



200704040010
Skagit County Auditor

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NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
 : SS
COUNTY OF SKAGIT)

MELVIN G. COWAN, being first duly sworn, on oath deposes and says:

That he is a resident of Anacortes, Skagit County, Washington. That MARY ALICE COWAN was his wife. That MARY ALICE COWAN died a resident in Anacortes, Skagit County, Washington on February 9, 2007. A copy of the death certificate is attached hereto. MARY ALICE COWAN died leaving property in Skagit County all of which was the community proper of affiant and decedent, MARY ALICE COWAN. A copy of the Community Property Agreement is attached.

That there are no unpaid creditors of said decedent MARY ALICE COWAN or of the former marital community nor unpaid funeral expenses, or last illness except as follows: None.

That the decedent's estate is not being probated.

That the property owned by affiant and MARY ALICE COWAN consisted of the following:

REAL ESTATE

- 1. STREET: 1413 - 17TH Street, Anacortes, WA 98221
- TAX ID: P55782/3772-121-010-0002
- LEGAL: Anacortes Lot 1- Blk 121 W 10" of 6 & all 7 to 10

PERSONAL PROPERTY

- 1. Household furniture valued at \$500.00
- 2. Motor vehicles valued at \$500.00
- 3. Bank accounts and cash valued at \$300.00

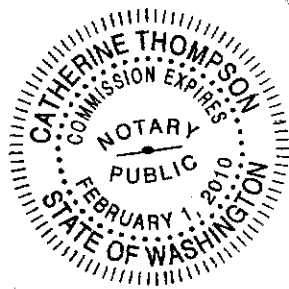
That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

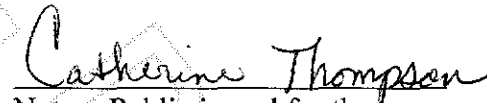
This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

Dated this 28th day of February, 2007 .


MELVIN G. COWAN

SUBSCRIBED AND SWORN TO before me this 28 th day of February, 2007.




Notary Public in and for the
State of Washington, residing
at Anacortes, WA.
My appointment expires: 2-1-10



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COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 16 day of December 2002, between MELVIN COWAN and MARY ALICE COWAN, husband and wife, both of whom are domiciled in the State of Washington. In consideration of the mutual benefits to be derived and 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 of may have been 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 here, 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 any alternate disposition.



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **134-07**

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any): First Middle LAST Suffix Mary Alice COWAN				2. Death Date Feb 9, 2007	
3. Sex (M/F) F	4a. Age - Last Birthday 74	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Burlington	8b. (State or Foreign Country) Washington	9. Decedent's Education High School Graduate		
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.) 1413 ~ 17th Street				13b. City or Town Anacortes	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98221
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence: 34 years			
15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Melvin Grant Cowan			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Homemaker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Clarence H. Riley			20. Mother's Name Before First Marriage (First, Middle, Last) Gladys Irene Brasee		
21. Informant's Name Melvin Grant Cowan		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1413 ~ 17th Street Anacortes WA 98221		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (If not a facility, give number & street or location) 1413 ~ 17th Street			26a. City, Town, or Location of Death Anacortes	26b. State WA	27. Zip Code 98221
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Fernhill Cemetery		30. Location-City/Town, and State Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-				32. Date of Disposition Feb 15, 2007	
33. Funeral Director Signature X <i>Melvin Lane</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. Uremia				Interval between Onset & Death 1 Week	
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				Interval between Onset & Death 17 Years	
b. End Stage Renal Disease Withdrawal From Hemodialysis				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				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"/> 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 checked="" type="checkbox"/> No <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. 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 be filled in by the physician, medical examiner, coroner, or other qualified person who has examined the body and determined the cause of death. <i>Mary Elizabeth John</i>			48b. Medical Examiner/Coroner - To be filled in by the medical examiner, coroner, or other qualified person who has examined the body and determined the cause of death. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Mary E. Lotfi, M.D. 410 Birchwood Avenue, Suite 200, Bellingham, WA 98225				50. Hour of Death (24hrs): 11:15 AM	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) February 12, 2007	
53. Title of Certifier MD		54. License Number MD00046274		55. ME/Coroner File Number NJA #034	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature <i>Connie Anderson, Deputy</i>	
58. Date Received (MM/DD/YYYY) FEB 14 2007					
59. Amendments					



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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) _____

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

FEB 22 2007

Heibrand 0000265825

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

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Skagit County Auditor

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FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA

2007 MAR -9 AM 11:11

SUPERIOR COURT OF WASHINGTON FOR SKAGIT COUNTY

In Re the Estate of:)
MARY ALICE COWAN,)
Deceased.)

NO. **07 4 00070 4**
LAST WILL AND TESTAMENT

See attached.

LAST WILL AND TESTAMENT



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Skagit County Auditor

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STEPHEN C.
SCHUIT
ATTORNEY AT LAW
WSBA # 14107
P.O. BOX 1032
1011 EIGHTH STREET
ANACORTES,
WASHINGTON 98221
(360) 293-5094

Last Will and Testament of

MARY ALICE COWAN

I, MARY ALICE COWAN, of 1413 - 17th Street, Anacortes, Skagit County, Washington declare this to be my Last Will and Testament and revoke all prior Wills and Codicils.

I. FAMILY

I am married and my husband's name is MELVIN COWAN. I have two adult children who are: WAYNE OLSON and SHERRY BERRY. Except as herein provided, I do not intend to make provisions in this Will for any children who survive me, whether named herein or hereafter born or adopted or for the descendants of any child who does not survive me.

