

Elliott W Johnson Inc PS
711 S. First St
Mount Vernon, WA 98273



Skagit County Auditor

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Lack of Probate Affidavit

Grantor(s):

Elizabeth A. Hoare

Grantee(s):

The Public

Legal Description (abbreviated):

Lts 2 & 3 Blk 1 Sunnyside to Mt Vernon
Ptn N SW NW S29 T34N R4E

Assessor's Tax Parcel Number:

3761-001-003-0008 P54456
340429-0-315-0003 P28506

Reference:

In the Matter of the Estate of

Donald F. Hoare,

Deceased.

Lack of Probate Affidavit

State of Washington)

) ss.

County of Skagit)

Elizabeth A. Hoare, being first duly sworn, deposes and says:

Affidavit re:

Community Property Agreement

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H:\EWJ\Hoare, Donald\702 Affidavit.wpd

Elliott W. Johnson Inc. P.S.

711 South First Street

Mount Vernon, WA 98273

(360) 336-6502 Fax 336-5616

Email Elliott@EWJLaw.com

1. I am the surviving spouse of **Donald F. Hoare** who died at a resident of Skagit County, Washington at Mount Vernon on November 15, 2006, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated December 6, 2005. A true and correct copy of this Community Property Agreement is attached hereto and incorporated herein. Attached also is a true and correct copy of the death certificate that was issued herein. This Community Property Agreement was validly executed and in full force and effect at the death of the decedent.

2. The decedent executed no wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering the assets listed below, any portion thereof, or any interest therein other than the instruments which have been duly recorded in the office of the Auditor of the location of the asset, except the above Community Property Agreement.

3. There are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness. The estate is fully solvent.

4. The decedent left surviving, in addition to the undersigned, the following children: Patricia L. Strachila, Lauretta M. Smailes, Robert D. Hoare, Frank A. Horton, Bradley J. Hoare, Donald L. Hoare and Kathleen E. Bjornberg.

5. The decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS), including nursing facility services, home or community-based services, hospital, prescription drugs or any other services.

6. There was no separate property.

7. Among other items of community property was the following described real estate:

1. **Residence located at 92 S 6th Street, Mount Vernon, Wash.
3761-001-003-0008 P54456**

Lots 2 & 3 in Block 1 of "Sunnyside Addition to Mount Vernon, Skagit County, Washington," as per plat recorded in Volume 2 of Plats, page 27 of the records of Skagit County, EXCEPT the following described portion of Lot 2:

Beginning at the Northeast corner of said Lot 2; thence South along the East line thereof, 10 feet; thence Westerly in a straight line to the Northwest corner of said Lot 2; thence East to the point of beginning.

2. **Garden Lot
340429-0-315-0003 P28506**

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711 South First Street
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Skagit County Auditor

That portion of the North 1/2 of the Southwest 1/4 of the Northwest 1/4 of Section 29, Township 34 North, Range 4 East, W.M. described as follows:

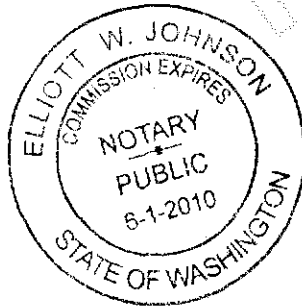
Beginning at a point on the North line of said subdivision at its intersection with the West line of South Sixth Street as platted in William C. Moore's Addition to Mount Vernon, as per plat recorded in Volume 5 of Plats page 28, records of Skagit County; thence South 10 feet; thence West 100 feet; thence South 120 feet; thence West to the East line of a s Tract conveyed to Mount Vernon Investment Company by deed recorded September 25, 1944 under Auditor's File No. 374671, records of said County; thence North along said East line to the North line of said subdivision; thence East to the point of beginning; EXCEPT portion thereof conveyed to the City of Mount Vernon for road purposes by deed recorded under Auditor's File No. 713485.

Situate in the County of Skagit, State of Washington.

7. This affidavit is made to induce Title Companies to issue their 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 herein set forth.

