

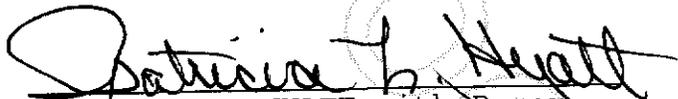


4. **Status of Property:** At the time of the execution of said agreement and at all times subsequent thereto, all property owned by the parties or in which they had any interest was community property.

5. **Real Estate:** All of the real estate listed and described in Exhibit "C" attached hereto and by reference made a part hereof, was the community property of decedent and has now passed to the affiant as his surviving spouse.

6. **Purpose of Affidavit:** This affidavit is made to induce all title insurance companies dealing with said real property to issue policies of title insurance upon real estate passing to the surviving spouse by virtue of said community property agreement and in reliance upon the representations of fact hereinabove set forth.

DATED this 27<sup>th</sup> day of July, 2006.

  
PATRICIA L. HYATT with Power  
of Attorney for CORNELIA PAUL

SUBSCRIBED AND SWORN to before me this 27<sup>th</sup> day of July, 2006.

  
Printed Name: Melinda S. Wannamaker  
Notary Public in and for the State of  
Washington, residing at Burlington.  
My commission expires: 8-1-08



200607280162  
Skagit County Auditor

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 523-06 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any): First Middle LAST Suffix <b>Evert PAUL</b>				2. Death Date <b>June 20, 2006</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>88</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <b>572-44-5881</b>	6. County of Death <b>Skagit</b>
7. Birthdate <b>Aug 25, 1917</b>		8a. Birthplace (City, Town, or County) <b>Rottendam</b>	8b. (State or Foreign Country) <b>Holland</b>	9. Decedent's Education <b>6th grade</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (include Apt. No.) <b>1514 Blackberry Drive</b>				13b. City or Town <b>Mount Vernon</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>98273-</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence: <b>8m</b>	15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's Name (Give name prior to first marriage) <b>Cornelia Reym</b>			
17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Self Employed</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Dairy Farmer</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Peter Gerardus Paul</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Dena Elizabeth Kroese</b>		
21. Informant's Name <b>Sharon Stewart</b>	22. Relationship to Decedent <b>Most Responsible</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>Mount Vernon WA 98273-</b>			
24. Place of Death, if Death Occurred in a Hospital:			Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Residence</b>		
25. Facility Name (if not a facility, give number & street or location) <b>My Joyas Adult Family Home</b>			26a. City, Town, or Location of Death <b>Mount Vernon</b>	26b. State <b>WA</b>	27. Zip Code <b>98273-</b>
28. Method of Disposition <b>Burial</b>	29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Hawthorne Memorial Park</b>		30. Location: City/Town, and State <b>Mount Vernon, Washington</b>		
31. Name and Complete Address of Funeral Facility <b>Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398</b>				32. Date of Disposition <b>Jun 23, 2006</b>	
33. Funeral Director Signature X <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) → a. <b>Aspiration</b>				Interval between Onset & Death <b>weeks</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>CVA</b>				Interval between Onset & Death <b>weeks</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				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 checked="" 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	
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:				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 first mentioned.			48b. Medical Examiner/Coroner - On the basis of examination, autopsy, investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner listed.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>X Harrell ARNP</b>			50. Hour of Death (24hrs) <b>4:40 PM</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print) <b>Michelle Powell ARNP 1400 East Kincaid, Mount Vernon 98274</b>			52. Date Signed (MM/DD/YYYY) <b>6-21-06</b>		
53. Title of Certifier <b>Adult Nurse Practitioner</b>	54. License Number <b>AP30002568</b>	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature <b>X Connie Anderson, Deputy</b>				58. Date Received (MM/DD/YYYY) <b>JUN 22 2006</b>	
59. Amendments					



**200607280162**  
**Skagit County Auditor**

# 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
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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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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 foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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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)



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Skagit County Auditor

7/28/2006 Page

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7 2:33PM

**\*CERTIFIED\***

JUN 22 2006

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

NN00933748

EXHIBIT "B"

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 24<sup>th</sup> day of June, 1993, between EVERT PAUL and CORNELIA PAUL domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property Covered: This Agreement shall apply to all community property now owned or hereafter acquired by husband and wife (except for assets for which a separate beneficiary designation has been or is hereafter made by husband or wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both, or may have been or may be registered in the name of one or the other or both. If husband dies and wife survives, any separate property of husband which is owned by husband at the time of his death (except for assets for which husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if wife dies and husband survives her, any separate property of wife which is owned by wife at the time of her death (except for assets for which wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is referred to in this Agreement as the "described community property."

2. Vesting at Death of a Spouse: If husband dies and wife survives him, all of the described community property shall vest in wife as of the moment of husband's death. If wife dies and husband survives her, all of the described community property shall vest in husband as of the moment of wife's death.

3. Disclaimer: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of Paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by an alternate disposition.

4. Automatic Revocation: The provisions of Paragraph 2 shall be automatically revoked

- (a) Upon filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or
- (b) Upon the establishment of a domicile out of the State of Washington by either party; or
- (c) Immediately prior to death, if the order of death cannot be ascertained.

5. Optional Revocation by One Party: If either party becomes disabled, the other party shall have the power to terminate



the provisions of Paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

6. Powers of Appointment. This Agreement shall not affect any power of appointment now held by or hereafter given to husband or wife or both of them, nor shall it obligate husband or wife or both of them to exercise any such power of appointment in any way.

7. Revocation of Inconsistent Agreements: To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the said EVERT PAUL and CORNELIA PAUL have hereunto set their signatures this 24<sup>th</sup> day of June, 1993.

Evert Paul  
EVERT PAUL

Cornelia Paul  
CORNELIA PAUL

STATE OF WASHINGTON )  
  :SS  
COUNTY OF SKAGIT     )

I certify that I know or have satisfactory evidence that EVERT PAUL and CORNELIA PAUL, husband and wife, are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes in the instrument.

Dated: June 24, 1993.

Edla Sonnenberg  
Notary Public in and for the State  
of Washington. My appointment  
expires 10-15-93

  
200607280162  
Skagit County Auditor

EXHIBIT "C"

Tax Parcel No. P15699

O/S#425 AF#767910 1973 TAX 3B PTN SW1/4 NE1/4 DAF: BAT SW COR OF SD SW1/4 NE1/4; TH S 87-50-35 E ALG S LI OF SE SW1/4 NE1/4, 891.22; TH N 1-32-35 E, 536.27 FT TAP ON W LI OF DIKE 7 RD R/W WHICH ISTPOB; TH N 84-50-20 W 143.65 FT; TH S 6-00-40 W, 101.66 FT; TH S 84-41-35 E 124.33 FT TAP ON W LI OF SD DIKE & RD R/W; TH N 16-28-40 E ALG SD W LI OF DIKE & RD R/W, 13.28 FT TTPOB.



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Skagit County Auditor