



200801230091

Skagit County Auditor

1/23/2008 Page

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5 11:07AM

NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

KAREN JACKSON, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That HAROLD WAYNE JACKSON was her husband. That HAROLD W. JACKSON died a resident in Anacortes, Skagit County, Washington on January 6, 2008. A copy of the death certificate is attached hereto. HAROLD W. JACKSON died leaving property in Skagit County all of which was the community property of affiant and decedent, HAROLD W. JACKSON. A copy of the Community Property Agreement is attached.

That there are no unpaid creditors of said decedent HAROLD W. JACKSON 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 HAROLD W. JACKSON consisted of the following:

REAL ESTATE

1. STREET: 15227 n. Dewey Beach Drive, Anacortes, WA 98221
TAX ID: P65089/3904-000-027-0000
LEGAL: (.35 AC) Dewey Beach Add 4 Lot 27

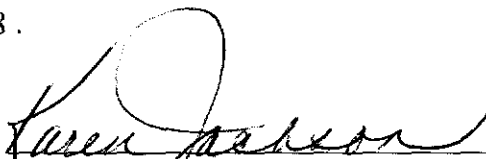
PERSONAL PROPERTY

- | | |
|-------------------------------------|----------|
| 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.

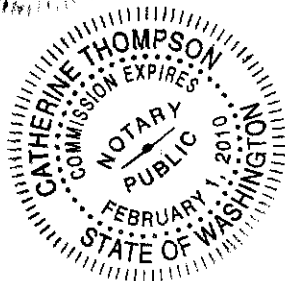
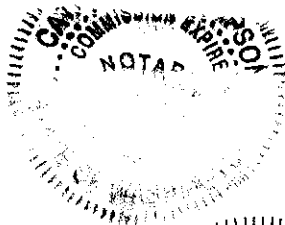
This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or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

Dated this 16 day of January, 2008 .


KAREN JACKSON

SUBSCRIBED AND SWORN TO before me this 16 th day of January, 2008.


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



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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1308		Washington State Certificate of Death			State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Harold Wayne JACKSON				2. Death Date Jan 6, 2008		
3. Sex (M/F) M	4a. Age - Last Birthday 76	4b. Under 1 Year Months Days 76	4c. Under 1 Day Hours Minutes 76	5. Social Security Number 533-30-2792	6. County of Death Skagit	
7. Birthdate Jul 20, 1931		8a. Birthplace (City, Town, or County) Goldendale		8b. (State or Foreign Country) Washington		9. Decedent's Education High School Diploma
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.) 15227 No. Dewey Beach Drive					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. 15 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Karen (nm) Carstens		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Salesman				18. Kind of Business/Industry (Do not use Company Name) Retail Stores		
19. Father's Name (First, Middle, Last, Suffix) Jack Monroe Jackson				20. Mother's Name Before First Marriage (First, Middle, Last) Evelyn Gladys McKune		
21. Informant's Name Karen Jackson		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 15227 No. Dewey Beach Dr. Anacortes, WA 98221		
24. Place of Death, if Death Occurred in a Hospital: Inpatient				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) Island Hospital				26a. City, Town, or Location of Death Anacortes	26b. State WA	27. Zip Code 98221
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		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 Jan 8, 2008
33. Funeral Director Signature X <i>Joseph W. Johnson</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. PNEUMONIA				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. MYELODYSPLASTIC SYNDROME				Interval between Onset & Death MONTHS		
c. Anemia				Interval between Onset & Death MONTHS		
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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
45. Location of Injury: Number & Street, City or Town, County, State, Zip Code + 4				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
46. Describe how injury occurred				47. If transportation injury, specify:		
48a. Certifying Physician (Name, Address, City, State, Zip, and Telephone Number) <i>C. Les Conway</i>				48b. Medical Examiner/Coroner (Name, Address, City, State, Zip, and Telephone Number)		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) C. Les Conway M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221				50. Hour of Death (24hrs) 03:05 AM		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) January 7, 2008		
53. Title of Certifier M.D.		54. License Number MD00015902		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature <i>Connie Anderson, Deputy</i>				58. Date Received (MM/DD/YYYY) JAN - 8 2008		
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: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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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: <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:
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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 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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Skagit County Auditor



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

PP00200845

KNOW ALL MEN BY THESE PRESENTS: