

AFTER RECORDING RETURN TO:

Name William R. Allen, Attorney

Address P.O. Box 437

City, State, Zip Sedro Woolley, WA 98284



200803180123

Skagit County Auditor

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## COVER SHEET

**Document Title:** Lack of Probate Affidavit

**Reference Number(s) of Documents Assigned or Released:**

**Grantor(s):**

1. Milton E. Fleurichamp
2. Patricia H. Fleurichamp

**Grantee(s):**

1. Milton E. Fleurichamp
2. Patricia H. Fleurichamp
3. Public

**Abbreviated Legal Description:** Ptn of the SW  $\frac{1}{4}$  of Section 20, T35N, R5E, W.M.

**Assessor's Property Tax Parcel/Account Number(s):** 350520-3-002-0002/P40037;  
350520-3-003-0001/P40038;  
350520-3-005-0009/P40041;  
350520-3-006-0008/P40042

## LACK OF PROBATE AFFIDAVIT

PATRICIA H. FLEURICHAMP, being first duly sworn on oath, deposes and says:

THAT Affiant is the surviving spouse of MILTON E. FLEURICHAMP, who died at Sedro Woolley, on the 16<sup>th</sup> day of February, 2008, in Skagit County, State of Washington. A copy of the death certificate is attached hereto.

THAT at the time of his death, decedent's sole surviving heir at law was his spouse, Patricia H. Fleurichamp.

THAT among items of community property was real estate described on the attached EXHIBIT A and incorporated herein by this reference.

THAT the Affiant and the deceased acquired said property as community property under deeds recorded under Skagit County Auditor's File Nos. 200602150126 and 8401230069.

THAT the Affiant and the deceased provided for the conversion of separate property to community property and for the disposition of all community property by Community Property Agreement dated August 27, 1982, and recorded concurrently herewith.

THAT there are no unpaid creditors of said decedent, Milton E. Fleurichamp, or of the former marital community nor unpaid funeral expense, or expenses of last illness.

THAT Affiant knows of her own knowledge, and so states, that each and all of the obligations against the estate of said decedent, Milton E. Fleurichamp (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.

THAT the decedent left a Will, a copy of which is attached hereto; the decedent's estate is not being probated; the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes; and that all Creditor's Claims against the estate of the decedent have been paid.

THAT the value of the decedent's estate at the date of death, including all real and personal property, was approximately \$800,000.00, all of which was community property.

THIS Affidavit is made to induce any Title Insurance Company doing business in Skagit County, Washington, to insure real property in which decedent held an interest at





**EXHIBIT A**  
**Legal Descriptions**  
**25291 & 25295 Hoehn Road, Sedro Woolley, WA 98284**

**Tax Parcel #:** 350520-3-002-0002/P40037 and 350520-3-005-0009/P40041

A LIFE ESTATE IN THE FOLLOWING DESCRIBED PROPERTY:

The West 13 rods of the Northeast  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$  North of County road, less the North 848 feet, in Section 20, Township 35 North, Range 5 E.W.M.; AND the Northwest  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$  North and East of creek, less the North 848 feet, in said Section, Township and Range.

Situated in the County of Skagit, State of Washington.

**Tax Parcel #:** 350520-3-003-0001/P40038 and 350520-3-006-0008/P40042

That portion of the North  $\frac{1}{2}$  of the Southwest  $\frac{1}{4}$  of Section 20, Township 35 North, Range 5 East, W.M., described as follows:

Beginning at a point 13 rods East and 848 feet South of the Northwest corner of the Northeast  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$  of said Section 20, said point being the Northeast corner of that certain property conveyed to Milton Eugene Fleurichamp and Patricia Hawley Fleurichamp, husband and wife, by deed recorded under Auditor's File No. 8108180041;  
thence North along a line parallel with and 13 rods East of the West line of the Northeast  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$  of said Section 20, 200 feet;  
thence West, parallel with the North line of said Northeast  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$ , to the West line of said Northeast  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$  of said Section 20;  
thence North, along said West line to the Northwest corner of said Northeast  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$ ;  
thence West, along the North line of the Northwest  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$  of said Section 20, to the most Easterly corner of that tract of land conveyed to Puget Sound Power & Light Company, by deed recorded under Auditor's File No. 177599;  
thence Southwesterly, along the Southeasterly line of said Puget Power tract to the East line of the creek running through said Northwest  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$ ;  
thence Southeasterly, along said creek to the Northwest corner of that certain property conveyed to Milton Eugene Fleurichamp, et ux, by deed recorded under Auditor's File No. 8108180041;  
thence East, along the North line of said Fleurichamp tract, to the Point of Beginning.

