

AFTER RECORDING RETURN TO:

Name William R. Allen, Attorney

Address P.O. Box 437

City, State, Zip Sedro Woolley, WA 98284



200703230067
Skagit County Auditor

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COVER SHEET

Document Title: Lack of Probate Affidavit

Reference Number(s) of Documents Assigned or Released:

Grantor(s):

1. Robert J. RAPER
2. Karen R. RAPER

Grantee(s):

1. Robert J. RAPER
2. Karen R. RAPER
3. Public

Abbreviated Legal Description: Lot 4, NORTHSOUND ESTATES NO. 1

Assessor's Property Tax Parcel/Account Number(s): 3962-000-004-0006/P67676

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
: ss.
COUNTY OF SKAGIT)

KAREN R. RAPER, being first duly sworn, on oath deposes and says:

THAT Affiant is the surviving spouse of ROBERT JEFFERSON RAPER, who died at Burlington, on the 10th day of March, 2007, in Skagit County, State of Washington. A copy of the death certificate is attached hereto.

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

Lot 4, "NORTHSOUND ESTATES NO. 1", as per plat recorded in Volume 9 of Plats, pages 6 and 7, in the records of Skagit County, State of Washington.

Situated in the County of Skagit, State of Washington.

Tax Account No. 3962-000-004-0006/P67676

THAT Affiant and the deceased acquired said property as community property under deed dated May 9, 1991, and recorded under Skagit County Auditor's File No. 9105160073;

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 August 19, 2006, a copy of which is attached hereto.

THAT there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expense.

THAT the value of the decedent's estate at the date of death, including all real and personal property, was approximately \$500,000, all of which was community property.

THIS Affidavit is made to induce any title company doing business in Skagit County, Washington to issue its policies of title insurance on real property passing to the surviving spouse because it was community property or passing to the surviving spouse because it was separate 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.



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Skagit County Auditor

DATED: Mar 21, 2007.

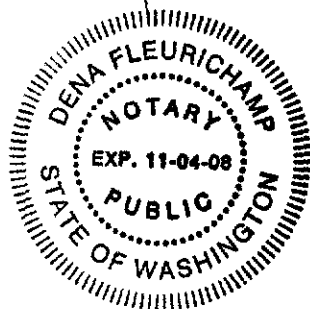
Karen R Raper
KAREN R. RAPER
12136 Discovery Drive
Burlington, WA 98233
(360) 757-2688

STATE OF WASHINGTON)

COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that KAREN R. RAPER 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: March 21, 2007.



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 194-07		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Robert Jefferson Raper				2. Death Date March 10, 2007	
3. Sex (M/F) Male	4a. Age - Last Birthday 60	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number 200-00-0106	6. County of Death Skagit
7. Birthdate July 2, 1946	8a. Birthplace (City, Town, or County) Athens	8b. (State or Foreign Country) Tennessee		9. Decedent's Education GED Completed	
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.) 12136 Discovery 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
14. Estimated length of time at residence. Sixteen Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Karen Van Wieringen	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Manager				18. Kind of Business/Industry (Do not use Company Name) Boating Industry	
19. Father's Name (First Middle, Last, Suffix) Odice Raper Sr.				20. Mother's Name Before First Marriage (First, Middle, Last) Elizabeth	
21. Informant's Name Karen Raper		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 12136 Discovery Drive Burlington, WA 98233	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home					
25. Facility Name (If not a facility, give number & street or location) 12136 Discovery Drive				26a. City, Town, or Location of Death Burlington	26b. State WA
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park		30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Kern Funeral Home 1122 South Third St. Mount Vernon, Washington 98273				32. Date of Disposition March 15, 2007	
33. Funeral Director Signature X <i>Frank L. Searl</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. <i>metastatic renal cell carcinoma</i>		Interval between Onset & Death <i>3yr</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>primary renal cell carcinoma</i>		Interval between Onset & Death <i>5yr</i>	
		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 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 checked="" type="checkbox"/> No <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: Apt. No. 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) stated and manner coded. <i>Robert Raish</i>				48b. Medical Examiner/Coroner - On the basis of examination, autopsy, inspection, or my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Robert Raish M.D., 307 S. 13th St. Suite 100 Mount Vernon, WA 98274				50. Hour of Death (24hrs) 1430	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (MM/DD/YYYY) March 13, 2007	
53. Title of Certifier Physician		54. License Number 26289		55. ME/Coroner File Number NJA-062	
56. Was case referred to ME/Coroner? Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature <i>Connie Anderson, Deputy</i>	
58. Date Received (MM/DD/YYYY) MAR 14 2007				59. Amendments	



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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT between Robert Raper and Karen Raper, husband and wife, of Skagit County, Washington, is made in consideration of love and affection and of the mutual benefits to be derived from the parties hereto. It is hereby agreed as follows:

1. All property of whatsoever nature or description, whether real, personal, or mixed, and wheresoever situated, now owned or hereafter acquired by the undersigned husband and wife, or either of them, including separate property, shall be considered and is hereby declared to be community property.

2. Upon the death of either the husband or the wife, title to all community property as herein defined shall vest immediately in the surviving spouse.

DATED this 19th day of August, 2006.

X Karen Raper Karen Raper
Wife

X Robert Raper Robert I. Raper
Husband

WITNESSED:

[Signature]

[Signature]

State of Washington

County of King

I certify that I know or have satisfactory evidence that Karen & Robert Raper 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 mentioned in the instrument.

Dated: August 19, 2006

[notary signature]

Doris Richards Cole

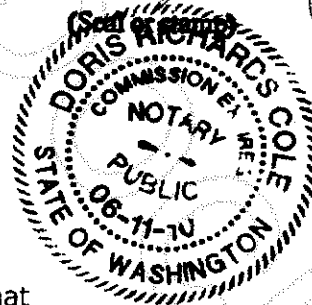
[printed name] DORIS RICHARDS

My appointment expires: 6/11-10

State of Wa
County of King

Signed or attested before me on 8/19-06 by

Karen & Robert Raper Doris R. Cole
(Signature)



My appointment expires 6/11-10



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