

2. Community Property Agreement. On September 22, 2007, Decedent and I, as husband and wife, validly executed a written Community Property Agreement (the "Agreement"), which has remained valid and in full force since its execution. The Agreement was recorded in the Office of the County Auditor/Recorder of Skagit County, Washington, on Oct. 11, 2007 under Recording No. _____.

3. Purpose of Affidavit. I am making this Affidavit for recordation regarding the Agreement. The statements I make in this Affidavit are representations of fact that all parties dealing with the real property located in Skagit County, Washington, may rely upon. The real property is more fully described as follows:

Lying and being located in the unincorporated area, County of Skagit, State of Washington; all that certain parcel or tract of land known as:

Tract C of Skagit County Short Plat No. 19-76, as approved May 11, 1976, and recorded in Volume 1 of Short Plats, page 131, under Auditor's File No. 834863, records of Skagit County, Washington; being a portion of the South ½ of the Southwest ¼ of the Northwest ¼ of Section 16, Township 35 North, Range 7 East of the Willamette Meridian.

Including manufactured home 1980 Somerset 52 x 24 Serial Number SM500898.

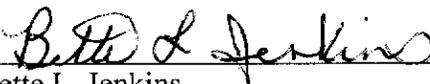
4. Community Property Subject to the Agreement. Decedent's and my Community Property is listed in an attachment to this Affidavit. All of the Community Property is subject to the Agreement, all of its disposition is controlled by the Agreement, and all of it passed to me upon Decedent's death. Decedent owned no separate property at death.

5. Decedent's Will & Probate. No proceedings have begun or are anticipated:

- To have a Will of Decedent admitted to probate,
- To have a Personal Representative for Decedent appointed, or
- To set aside, cancel, or revoke the Agreement.

6. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full or provided for.

Dated: 10-10-07


Bette L. Jenkins
38126 Ammons Road
Concrete, WA 98237



200710160026

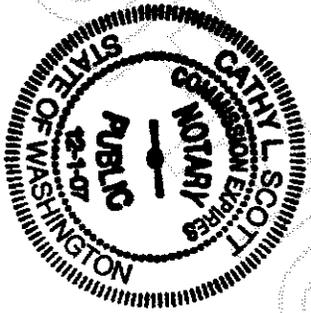
Skagit County Auditor

SUBSCRIBED & SWORN TO before me on October 10, 2007, by
Bette L. Jenkins.

Cathy L. Scott
Signature of Notary

Cathy L. Scott
Printed Name of Notary

NOTARY PUBLIC in and for the
State of Washington, residing at Bow
My appointment expires on: 12/01/2007



200710160026
Skagit County Auditor

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5 10:19AM

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **772-07** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any): First Middle LAST Suffix RICHARD DEAN JENKINS				2. Death Date Sep 30, 2007	
3. Sex (M/F) Male	4a. Age - Last Birthday 62	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 530-34-6008	6. County of Death Skagit
7. Birthdate August 1, 1945		8a. Birthplace (City, Town, or County) Los Angeles		8b. (State or Foreign Country) California	
9. Decedent's Education 12th - GED			12. Was Decedent ever in U.S. Armed Forces? No		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 38126 Ammons Road				13b. City or Town Concrete	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	
13f. Zip Code + 4 98237		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 4 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Bette Miller	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Equipment Operator			18. Kind of Business/Industry (Do not use Company Name) City Government		
19. Father's Name (First, Middle, Last, Suffix) Dudley Ransom Jenkins			20. Mother's Name Before First Marriage (First, Middle, Last) Edna Helen Proctor		
21. Informant's Name Bette Jenkins		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 38126 Ammons Road Concrete, WA 98237	
24. Place of Death, if Death Occurred in a Hospital:			Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence		
25. Facility Name (if not a facility, give number & street or location) 38126 Ammons Road			26a. City, Town, or Location of Death Concrete		26b. State WA
27. Zip Code 98237		28. Method of Disposition Cremation			
29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		30. Location-City/Town, and State Mount Vernon, Washington			
31. Name and Complete Address of Funeral Facility Lemley Chapel, Inc 1008 Third Street Sedro-Woolley, WA 98284			32. Date of Disposition October 2, 2007		
33. Funeral Director Signature <i>Rich Lemley</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. hepatocellular carcinoma	Interval between Onset & Death 2 weeks
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
b. _____	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
hepatitis C infection

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death
 Natural Homicide
 Accident Undetermined
 Suicide Pending

39. If female
 Not pregnant within past year Not pregnant, but pregnant within 42 days before death
 Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

40. Did tobacco use contribute to death?
 Yes Probably No 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? Yes No 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:
 Driver/Operator Pedestrian
 Passenger Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause and manner stated.
 Michael Dillard, MD

48b. Medical Examiner/Coroner - On the basis of a forensic investigation, in 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)
Michael Dillard, MD 835 E Fairhaven Ave Burlington, WA 98233

50. Hour of Death (24hrs)
1705 hrs

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (mm/dd/yyyy)
October 1, 2007

53. Title of Certifier
Physician

54. License Number
MD00024124

55. ME/Coroner File Number
NJA-333

56. Was case referred to ME/Coroner?
 Yes No

57. Registrar Signature
 Cornie Anderson, Deputy

58. Date Received (mm/dd/yyyy)
OCT - 2 2007

59. Amendments



**200710160026
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) _____

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.

*** CERTIFIED ***

OCT 03 2007



200710160026
Skagit County Auditor

Howard Leibrand
Skagit County Public Health Department
Howard Leibrand M.D., Health Officer 0000470600