Situate in the County of Skagit, State of Washington.



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 140-08 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>MILTON EUGENE FLEURICHAMP</b>				2. Death Date <b>Feb 16, 2008</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>86</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. Cause of Death <b>Skagit</b>
7. Birthdate		8a. Birthplace (City, Town, or County) <b>El Paso</b>	8b. (State or Foreign Country) <b>Texas</b>	8. Decedent's Education	
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>25295 Hoehn Road</b>				13b. City or Town <b>Sedro-Woolley</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98284</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>27 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Patricia Hawley</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Owner/Operator</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Gas Station</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Ernest Joseph Fleurichamp</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Rose (unknown)</b>		
21. Informant's Name <b>Jon Fleurichamp</b>		22. Relationship to Decedent <b>Son</b>		23. Mailing Address: Number and Street or RFD No. City/Town State Zip <b>25299 Hoehn Road Sedro-Woolley, WA 98284</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>In-Patient</b>			25. Facility Name (if not a facility, give number & street or location) <b>United General Hospital</b>		
26a. City, Town, or Location of Death <b>Sedro-Woolley</b>			26b. State <b>WA</b>	27. Zip Code <b>98284</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mount Vernon Cemetery Crematory</b>		30. Location: City/Town, and State <b>Mount Vernon, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Lemley Chapel, Inc. 1008 Third Street Sedro-Woolley, WA 98284</b>			32. Date of Disposition <b>February 19, 2008</b>		
33. Funeral Director Signature X <i>Rich Lemley</i>					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venacular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <b>Pneumonia</b>		Interval between Onset & Death <b>6 months</b>	
Sequently 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. <b>Hypalbuminemia</b>		Interval between Onset & Death <b>months</b>	
		c. <b>Colorectal adenocarcinoma</b>		Interval between Onset & Death <b>months</b>	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: <b>Coronary artery disease</b>					
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/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: Apt. No.					
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 and due to the cause(s) and manner listed: <i>[Signature]</i>			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Rico Romano, MD 1990 Hospital Dr Ste 200 Sedro-Woolley, WA 98284</b>				50. Hour of Death (24hrs) <b>2230 hrs</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) <b>Peggy Bissell, MD</b>				52. Date Signed (mm/yyyy) <b>February 18, 2008</b>	
53. Title of Certifier <b>Physician</b>		54. License Number <b>M000046127</b>		55. ME/Coroner File Number	
57. Registrar Signature <i>[Signature]</i>				58. Date Recalized (mm/yyyy) <b>FEB 19 2008</b>	
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) \_\_\_\_\_

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 now shows: \_\_\_\_\_  
The Record is incorrect or incomplete as follows: \_\_\_\_\_

6	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 foregoing 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
- Hospital Records
- Insurance Records
- Marriage/Divorce Records
- Medical Record
- Military Record (DD-214)
- Birth Record
- Passport
- School Record
- Voter's Registration Card (if it bears an effective date)
- Alien Registration Card (front and back)

**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.
  - 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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FEB 19 2008

# \*CERTIFIED\*

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

PP00199249

Handwritten signature: *Howard Leibrand*

# Last Will and Testament

BE IT KNOWN That I, MILTON E. FLEURICHAMP, of Sedro Woolley, Skagit County, State of Washington, being of legal age, and being of sound and disposing mind and memory, and not acting under duress, menace, fraud, or the undue influence of any person or persons whomsoever, do hereby make, publish and declare this, my Last Will and Testament:

ARTICLE I: I declare that my immediate family consists of my beloved wife, Patricia Fleurichamp, and our son, Jon E. Fleurichamp, and that I am also naming herein my beloved step-children, who are my wife's children by a former marriage; namely, Melinda Keenan and Glenn Michael Anderson. I declare that said child and stepchildren are all of legal age and I further declare that neither my wife nor I have any deceased child or children with lineal descendants now living.

ARTICLE II: If my said spouse, Patricia Fleurichamp, survives me, then in that event:

(A) I give, devise and bequeath unto my said spouse all of my interest in any checking accounts in our names, all household furniture, furnishings and equipment, our family automobile, or automobiles, all boats, recreational vehicles and camp trailers we may own at the time of my death, all of my personal effects, clothing, books, sports equipment, tools and any interest I have in any insurance policies on any of the foregoing.