Elizabeth A. Hoare
Elizabeth A. Hoare

SUBSCRIBED AND SWORN to before me on April 27, 2007 by Elizabeth A. Hoare.



[Signature]
Notary Public

My appointment expires: 6-1-2010

Affidavit re:

Community Property Agreement

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711 South First Street
Mount Vernon, WA, 98273



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When Recorded Return to:

Community Property Agreement

Grantor(s): Donald F. Hoare
Grantee(s): Elizabeth A. Hoare
Legal Description (abbreviated): N/A
Assessor's Tax Parcel Number: N/A
Reference (Auditor File Numbers of Documents assigned, released or amended): N/A

Community Property Agreement

THIS AGREEMENT, made and entered into on December 6, 2005, by and between **Donald F. Hoare** and **Elizabeth A. Hoare**, husband and wife, who reside in Mount Vernon, Skagit County, 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

Community Property
Agreement

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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 regarded 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.

4. Automatic revocation: The provisions of paragraph 2 shall be automatically revoked:
a. Upon the 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 any or all provisions of this document 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 guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, 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.

Community Property
Agreement

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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.

Ronald Frank Hoare
Donald F. Hoare

Elizabeth A Hoare
Elizabeth A. Hoare

Rebecca K. Linder
Witness

Christina Hilley
Witness

State of Washington)
) ss.
County of Skagit)

Dated: December 6, 2005.



Christina J. Dilley
Notary Public CHRISTINA J. DILLEY
My appointment expires: 2-1-2009



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 908-06		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any): First Donald Middle F. LAST Hoare		2. Death Date Nov 15, 2006					
3. Sex (M/F) Male	4a. Age - Last Birthday 90	4b. Under 1 Year Months 90 Days	4c. Under 1 Day Hours 90 Minutes	5. Social Security Number 502-03-3493	6. County of Death Skagit		
7. Birthdate Dec 30, 1915	8a. Birthplace (City, Town, or County) Ray	8b. (State or Foreign Country) North Dakota		9. Decedent's Education Associate degree			
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 5 th St.) (Include Apt. No.) 92 S. 6th St.						13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) --		13e. State or Foreign Country Washington		13f. Zip Code + 4 98274	
14. Estimated length of time at residence: 47 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Elizabeth Langedahl			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Printer				18. Kind of Business/Industry (Do not use Company Name) Newspaper			
19. Father's Name (First, Middle, Last, Suffix) Frank A. Hoare				20. Mother's Name Before First Marriage (First, Middle, Last) Harriet B. Lovejoy			
21. Informant's Name Patricia L. Strachila		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. 1509 N. 19th St. City or Town Mount Vernon State WA Zip 98273			
24. Place of Death, if Death Occurred in a Hospital: Nursing home/Long term care facility							
25. Facility Name (if not a facility, give number & street or location) Mira Vista Care Center				26a. City, Town, or Location of Death Mount Vernon		26b. State WA	
27. Zip Code 98274				28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery	
30. Location-City/Town, and State Mount Vernon, WA				31. Name and Complete Address of Funeral Facility Kern Funeral Home 1122 South Third St. Mount Vernon, WA 98273		32. Date of Disposition Nov 22, 2006	
33. Funeral Director Signature X <i>Rex E. Webb</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. Brain Mass		Due to (or as a consequence of):		Interval between Onset & Death months			
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. Coronary Artery Disease		Due to (or as a consequence of):		Interval between Onset & Death years			
c.		Due to (or as a consequence of):		Interval between Onset & Death			
d.		Due to (or as a consequence of):		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"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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:				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. X <i>R. Randall Randhawa</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) R. Randall Randhawa MD 1400 E. Kincaid St. Mount Vernon, WA 98274				50. Hour of Death (24hrs) 1525			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 11-16-06			
53. Title of Certifier Physician		54. License Number M.D.0004 5355		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X <i>Connie Anderson, Registrar</i>				58. Date Received (mm/dd/yyyy) NOV 17 2006			
59. Amendments							



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Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

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 forgoing 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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*** CERTIFIED ***

NOV 20 2006

Skagit County Public Health Department
Howard Colbrand M.D., Health Officer
NN00567395