II. PAYMENT OF DEBTS

I direct my executor hereinafter named, as soon after my death as is practicable, to pay all just debts for which proper claims are filed against my estate, all estate, inheritance and succession taxes assessed by reason of my death, and the expense of my last illness and funeral; provided, however, that this shall not authorize any creditor to require payment of any debt prior to normal maturity thereof, or prohibit my Executor from exercising any legal defense to the same. My Executor shall be compensated for his/her time and expenses at a reasonable rate.

III. DEVISES AND BEQUESTS OF PROPERTY

A. After payment of funeral expense, debts and taxes as herein provided, and provided he survives me by one (1) day, I devise and bequeath all of the rest, residue, and remainder of my estate to my husband, MELVIN COWAN.

LAST WILL AND TESTAMENT - 1

Initial: *M.A.C.*



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B. In the event my husband does not survive me by one (1) day, and my youngest surviving child is Twenty Five (25) years of age, or older, then, in that event, I devise and bequeath all of the rest, residue and remainder of my estate as follows:

1. To my son, WAYNE OLSON, in consideration of his special needs, I make no provision for him in this my last Will.
2. All of the rest, residue and remainder of my estate I give, devise and bequeath to my daughter, SHERRY BERRY, per stirpes.

C. I may have a separate list which disburses tangible personal property to designate heirs. Said list is dated and signed.

IV. APPOINTMENT OF PERSONAL REPRESENTATIVE

I nominate and appoint my husband, MELVIN COWAN, the Executor of this my Last Will and Testament. If he does not survive me by one (1) day as herein provided, then, in that event, I nominate and appoint my daughter, SHERRY BERRY, as alternate Executor of this my Will. I hereby direct that my Executors shall serve without bond and with unrestricted nonintervention powers, and without liability for error in judgment.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 10th day of

December, 2002.

Mary Alice Cowan
MARY ALICE COWAN

LAST WILL AND TESTAMENT - 2

Initial: M.A.C.



200704040010

Skagit County Auditor

STATE OF WASHINGTON)
) :ss
COUNTY OF SKAGIT)

ATTESTATION CLAUSE AND
AFFIDAVIT OF ATTESTING
WITNESSES

The undersigned, competent to testify, being first duly sworn, upon oath, depose and say:

That the foregoing instrument to which this Affidavit is attached, consisting of three (3) pages, of which this is the third (3rd) page, dated the 10 day of December, 2002, which purports to be the Last Will and Testament of the above named Testatrix was signed and executed by the said Testatrix at Anacortes, Washington, in the presence of my self and the other witness.

The Testatrix thereupon published the instrument as and declared it to be her Last Will and Testament and requested us to sign the same as witnesses and to execute this Affidavit in proof of said Will.

In the presence of the Testatrix and at her request and direction, and in the presence of each other, the other witness and I subscribed our names as witnesses hereto.

At the time of executing said instrument the Testatrix, the other witness and I, were of legal age and competent to act as witnesses and the Testatrix appeared to be of sound and disposing mind and not acting under duress, menace, fraud, undue influence or misrepresentation.

Stephen C. Schutt residing at Anacortes WA

Shelly Ewing residing at Anacortes WA

Signed, sworn to (or affirmed) and attested by STEPHEN C SCHUTT and SHELLY EWING, on this 10 day of December, 2002.

Catherine Thompson
NOTARY PUBLIC in and for the
State of Washington
My appointment expires: 2006



LAST WILL AND TESTAMENT - 3

Initial: M.C.S.



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STEPHEN C. SCHUTT

ATTORNEY AT LAW

P.O. Box 1032
1011 EIGHTH STREET
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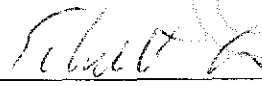
TELEPHONE (360) 293-5094
FAX (360) 299-0416

Dept. Social and Health Services
Office of Financial Recovery
Attn: Estate Recovery Unit
PO Box 9501
Olympia, Washington 98507-95001

Re: Estate of: Mary Alice Cowan
Date of Birth: [REDACTED]
Date of Death: February 9, 2007
SSN: [REDACTED]

There will be no probate of the estate of Mary Alice Cowan. Her Will has been recorded under Skagit County Superior Court Case No. 7-4-70-4. The estate is solvent. The Executor is Melvin G. Cowan. He can be reached at:

Melvin G. Cowan
c/o Stephen C. Schutt
Attorney at Law
P.O. Box 1032
Anacortes, WA 98221



Stephen C. Schutt
Attorney



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STEPHEN C. SCHUTT

ATTORNEY AT LAW

P.O. Box 1032
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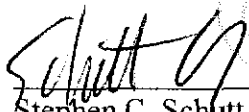
TELEPHONE (360) 293-5094
FAX (360) 299-0416

Dept. Social and Health Services
Office of Financial Recovery
Attn: Estate Recovery Unit
PO Box 9501
Olympia, Washington 98507-95001

Re: Estate of: Pauline Helen Collins
Date of Birth: May 10, 1909
Date of Death: February 8, 2007
SSN: [REDACTED]

There will be no probate of the estate of Pauline Helen Collins. Her Will has been recorded under Skagit County Superior Court Case No. 7-4-70-4 The estate is solvent. The Executor is Robert Collins. He can be reached at:

Robert Collins
c/o Stephen C. Schutt
Attorney at Law
P.O. Box 1032
Anacortes, WA 98221



Stephen C. Schutt
Attorney



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