(B) If, however, my said spouse does not survive me, then and in that event, I give, devise and bequeath the items described in sub-paragraph (A) hereinabove, in as nearly equal shares as can be determined by my personal representative, whose choice will be final and binding concerning the division of said physical and tangible assets unto our three said children, above named.



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1.

*Milton E. Fleurichamp*

(SEAL)

ARTICLE III: If my said spouse survives me, I give, devise and bequeath my residuary estate as follows:

(A) In order to eliminate or minimize the federal estate taxes payable at my death, I give to my Trustee, named hereafter, IN TRUST, herein referred to as the "Spouse Trust Estate", the maximum amount from the residue of my estate which will, after taking into account all allowable credits and deductions, result in no federal estate tax on my gross estate or in no increase in the federal estate tax on my gross estate if any such tax is payable by virtue of property passing under other provisions of this Will or outside this Will and which does not qualify for the marital deduction allowed under Section 2056 of the Internal Revenue Code of 1954. The final determination made in the proceeding to fix the liability of my estate for federal estate tax purposes shall be conclusive as to the value of each item of property allocated to the Spouse Trust Estate pursuant to this provision. The Trustee's decision shall be final, conclusive and binding upon all beneficiaries, provided only that in making the allocation to the Spouse Trust Estate the Trustee shall do so in an objective, equitable and impartial manner, and the property, including cash, allocated to the Spouse Trust Estate shall have an aggregate fair market value fairly representative of the appreciation or depreciation in the value, to the date of allocation, of all property then available for allocation to the Spouse Trust Estate. The Trustee shall hold, administer and distribute the Spouse Trust Estate as follows:

(1) My Trustee shall pay to or apply for the benefit of my said spouse, for a lifetime, such portion of the income and/or principal of the Spouse Trust Estate as my Trustee shall, from time to time, determine is reasonably necessary to provide my said spouse with the health, maintenance, and support according to my spouse's accustomed standard of living.

(2) In addition to the above, to the extent the Spouse Trust Estate consists of any interest in our primary residence

Walter & Heidi (SE)

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or recreational real estate, my said spouse shall be permitted to use the same, rent free, for lifetime, provided that with respect to both residential and recreational properties, my said spouse shall pay all ordinary expenses relating thereto, such as maintenance, insurance, utilities and taxes. My spouse shall also have the right to direct my Trustee to sell any such residential or recreational properties, and to apply the proceeds to the purchase of substitute residential or recreational properties, any and all of which may be used by my spouse as provided above.

(3) Upon the death of my said spouse, the Spouse Trust Estate shall be held, administered and distributed pursuant to Article III (C) hereinbelow.

(B) I give, devise and bequeath the balance of my residuary estate to my said beloved spouse free and clear of the above described trust.

(C) (1) If, however, my said spouse, Patricia Fleurichamp, does not survive me, I give, devise and bequeath all of my residuary estate, or if she survives me, then I give the Spouse Trust Estate at the time of her death to the following persons and in the following shares:

- A. Any and all real estate I own at the time of my death unto the said Jon E. Fleurichamp.
- B. Any and all non-real estate assets I own at the time of my death, I give, devise and bequeath in equal shares unto the said Jon E. Fleurichamp, Melinda Keenan, and Glenn Michael Anderson.

If, however, any of my heirs named in this sub-paragraph should die before receiving his or her said share, then said deceased heir's share shall go, instead, equally among his or her surviving children, if any, and if he or she has no surviving children, will go to his or her surviving spouse, and if he or she has no surviving spouse, then shall go, instead, equally among those of the said named heirs who are then living.



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*Walter E. Howard Jr*

(SEA)

ARTICLE IV:

(A) As Trustee of the trust hereinabove described, I nominate and appoint the following:

(1) - My said spouse, Patricia Fleurichamp, or if she is unable or unwilling to act, or resigns while acting, then the said Jon E. Fleurichamp and Glenn Michael Anderson, as co-trustees, or if either is unable or unwilling to act, then the other may act as the sole trustee.

(B) In addition to the duties, powers and rights imposed and granted by law, my Trustee shall have the power and discretion in the application thereof, to act as follows:

(1) In determining what is principal or income, my Trustee shall follow the provisions of the Uniform Principal and Income Act, or any successor Act in effect in the State of Washington from time to time.

(2) My Trustee shall be permitted to rely with acquittance on advice of counsel on questions of law.

(3) My Trustee shall have the power to merge or combine any trust hereunder with a trust or trusts otherwise established for substantially the same class or classes of persons, and to thereafter jointly distribute and administer such combined trust estate.

