

When Recorded Return to:

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



200711190172
Skagit County Auditor

11/19/2007 Page

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6 2:31PM

Lack of Probate Affidavit

Grantor(s): Melvin E. Peterson

Grantee(s): Dorothy F. Peterson

Legal Description (abbreviated): Mallard View Condo, Building 1, Unit 1

Assessor's Tax Parcel Number: 4724-000-002-0000 P114185

Reference:

In the Matter of the Estate of

Melvin E. Peterson,

Deceased.

Lack of Probate Affidavit

Affidavit re:
Community Property Agreement

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Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616
Email Elliott@EWJLaw.com

State of Washington)
) ss.
County of Skagit)

Dorothy F. Peterson, being first duly sworn, deposes and says:

1. I am the surviving spouse of **Melvin E. Peterson** who died at a resident of Skagit County, Washington at Mount Vernon on April 6, 2007, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated December 3, 1973. 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: Ronnie Lynn Meyer and Robert H. Peterson.
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. 1415 Mallard View Drive #5

Unit 2, Building 1, MALLARD VIEW CONDOMINIUM, according to the Amended Declaration thereof recorded under Auditor's File No. 200008300094 and the Survey Map and Plans thereof recorded in Volume 17 of Plats, pages 34 through 37, records

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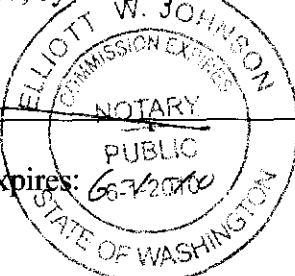
of Skagit County, Washington; being a portion of Tract 86 and a Portion of Tract 75, MADDOX CREEK P.U.D. PHASE I, according to the plat thereof recorded in Volume 16 of Plats, pages 121 through 130, records of Skagit County, Washington.

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.

Dorothy F. Peterson
Dorothy F. Peterson

SUBSCRIBED AND SWORN to before me on November 1, 2007, by Dorothy F. Peterson.

Elliott W. Johnson
Notary Public
My appointment expires: 6-7-2010



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Community Property Agreement

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Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616
Email Elliott@EWJLaw.com

COMMUNITY PROPERTY AGREEMENT

This is an agreement dated the 3rd day of December
1973, between MELVIN E. PETERSON and DOROTHY F. PETERSON

, husband and wife, pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either. It is hereby agreed as follows:

1. All property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situate, now owned or hereafter acquired by the parties, or either of them, in any manner, shall be considered and hereby declared to be community property. For the purpose of constituting all property community property, each party to this agreement transfers, conveys and quit claims to the other an undivided one-half interest in and to any and all separate property presently owned or which may be hereafter acquired.

2. Upon the death of either of the parties hereto absolute ownership and title to all community property, as defined in the preceding paragraph, shall immediately vest in the survivor of them.

3. The entry of a Decree of Dissolution of marriage of the parties hereto shall automatically terminate this agreement.

4. In the event of mental incompetency of one of the parties hereto or for any other valid reason, either party may petition the Superior Court to amend or terminate this agreement and the Court shall have the right to take such action as it deems best.

IN WITNESS WHEREOF, the parties hereto have executed this agreement.

Harold H. Bos
Witness

Melvin E. Peterson
MELVIN E. PETERSON

Harwood Barnester
Witness

Dorothy F. Peterson
DOROTHY F. PETERSON

STATE OF WASHINGTON)
ss.
COUNTY OF SKAGIT)

On this day personally appeared before me MELVIN E. PETERSON and DOROTHY F. PETERSON, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto affixed my hand and official seal this 3rd day of December, 1973.



Harwood Barnester
Notary Public in and for the State of Washington, residing at Mount Vernon.



