 39, records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

Tax Account No. 3965-001-014-0009/P67766

Address: 21309 Plaza Drive, Sedro Woolley, Washington 98284

The Affiant and the deceased acquired said property as community property under deed dated June 23, 1960, and recorded under Skagit County, recording number 596157.

The Affiant and the deceased are also the beneficiaries under the following deeds of trust executed by John Binschus, as grantor, to Chicago Title Company, Island Division, as trustee:

Deed of Trust recorded under Auditor's File No. 200506290135 encumbering real property with Skagit County Tax Nos. 350509-4-010-0005/P38794 and
350516-1-020-0200/P39201

Deed of Trust recorded under Auditor's File No. 200506290137 encumbering real Property with Skagit County Tax Nos. 350509-4-007-0000/P38793 and
350516-1-021-0009/P39202

That Affiant and the deceased provided for the conversion of separate property to community property and for the disposition of all community property by Community Property Agreement dated March 22, 2001, and recorded concurrently herewith.

That there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expense, or expenses of last illness, except as follows:



UNRECORDED
THAT there are no unpaid creditors of said decedent, George Eberli, or of the former marital community nor unpaid funeral expense, or expenses of last illness.

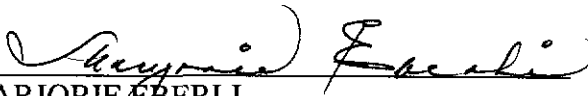
THAT Affiant knows of her own knowledge, and so states, that each and all of the obligations against the estate of said decedent, George Eberli (including but not limited to all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

THAT the decedent left a Will, a copy of which is attached hereto; the decedent's estate is not being probated; the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes; and that all Creditor's Claims against the estate of the decedent have been paid.

THAT the value of the decedent's estate at the date of death, including all real and personal property, was approximately \$200,000.00, all of which was community property.

THIS Affidavit is made to induce any Title Insurance Company doing business in Skagit County, Washington, to insure real property in which decedent held an interest at the time of his death. Affiants urge any such Title Insurance Company to issue its policy of title insurance in full reliance upon the representations set forth herein.

DATED: June 30, 2006.


MARJORIE EBERLI
21309 Plaza Drive
Sedro Woolley, WA 98284
(360) 856-6729



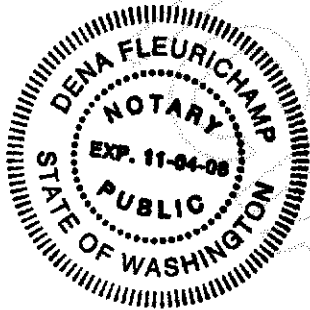
STATE OF WASHINGTON)

: ss.

COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that MARJORIE EBERLI 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: June 30, 2006.



Dena Fleurichamp
Dena Fleurichamp
NOTARY PUBLIC in and for the State of
Washington, residing at Sedro Woolley.

My appointment expires: 11/4/2008



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 440-06		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix GEORGE PETER EBERLI				2. Death Date May 22, 2006	
3. Sex (M/F) Male	4a. Age - Last Birthday 81	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Sumas	8b. (State or Foreign Country) Washington		9. Decedent's Education 11th Grade	
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? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 21309 Plaza Drive				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. 46 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Marjorie Feil	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Truck Driver			18. Kind of Business/Industry (Do not use Company Name) Freight/Lumber		
19. Father's Name (First, Middle, Last, Suffix) Frank Eberli			20. Mother's Name Before First Marriage (First, Middle, Last) Elizabeth [REDACTED]		
21. Informant's Name Marjorie Eberli		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 21309 Plaza Dr. Sedro-Woolley, WA 98284	
24. Place of Death, if Death Occurred in a Hospital: Long Term Care Facility					
25. Facility Name (If not a facility, give number & street or location) Burton Care Center			26a. City, Town, or Location of Death Burlington		26b. State WA
27. Zip Code 98233		28. Method of Disposition Cremation			
29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Crematory			30. Location-City/Town, and State Mount Vernon, Washington		
31. Name and Complete Address of Funeral Facility Lemley Chapel 1008 Third Street Sedro-Woolley, WA 98284				32. Date of Disposition May 23, 2006	
33. Funeral Director Signature <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
34. Enter the <u>chain of events</u> - 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. Metastatic Prostate Cancer		Interval between Onset & Death 10 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 Hypertension			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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
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)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: _____ County: _____ State: _____ Zip Code + 4: _____			46. Describe how injury occurred		
			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 - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. [Signature]			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. [Signature]		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Stephen Aldrich, MD 1030 Fairhaven Ave. Burlington, WA 98233				50. Hour of Death (24hrs) 0245 hrs	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) May 22, 2006	
53. Title of Certifier Physician		54. License Number WA 00013642		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Registrar Signature [Signature]			
58. Date Received MAY 23 2006		59. Amendments			

