



200704240099
Skagit County Auditor

4/24/2007 Page 1 of 7 1:22PM

When Recorded, Return To:
Raymond R. Riggles
9455 Fruitdale Road
Sedro Woolley, WA 98284

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
)
) : ss.
COUNTY OF SKAGIT)

Raymond R. Riggles, being first duly sworn, deposes and says:

THAT affiant is the surviving spouse of Betty A. Riggles who died at Mount Vernon, Washington, on the 27th day of September, 2006; having provided for the disposition of all community property as between affiant and said deceased spouse under Community Property Agreement dated February 28, 2003, attached hereto and marked Exhibit "A";

THAT there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness;

THAT the value of the community estate as of the date of death, including all real and personal property, was approximately \$600,000. The value of all separate property of said decedent was approximately \$4,000 as of the date of death.

Among other items of property was the following described real estate located at 9455 Fruitdale Road, Sedro Woolley, Skagit County, Washington (tax parcel No. 3881-000-006-0002; P64369):

Tracts 5 and 6, "CHASE ACREAGE" as per plat recorded in Volume 3 of Plats, page 64, records of Skagit County.

AND

A portion of Lot 4 of Chase Acreage, as recorded in Volume 3 of Plats, at page 64, records of Skagit County, Washington, being more particularly described as follows: Commencing at the Southwest Corner of the Southeast Quarter of the Northeast Quarter of Section 19, Township 35 North, Range 5 East, W.M.; thence North 1°49'24" West, a distance of 352.38 feet along the West line of said Southeast Quarter of the Northeast Quarter to a point lying North 89°52'24" West from the Southwest corner of Lot 4 of said Chase Acreage; thence South 89°52'24" East, a distance of 30.00 feet to the Southwest corner of

said Lot 4, being the TRUE POINT OF BEGINNING; thence South 89°52'24" East along said South line of Lot 4, a distance of 254.93 feet; thence North 1°48'46" West, a distance of 10.28 feet to an existing fence line as it existed on January 1, 1992; thence South 89°42'04" West along said fence line a distance of 254.87 feet to the West line of said Lot 4; thence South 1°49'24" East along said West line of said Lot 4 a distance of 8.39 feet to the TRUE POINT OF BEGINNING. (Skagit County Auditor's File No. 9205290070)

AND

A portion of Lot 4 of Chase Acreage, as recorded in Volume 3 of Plats, at page 64, records of Skagit County, Washington, being more particularly described as follows: Commencing at the Southwest Corner of the Southeast Quarter of the Northeast Quarter of Section 19, Township 35 North, Range 5 East, W.M.; thence North 1°49'24" West, a distance of 352.38 feet, along the West line of said Southeast Quarter of the Northeast Quarter to a point lying North 89°52'24" West, from the Southwest corner of Lot 4 of said Chase Acreage; thence South 89°52'24" East, a distance of 30.00 feet to the Southwest corner of said Lot 4; thence South 89°52'24" East along the South line of said Lot 4, a distance of 254.93 feet to the West line of the East 240.00 feet of said Lot 4, being the TRUE POINT OF BEGINNING; thence South 89°52'24" East along the South line of said Lot 4, a distance of 200.53 feet to an existing fence line as it existed on January 1, 1992; thence North 0°49'40" along said existing fence line a distance of 11.77 feet to the intersection with a fence line running to the West; thence South 89°42'04" West along said fence line a distance of 200.69 feet to the West line of the said East 240.00 feet of Lot 4; thence South 1°48'46" East along the said West line of the said East 240.00 feet of Lot 4, a distance of 10.28 feet to the TRUE POINT OF BEGINNING. (Skagit County Auditor's File No. 9205290069)

Among other items of property was the following described real estate located at 721 Warner Street, Sedro Woolley, Skagit County, Washington (tax parcel No. 4150-044-022-0002; P 75833):

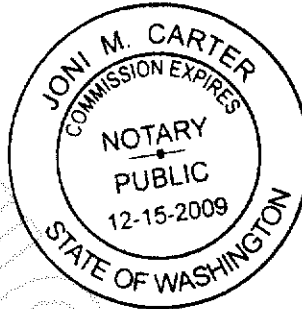
The East ½ of Lot 19 and all of Lots 20, 21 and 22, Block 44, First Addition to the Town of Sedro, as per plat recorded in Volume 3 of Plats, page 29, records of Skagit County.

This affidavit is made to induce any title insurance company to issue its policies of title insurance on real property passing to the surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.



Raymond R. Riggles
RAYMOND R. RIGGLES

SUBSCRIBED AND SWORN to before me this 24th day of April, 2007,
by Raymond R. Riggles.