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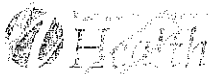
STATE OF WASHINGTON DEPARTMENT OF HEALTH

268-2007

Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST Suffix <div style="text-align: center;">Melvin Edwin Peterson</div>			2. Death Date <div style="text-align: center;">Apr 6, 2007</div>		
3. Sex (M/F) <div style="text-align: center;">Male</div>	4a. Age - Last Birthday <div style="text-align: center;">86</div>	4b. Under 1 Year Months Days <div style="text-align: center;">0 0</div>	4c. Under 1 Day Hours Minutes <div style="text-align: center;">0 0</div>	5. Social Security Number	6. County of Death <div style="text-align: center;">Skagit</div>
7. Birthdate <div style="text-align: center;">Feb 17, 1921</div>	8a. Birthplace (City, Town, or County) <div style="text-align: center;">Snoqualmie Falls</div>	8b. (State or Foreign Country) <div style="text-align: center;">Washington</div>	9. Decedent's Education <div style="text-align: center;">High school graduate</div>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <div style="text-align: center;">No</div>			11. Decedent's Race(s) <div style="text-align: center;">Caucasian</div>		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <div style="text-align: center;">1415 Mallard View Dr #5</div>				13b. City or Town <div style="text-align: center;">Mount Vernon</div>	
13c. Residence: County <div style="text-align: center;">Skagit</div>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <div style="text-align: center;">Washington</div>	13f. Zip Code + 4 <div style="text-align: center;">98274</div>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <div style="text-align: center;">1 Month</div>		15. Marital Status at Time of Death <div style="text-align: center;">Married</div>		16. Surviving Spouse's Name (Give name prior to first marriage) <div style="text-align: center;">Dorothy Dobson</div>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <div style="text-align: center;">Firefighter</div>			18. Kind of Business/Industry (Do not use Company Name) <div style="text-align: center;">City Fire Department</div>		
19. Father's Name (First, Middle, Last, Suffix) <div style="text-align: center;">Oscar Peterson</div>			20. Mother's Name Before First Marriage (First, Middle, Last) <div style="text-align: center;">Elna I Anderson</div>		
21. Informant's Name <div style="text-align: center;">Dorothy Peterson</div>		22. Relationship to Decedent <div style="text-align: center;">Wife</div>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <div style="text-align: center;">1415 Mallard View Dr #5, Mount Vernon, WA 98274</div>		
24. Place of Death, if Death Occurred in a Hospital: <div style="text-align: center;">Inpatient</div>					
25. Facility Name (If not a facility, give number & street or location) <div style="text-align: center;">Skagit Valley Hospital</div>			26a. City, Town, or Location of Death <div style="text-align: center;">Mount Vernon</div>	26b. State <div style="text-align: center;">WA</div>	27. Zip Code <div style="text-align: center;">98274</div>
28. Method of Disposition <div style="text-align: center;">Cremation</div>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <div style="text-align: center;">Mount Vernon Cemetery</div>		30. Location-City/Town, and State <div style="text-align: center;">Mount Vernon, WA</div>	
31. Name and Complete Address of Funeral Facility <div style="text-align: center;">Kern Funeral Home 1122 South Third St, Mount Vernon, WA 98273</div>			32. Date of Disposition <div style="text-align: center;">Apr 10, 2007</div>		
33. Funeral Director Signature X <div style="text-align: center;"><i>Per E Watt</i></div>					
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>Cardio respiratory failure</i>				Interval between Onset & Death <div style="text-align: center;">immediate</div>	
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>due to recurrent GI bleeding</i>				Interval between Onset & Death <div style="text-align: center;">3 days</div>	
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 <i>Weight loss undet. etiol. Suspect Malignancy</i>				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"/> 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"/> 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 City or Town County State Zip Code + 4 <div style="text-align: center;">Apt No.</div>				46. Describe how injury occurred <div style="text-align: center;">47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)</div>	
48a. Certifying Physician (For the first of two signatures, if the decedent is the same, use the same name and address as the physician, medical examiner or coroner) <div style="text-align: center;">X <i>William F. Stanley MD</i></div>				48b. Medical Examiner/Coroner (For the second of two signatures, if the decedent is the same, use the same name and address as the physician, medical examiner or coroner) <div style="text-align: center;">X</div>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <div style="text-align: center;">WILLIAM F. STANLEY MD 400 N. KING RD SE MOUNT VERNON, WA 98274</div>				50. Hour of Death (24hrs) <div style="text-align: center;">1839</div>	
51. Name and Title of Registrar (Type or Print) <div style="text-align: center;">MOUNT VERNON, WA 98274</div>				52. Date Signed (mm/dd/yyyy) <div style="text-align: center;">Apr 10, 2007</div>	
53. Title of Certifier <div style="text-align: center;">Physician</div>		54. License Number <div style="text-align: center;">MD00018516</div>		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				57. Registrar Signature <div style="text-align: center;">X <i>Chauvala Deputy Registrar</i></div>	
58. Date Received (mm/dd/yyyy) <div style="text-align: center;">APR 10 2007</div>				59. Amendments	



