



200803120008

Skagit County Auditor

3/12/2008 Page 1 of 6 9:41AM

**Filed for Record at request of
and return to:**

STILES & STILES INC. P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Legal : FIDALGO COMMONS P.U.D., LOT 16, ACRES 0.13
Tax Parcel # 4817-000-016-0000
P1204640

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

State of Washington)ss.
County of Skagit)

EMETERIA RUBI LARRABEE, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of THERON SUMNER LARRABEE, who died at Sedro Woolley, County of Skagit, State of Washington, on February 5, 2008 having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated December 19, 2007, which agreement shall be recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit County, Washington.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. That the value of the community estate as of the date of death, including all real and personal property, was approximately \$ 225,000.00 and the value of all separate property of said decedent was \$-0- as on the date of death. Among other items of community property was the following described real estate.

Lot 16, "Fidalgo Commons P.U.D.", approved May 30, 2003,
recorded May 30, 2003 under Skagit County Auditor's File
No. 200605300211.

SUBJECT TO: Restrictions, reservations and easements of record.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement, and in reliance upon the representations hereinabove set forth.

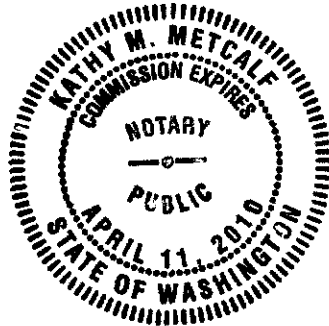
DATED this 10 day of March, 2008

Emeteria Rubi Larrabee
Emeteria Rubi Larrabee

State of Washington)
County of Skagit) ss.

On this day personally appeared before me Emeteria Rubi Larrabee, 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 on March, 10, 2008.



Kathy Metcalf
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 4-11-2010



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Skagit County Auditor

RECORDED AT THE REQUEST OF:

Stiles & Stiles, Inc., P.S.
P.O. Box 228
Sedro-Woolley, Washington 98284

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT made and entered into by and between Theron S. Larrabee and Eneteria Rubi Larrabee, husband and wife, pursuant to the provisions of Section 26.16.120, Revised Code of Washington; providing for agreements between husband and wife for fixing of the status and disposition of community property to take effect upon the death of either.

WITNESSETH:

That, in consideration of the love and affection that each of the parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all property of whatsoever nature and description, whether real, personal or mixed, and wheresoever situated now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.



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IN WITNESS WHEREOF, Theron S. Larrabee and Eneteria Rubi Larrabee ,
husband and wife, have hereunto set their hands and seals on
December 19, 2007

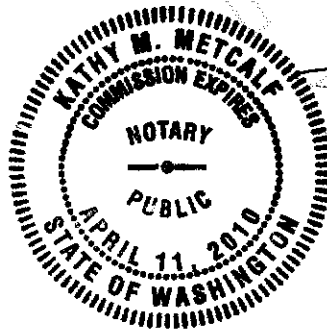
Theron S. Larrabee
Theron S. Larrabee

E. Rubi Larrabee
Eneteria Rubi Larrabee

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

This certifies that Theron S. Larrabee and Eneteria Rubi Larrabee , husband and wife, personally appeared before me and known to me to be the individuals described in and who executed the foregoing instrument and acknowledged the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official seal on December 19, 2007



Kathy M. Metcalf
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission expires: 4/11/2010



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 114-08		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Theron Sumner Larrabee			2. Death Date Feb 5, 2008		
3. Sex (M/F) Male	4a. Age - Last Birthday 45	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Sedro-Woolley	8b. (State or Foreign Country) Washington	9. Decedent's Education Tenth Grade		
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? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 1262 Fidalgo Place				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	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input 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) Emeteria Rubi Chavez	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Tree Debarker			18. Kind of Business/Industry (Do not use Company Name) Lumber Mill		
19. Father's Name (First, Middle, Last, Suffix) Larry Delano Larrabee			20. Mother's Name Before First Marriage (First, Middle, Last) Darla Mae [REDACTED]		
21. Informant's Name E. Rubi Larrabee		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1262 Fidalgo Place Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (If not a facility, give number & street or location) 1262 Fidalgo Place			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) Mount Vernon Cemetery Crematory		30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Lenley Chapel, Inc 1008 Third Street Sedro-Woolley, WA 98284			32. Date of Disposition February 7, 2008		
33. Funeral Director Signature X <i>Kick Lenley</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. Pancreatic Cancer		Due to (or as a consequence of):		Interval between Onset & Death 3 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 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"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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: _____			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			48a. Certifying Physician - On the basis of personal examination, death occurred at this time, date, and place as due to the cause stated above and as shown on this certificate.		
48b. Medical Examiner/Coroner - On the basis of examination, autopsy investigation, or autopsy, death occurred at the time, date, and place as shown on this certificate and as shown on this certificate.			49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Edwin Stickle, MD 1990 Hospital Dr Ste 100 Sedro-Woolley, WA 98284		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			50. Hour of Death (24hrs) 2011 hrs		
53. Title of Certifier Physician			54. License Number MD00034310	55. ME/Coroner File Number NJA-048	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>Cornie Anderson</i>			58. Date Received (MM/DD/YYYY) FEB - 7 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: ☐ 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

FEB 11 2008

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

PP00198801