Joni M. Carter

Notary Public in and for the State of
Washington. My Commission Expires:
12-15-09.



COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is being entered into on the date indicated below between RAYMOND R. RIGGLES and BETTY A. RIGGLES, husband and wife.

RECITALS

A. The parties are husband and wife and residents of the State of Washington.

B. The parties are desirous of entering into an agreement as to the status of their community property, whether now owned or hereafter acquired, in the event one party dies and is survived by the other pursuant to Section 26.16.120 of the Revised Code of Washington.

NOW, THEREFORE, IN CONSIDERATION OF THE MUTUAL BENEFITS TO BE DERIVED FROM THIS AGREEMENT AND THE LOVE AND AFFECTION EACH PARTY HOLDS FOR THE OTHER, IT IS AGREED AS FOLLOWS:

1. The parties agree that all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by them, or either of them, shall be considered and is hereby declared to be community property.

2. Upon the death of one of the parties survived by the other party, the whole of the community property, real and personal, of the parties shall vest in the surviving party in fee simple.

3. In the absence of other evidence indicating the parties' intent to terminate this agreement, it shall nevertheless, be deemed mutually terminated and of no further force or effect upon the occurrence of one or more of the following events:

- (a) Upon a court of competent jurisdiction granting a decree of divorce or separate maintenance to one or the other party.
- (b) Upon both parties suffering death under circumstances where there is insufficient evidence that they have died other than simultaneously.



200704240099

Skagit County Auditor

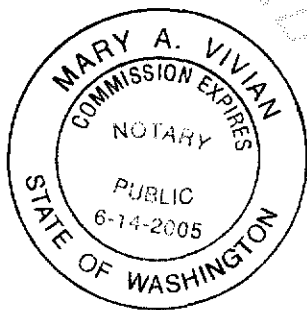
Raymond R. Riggles
RAYMOND R. RIGGLES

Betty A. Riggles
BETTY A. RIGGLES

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that Raymond R. Riggles and Betty A. Riggles signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 2-28-03



Mary A. Vivian
Notary Public in and for the State of
Washington. My commission expires:
6-14-05

COMMUNITY PROPERTY
AGREEMENT - 2
Wills\CPA

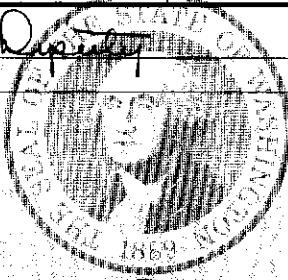


200704240099
Skagit County Auditor

LEWIS, EVANS & POLLINO
ATTORNEYS AT LAW
506 MAIN
MOUNT VERNON, WASHINGTON 98273
Telephone (360)336-5709

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 778-06		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix BETTY ANN RIGGLES			2. Death Date Sep 27, 2006		
3. Sex (M/F) Female	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 [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Idaho Falls	8b. (State or Foreign Country) Idaho	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.) 9455 Fruitdale Rd				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 16 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Raymond R. Riggles	
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) Walter C. Evans			20. Mother's Name Before First Marriage (First, Middle, Last) Edna O [REDACTED]		
21. Informant's Name Ray Riggles		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 9455 Fruitdale Rd Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Emergency Room			Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility name (if not a facility, give number & street or location) Skagit Valley Hospital			26a. City, Town, or Location of Death Mount Vernon	26b. State WA	27. Zip Code 98273
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Union Cemetery		30. Location-City/Town, and State Sedro-Woolley, Washington	
31. Name and Complete Address of Funeral Facility Lemley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284			32. Date of Disposition Sept 30, 2006		
33. Funeral Director Signature <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. Stroke		Interval between Onset & Death Days	
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. Atrial Fibrillation		Interval between Onset & Death Years	
		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 Renal failure, Diabetes				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"/> 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 - On the basis of my knowledge, death occurred at this time, date, and place and due to the cause(s) and manner stated. <i>[Signature]</i>			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. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Charles Kotal MD 1400 E. Kincaid Mount Vernon, WA 98273				50. Hour of Death (24hrs) 0330	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) Sept 28, 2006	
53. Title of Certifier Physician		54. License Number		55. ME/Coroner File Number MD00035345	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) SEP 28 2006	
59. Amendments					



200704240099
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
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record

Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> 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:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:
----------------	-----------	--------------

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 Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
--------------------------------	--	--	--

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:

1. 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.
2. 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)



200704240099
Skagit County Auditor

4/24/2007 Page 7 of 7 1:22PM

CERTIFIED

OCT 02 2006

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

NN00948496