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Skagit County Auditor



Affidavit for Correction

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

STATE OFFICE USE ONLY

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

State File Number	File Number	Initials	Date	Affidavit Number
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Fill the section below for requesting any changes on the record.

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

1. Name of Person	2. Date of Event	3. Place of Event (City or County)
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4. Father's Full Name (For Birth, Marriage or Dissolution)	5. Mother's Full Name (For Birth); (Wife for Marriage or Dissolution)
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The Record is believed to be incorrect or incomplete as follows:	
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6. The Record as it appears	7. The True fact is:
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8.	9.
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10.	11.
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12.	13.
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14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <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
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All vital records are confidential and are not to be released to the public. They are to be used only once. Subsequent changes must be made by court order. The incorrect certificate must be returned with a copy of the affidavit and moved to receive a replacement copy free of charge.

All changes must be substantiated by documentary evidence submitted with the affidavit.

Examples of acceptable proof:	Birth Certificate	Marriage License	Divorce Decree	Death Certificate
	Marriage License	Divorce Decree	Death Certificate	Birth Certificate
	Marriage License	Divorce Decree	Death Certificate	Birth Certificate
	Marriage License	Divorce Decree	Death Certificate	Birth Certificate
	Marriage License	Divorce Decree	Death Certificate	Birth Certificate

Birth Certificates:

- Only a parent, legal guardian, or the child, if age 18 or older, may change the birth certificate.
- The proof must show clearly the person's full name, date of birth, and place of birth. If the affidavit says the name is Mary Ann Doe, then the proof must show the name is Mary Ann Doe.
- Proof must show the person's full name, date of birth, and place of birth. If the affidavit says the name is Mary Ann Doe, then the proof must show the name is Mary Ann Doe.
- Just age and the person's name may be changed with an affidavit for correction, provided:
 - The name was previously changed by a court order.
 - The name was previously changed by a court order.
 - The name was previously changed by a court order.
- The name and date may be changed with an affidavit for correction, provided:
 - The name was previously changed by a court order.
 - The name was previously changed by a court order.
 - The name was previously changed by a court order.
- The name and date may be changed with an affidavit for correction, provided:
 - The name was previously changed by a court order.
 - The name was previously changed by a court order.
 - The name was previously changed by a court order.
- This affidavit cannot be used to change a name or date of birth. (Use the voluntary affidavit form DOH/CMS 021)

Death Certificates:

- Only a person who was present at the death, or a person who was present at the death, may change the non-medical information.
- The name and date of birth may be changed with an affidavit for correction, provided:
 - The name was previously changed by a court order.
 - The name was previously changed by a court order.
 - The name was previously changed by a court order.
- The name and date may be changed with an affidavit for correction, provided:
 - The name was previously changed by a court order.
 - The name was previously changed by a court order.
 - The name was previously changed by a court order.

Marriage Licenses:

- The name and date of birth may be changed with an affidavit for correction, provided:
 - The name was previously changed by a court order.
 - The name was previously changed by a court order.
 - The name was previously changed by a court order.
- The name and date may be changed with an affidavit for correction, provided:
 - The name was previously changed by a court order.
 - The name was previously changed by a court order.
 - The name was previously changed by a court order.

CERTIFIED

APR 10 2007



200711190172
Skagit County Auditor

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

0000268336