(4) The requirements of the Uniform Trustees' Accounting Act, or any similar provision of applicable law requiring periodic accounting to the trust beneficiaries, are hereby waived to the extent permitted by law, specifically as provided in RCW 30.30.100.

(5) My Trustee may make any division or distribution wholly or partially in kind, and the decision of the Trustee respecting the value of any property so distributed shall be binding upon all beneficiaries concerned.

(6) During any legal disability of the trust beneficiary, the Trustee shall have the right to make payments for or on behalf of such beneficiary to any such person or institution or association as the Trustee

*Melton E. Kunkler*



determines is advisable under the circumstances, and the receipt from whom shall constitute a complete acquittance for any amount thus paid.

(7) My Trustee shall not be liable for loss caused by or resulting from an error of judgment with respect to any action taken or omitted requiring the exercise of discretion in good faith, nor shall my Trustee be liable for loss caused by or resulting from any other act or omission in the absence of bad faith.

(8) My Trustee is authorized to pay any estate, inheritance or succession taxes resulting from the death of any beneficiary hereunder, which taxes are attributable to any portion of the trust estate.

(9) No principal or income payable to or to become payable under said trust shall be subject to anticipation or assignment by the beneficiary thereof, or to attachment by, or to the interference of any creditor of any said beneficiary, nor be taken or reached by any legal or equitable process in satisfaction of any such debt or liability of said beneficiary prior to its actual receipt by said beneficiary.

ARTICLE V: With respect to the personal representative of my estate who is nominated and appointed hereinbelow, and the control, management and administration of my estate during probate, I direct as follows:

(A) Said personal representative shall not be required to furnish any bond or security whatsoever in order to qualify as personal representative.

(B) My Last Will and Testament shall be administered under the provisions of the laws of the State of Washington, or whatever other

*Wilton E. Hurdy* (SEAL)



state may be my state of residence at the time of my death, if any, governing non-intervention Wills and my personal representative, after complying with the provisions of such law making the non-intervention provisions of the statutes applicable, shall thereafter proceed with the administration of the property of my estate without intervention of courts to the extent allowed by said non-intervention statutes. During the administration of my estate my personal representative is also empowered to do all acts and things which the above named Trustee is authorized and empowered to do under the foregoing provisions while acting as Trustee. I specifically authorize my personal representative to sell, exchange, lease, mortgage, pledge or otherwise encumber or dispose of any of the property of my estate, at any time, and upon such prices, terms and conditions as are deemed reasonable by my personal representative without an order of court and without notice or confirmation and to make distributions in cash, or in kind.

(C) If, pursuant to this Will, any property is to be distributed to any minor, or to any other person under any legal disability, my personal representative is given the authority and discretion to deliver all or any part thereof to said person; or to place all or any part thereof in safekeeping for the recipient; or to sell all or any part of such tangible personal property and distribute the proceeds to the recipient, or to the recipient's guardian or trustee, custodian or parent; to deliver all or any part thereof to the recipient, guardian, trustee, custodian or parent; or defer distribution of all or any part thereof to a time when any minor has attained the age of majority, or when any recipient who is under a legal disability has had such disability removed, and in either case during the period of deferral the personal representative shall maintain the property and use it for the benefit of, or preserve it for the benefit of, such recipient in such manner as the personal representative deems advisable.

(D) As personal representative of this, my Last Will and Testamen I nominate and appoint the following:

6.

Melton Otkandy (SEAL)

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My said spouse, Patricia Fleurichamp, or if she is unable or unwilling to act, then the said Jon E. Fleurichamp and Glenn Michael Anderson, as co-personal representatives, or if either is unable or unwilling to act, the other may act alone. I direct that none of said persons shall be required to furnish any bond or security whatsoever in order to accept the said appointment as personal representative.

ARTICLE VI: I hereby revoke all former Wills and testamentary dispositions by me at any time heretofore made.

IN WITNESS WHEREOF, I, the said MILTON E. FLEURICHAMP, have to this, my Last Will and Testament, subscribed my name and affixed my seal at Sedro Woolley, Washington, this 12 day of September, 2000.

Milton E. Fleurichamp

(SEAL)

WE HEREBY CERTIFY that the foregoing instrument consisting of six typewritten pages besides this one, each signed by the testator was, on the 12 day of September, 2000, signed, sealed and published by the above named testator as and declared by him to be his Last Will and Testament in the presence of us the undersigned, who at his request and in his presence and the in the presence of each other, have hereunto subscribed our names as witnesses thereto.

John H. Ward  
Residing at Sedro Woolley, Washington

Carol Mayer  
Residing at Sedro Woolley, Washington



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