DOH/CHS 003 Rev 2/06/2004



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Last Will and Testament

BE IT KNOWN That I, GEORGE EBERLI, of Sedro Woolley, Skagit County, State of Washington, being of legal age, and being of sound and disposing mind and memory, and not acting under duress, menace, fraud, or the undue influence of any person or persons whomsoever, do hereby make, publish and declare this, my Last Will and Testament:

ARTICLE I: I give, devise and bequeath all of my property and estate of every kind and nature whatsoever and wheresoever the same may be situated unto my beloved wife, Marjorie Eberli, if she survives me.

ARTICLE II: If my said wife, Marjorie Eberli, does not survive me, then I give, devise and bequeath all of my said property and estate in equal shares to our beloved son and daughter, namely: Terry G. Eberli and Kris M. Anderson. If either my said son or my said daughter should predecease me, then his or her said share of my estate shall go instead equally to his or her then surviving children.

ARTICLE III: I nominate and appoint my said wife, Marjorie Eberli, as personal representative of this, my Last Will and Testament. If, however, she is unable or unwilling to act, then I nominate and appoint the said Terry G. Eberli and Kris M. Anderson as co-personal representatives, or if either of them is unable or unwilling to act, then the other may act as the sole personal representative. I direct that none of said persons shall be required to furnish any bond or security whatsoever in order to accept the said appointment.

ARTICLE IV: I direct that this, my Last Will and Testament, may be administered without the intervention of any court or courts whatsoever, except to do those things which are required by the laws of the State of Washington in the administration of a nonintervention Will. I specifically direct that my said personal representative shall have the right to continue any business in which I may be engaged at the time of my death, without any order of court and without any liability for loss as a result thereof. I further direct that my personal representative



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Skagit County Auditor

George Eberli

(SEA)

shall have the right to sell, convey or in any manner dispose of the property of my estate, real or personal, without order of court and without confirmation of sale, upon such terms as is deemed advisable, irrespective of whether or not a sale may be necessary for any purpose. My personal representative shall have the same right with respect to the property of my estate and the sale, management and disposition thereof that I could exercise if living and acting in person.

ARTICLE V: I hereby revoke any and all former Wills by me at any time heretofore made.

IN WITNESS WHEREOF, I, the said GEORGE EBERLI, have to this, my Last Will and Testament, subscribed my name and affixed my seal at Sedro Woolley, Washington, this 22nd day of March, 2001.

George Eberli (SEAL)

WE HEREBY CERTIFY That the foregoing instrument, consisting of one typewritten page besides this one, each signed by the testator, was on the 22nd day of March, 2001, signed, sealed and published by GEORGE EBERLI, the above-named testator, as and declared by him to be his Last Will and Testament, in the presence of us, the undersigned, who at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses thereto.

John H. Ward
Residing at Sedro Woolley, Washington

Donna L. Thompson
Residing at Sedro Woolley, Washington



AFFIDAVIT OF ATTESTING WITNESSES

I hereby request the attesting witnesses to the attached Will to make the following affidavit.

George Eheski (SEAL)

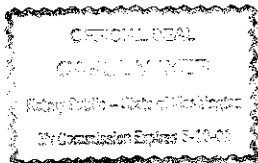
STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

The undersigned being first duly sworn on oath, deposes and says, each for himself: That he is a competent witness, knows the above named and is one of the subscribing witnesses to the attached Will. The said Will was signed on the date it bears in the presence of the undersigned and was published and declared to be the same, and the testator requested us in attestation thereof to subscribe our names as witnesses thereto. The undersigned in the presence of the testator, and in the presence of each other, subscribed their names as witnesses to said Will.

At the time of execution of said instrument, the said testator was over the age of 18 years, was of sound and disposing mind and not acting under duress, menace, fraud, or the undue influence of anyone.

John D. Wind
Dana E. Fleunichman

SUBSCRIBED AND SWORN to before me this 22nd day of March, 2001.



Carol Mayer
Notary Public in and for the State of Washington, residing in Sedro Woolley

My Commission expires: 5-10-01



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