

UNRECORDED
THAT the decedent executed a will, a copy of which is attached hereto, leaving a life estate in the above described real property to Joseph C. McGuire, Lisa Ann McGuire and Irene N. Ostheller. Irene N. Ostheller pre-deceased her husband, Ralph W. Ostheller on February 23, 2000. The will also provided that upon termination of the life estate, the interest in said estate shall be divided in equal shares, share and share alike between, Edith N. Gilstrap, James Richard Perry, David Russell Perry, Joseph Charles McGuire, Lisa Anne McGuire, Jamey Lynn Suderman and Tamara Kathlyn Stapnes.

That Edith N. Gilstrap, James Richard Perry, David Russell Perry, Jamey Lynn Suderman and Tamara Kathlyn Scott have relinquished their interest in the property by way of Quit Claim Deed dated December 13, 2005.

THAT affiants have herein below identified each and all of the heirs at law of decedent entitled to the above described real property, including but not limited to his children, adopted children and the issue of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

THAT the heirs at law of decedent entitled to the above described real property are (list all of the heirs at law using the reverse side if necessary):

| <u>Full Name</u> | <u>Age</u> | <u>Relationship to Decedent</u> |
|--|------------|---------------------------------|
| Lisa A. McGuire 607 Puget Sedro Woolley, WA 98284 | Legal | step daughter |
| Joseph C. McGuire 607 Puget Sedro Woolley WA 98284 | Legal | step-son |

THAT affiants knows of their own knowledge, and so states, that each and all of the obligations against the estate of said decedent (including but not limited to: all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes, installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.



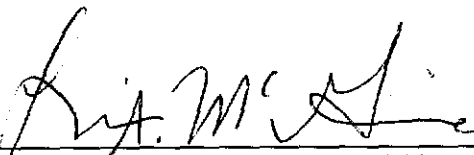
200802130086
Skagit County Auditor

CHECK WHICH APPLIES:

- THAT the decedent left no Will.
- THAT the decedent left a Will, a copy of which is attached hereto.
- THAT the decedent's estate is not being probated.
- THAT State and/or federal succession or inheritance taxes are not payable.
- THAT State and/or federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge is attached hereto.
- THAT State and/or federal succession or inheritance taxes are due, but have not paid.

THAT this affidavit is made solely to induce any title insurance company to insure title to real property in full reliance upon the herein representations.

DATED: February 7th 2008



 Lisa A. McGuire - Affiant



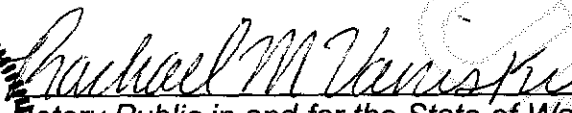
 Joseph C. McGuire - Affiant

STATE OF WASHINGTON)
)ss
 COUNTY OF SKAGIT)

On this day personally appeared before me Lisa A. McGuire to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 7th day of February, 2008





 Notary Public in and for the State of Washington,
 residing at Sedro Woolley
 My appointment expires 10-10-08



200802130086

Skagit County Auditor

STATE OF WASHINGTON)
)
County of Skagit)

On this day personally appeared before me Joseph C. McGuire to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 7th day of February, 2008



Rachael M Vaniski
Notary Public in and for the State of Washington,
residing at Sedro Woolley
appointment expires 10-6-08

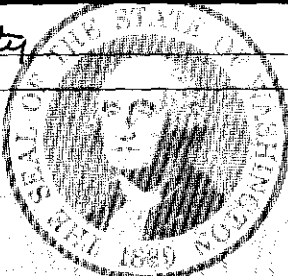


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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **27-06** Washington State Certificate of Death State File Number

| | | | | | |
|---|--------------------------------------|--|---|---|--|
| 1. Legal Name (Include AKA's if any) First Middle LAST Suffix Ralph William OSTHELLER | | | | 2. Death Date Jan 10, 2006 | |
| 3. Sex (M/F) M | 4a. Age - Last Birthday 69 | 4b. Under 1 Year Months Days | 4c. Under 1 Day Hours Minutes | 5. Social Security Number [REDACTED] | 6. County of Death Skagit |
| 7. Birthdate [REDACTED] | | 8a. Birthplace (City, Town, or County) Philadelphia | 8b. (State or Foreign Country) Pennsylvania | | 9. Decedent's Education HS Graduate |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No | | | 11. Decedent's Race(s) White | | 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.) 607 Puget St | | | | 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- |
| 14. Estimated length of time at residence. 26y | | 15. Marital Status at Time of Death Married | | 16. Surviving Spouse's Name (Give name prior to first marriage) | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Mail Carrier | | | 18. Kind of Business/Industry (Do not use Company Name) U.S. P.S. | | |
| 19. Father's Name (First, Middle, Last, Suffix) Ralph Andrew Ostheller | | | 20. Mother's Name Before First Marriage (First, Middle, Last) | | |
| 21. Informant's Name Lisa Anne McGuire | | 22. Relationship to Decedent Step-Daughter | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 607 Puget St. Sedro WA 98284- | | |
| 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) 607 Puget St | | | 26a. City, Town, or Location of Death Sedro Woolley | 26b. State WA | 27. Zip Code 98284- |
| 28. Method of Disposition Cremation | | 29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park | | 30. Location-City/Town, and State Mount Vernon, Washington | |
| 31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398 | | | | 32. Date of Disposition Jan 13, 2006 | |
| 33. Funeral Director Signature X <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. Congestive heart failure | | Interval between Onset & Death 2 yrs. |
| 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. Severe anemia | | Interval between Onset & Death 12 mos. |
| | | | c. Renal disease | | Interval between Onset & Death 2 yr. |
| | | | d. Diabetes | | Interval between Onset & Death 5 yrs. |
| 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 checked="" 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: | |
| 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 stated to the cause(s) and manner stated: X Vanoy Smith M.D. | | | 48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, if 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) Vanoy H. Smith M.D. 1952 Hospital Drive, Sedro Woolley, WA 98284 | | | 50. Hour of Death (24hrs) 1745 | | |
| 51. Name and Title of Attending Physician if other than Certifier (Type or Print) | | | 52. Date Signed (MM/DD/YYYY) 1/12/06 | | |
| 53. Title of Certifier M.D. | | 54. License Number | | 55. ME/Coroner File Number NJA # 013 | |
| 57. Registrar Signature X Connie Anderson, Deputy | | | 58. Date Received (MM/DD/YYYY) JAN 13 2006 | | |
| 59. Amendments | | | | | |



200802130086
Skagit County Auditor

Affidavit for Correction

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: 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.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JAN 13 2006



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