



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: Marc C. Sorensen and Scot E. Sorensen.

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:

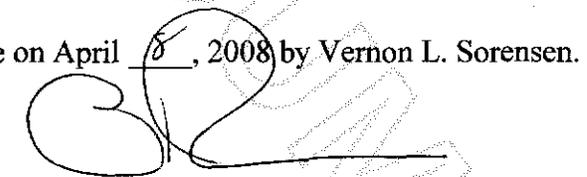
Lot 8, Block 2, Country Club Add. No. 6, according to the plat thereof recorded in Volume 11 of Plats, page 42, records of Skagit County, Washington

Situated in 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.

  
Vernon L. Sorensen

SUBSCRIBED AND SWORN to before me on April 8, 2008 by Vernon L. Sorensen.

  
Notary Public  
My appointment expires: 6-1-10

Affidavit re:  
Community Property Agreement

NonPro07  
4/3/8 8:13

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Page 2

Elliott W. Johnson Inc. P.S.  
711 South First Street  
Mount Vernon, WA, 98273  
(336-5616  
ELaw.com



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Skagit County Auditor

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When Recorded Return to:

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## Community Property Agreement

**Grantor(s):** Vernon Le Roy Sorensen

Additional names on page  
\_\_\_ of document

**Grantee(s):** Patricia Lucille Sorensen

Additional names on page  
\_\_\_ of document

**Legal Description (abbreviated):** N/A

Additional legal descrip-  
tion on page \_\_\_ of document

**Assessor's Tax Parcel Number:** N/A

**Reference (Auditor File Numbers  
of Documents assigned, released or  
amended):** N/A

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Community Property  
Agreement

Page 1

VLRS  
PLS

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Elliott W. Johnson Inc. P.S.  
711 South First Street  
Mount Vernon, WA, 98273



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Skagit County Auditor

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# Community Property Agreement

THIS AGREEMENT, made and entered into on May 12, 2004, by and between **Vernon Le Roy Sorensen** and **Patricia Lucille Sorensen**, husband and wife, who reside in Burlington, Skagit County, Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property covered: This agreement shall apply to all community property now owned or hereafter acquired by husband and wife (except for assets for which a separate beneficiary designation has been or is hereafter made by husband or wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If husband dies and wife survives, any separate property of husband which is owned by husband at the time of his death (except for assets for which husband has made a separate beneficiary designation other than by will) shall become and be considered community property vested as of the moment of his death, and if wife dies and husband survives her, any separate property of wife which is owned by wife at the time of her death (except for assets for which wife has made a separate beneficiary designation other than by will) shall become and be considered community property vested as of the moment of her death. All such property is regarded to in this agreement as the "described community property."
2. Vesting at death of a spouse: If husband dies and wife survives him, all of the described community property shall vest in wife as of the moment of husband's death. If wife dies and husband survives her, all of the described community property shall vest in husband as of the moment of wife's death.
3. Disclaimer: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.
4. Automatic revocation: The provisions of paragraph 2 shall be automatically revoked.
  - a. Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or
  - b. Upon the establishment of a domicile out of the State of Washington by either party; or

Community Property  
Agreement

Page 2

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Skagit County Auditor

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c. Immediately prior to death, if the order of death cannot be ascertained.

5. Optional revocation by one party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

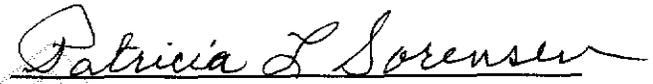
6. Powers of appointment: This agreement shall not affect any power of appointment now held by or hereafter given to husband or wife or both of them, nor shall it obligate husband or wife or both of them to exercise any such power of appointment in any way.

7. Revocation of inconsistent agreements: To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

Dated: May 12, 2004.

  
\_\_\_\_\_  
Vernon Le Roy Sorensen

  
\_\_\_\_\_  
Witness

  
\_\_\_\_\_  
Patricia Lucille Sorensen

  
\_\_\_\_\_  
Witness





# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **224-08** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST <b>Patricia Lucille Sorensen</b>		2. Death Date <b>03/15/2008</b>	
3. Sex (M/F) <b>F</b>	4a. Age - Last Birthday <b>76</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
5. Social Security Number		6. County of Death <b>Skagit</b>	
7. Birthdate	8a. Birthplace (City, Town, or County) <b>Bellingham</b>	8b. (State or Foreign Country) <b>WA</b>	9. Decedent's Education <b>Some college credit</b>
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>		11. Decedent's Race(s) <b>White</b>	
12. Was Decedent ever in U.S. Armed Forces? <b>No</b>			
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>12826 Eagle Drive</b>		13b. City or Town <b>Burlington</b>	
13c. Residence: County <b>Skagit</b>	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>WA</b>	13f. Zip Code + 4 <b>98233</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>12 Years</b>		15. Marital Status at Time of Death <b>Married</b>	
16. Surviving Spouse's Name (Give name prior to first marriage) <b>Vernon LeRoy Sorensen</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Homemaker</b>		18. Kind of Business/Industry (Do not use Company Name) <b>Family Home</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>Alfred Bruget</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Jessie Umbarger</b>	
21. Informant's Name <b>Vernon L. Sorensen</b>	22. Relationship to Decedent <b>Husband</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>12826 Eagle Drive, Burlington, WA 98233</b>	
24. Place of Death, if Death Occurred in a Hospital:		Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedent's home</b>	
25. Facility Name (If not a facility, give number & street or location) <b>12826 Eagle Drive</b>		26a. City, Town, or Location of Death <b>Burlington</b>	26b. State <b>WA</b>
27. Zip Code <b>98233</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, WA</b>			
31. Name and Complete Address of Funeral Facility <b>Hulbush Funeral Home &amp; Cremation Service Burlington, WA 98233</b>		32. Date of Disposition <b>03/18/2008</b>	
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. <b>cardiac arrest</b> <small>Due to (or as a consequence of):</small>	Interval between Onset & Death <b>5 min</b>
b. <b>respiratory arrest</b> <small>Due to (or as a consequence of):</small>	Interval between Onset & Death <b>20 min</b>
c. <b>wasting syndrome</b> <small>Due to (or as a consequence of):</small>	Interval between Onset & Death <b>3 months</b>
d. <b>metastatic breast cancer</b> <small>Due to (or as a consequence of):</small>	Interval between Onset & Death <b>14 months</b>

35. Other significant conditions contributing to death but not resulting in the underlying cause given above.

36. Autopsy?  Yes  No

37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death  
 Natural  Homicide  
 Accident  Undetermined  
 Suicide  Pending

39. If female  
 Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  
 Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  
 Unknown if pregnant within the past year

40. Did tobacco use contribute to death?  
 Yes  Probably  
 No  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?  Yes  No  Unk

45. Location of Injury: Number & Street: Apt No.  
 City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred

47. If transportation injury, specify:  
 Driver/Operator  Pedestrian  
 Passenger  Other (Specify)

48a. Certifying Physician - (Type or Print)  
**George Gjerset**

48b. Medical Examiner/Coroner -

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)  
**307 South 13th Street, Mount Vernon, WA 98274**

50. Hour of Death (24hrs)  
**0850**

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (MM/DD/YYYY)  
**03/17/2008**

53. Title of Certifier  
**M D**

54. License Number  
**25209-4100009614**

55. ME/Coroner File Number  
**NJA 122**

56. Was case referred to ME/Coroner?  
 Yes  No

57. Registrar Signature  
*[Signature]*

58. Date Received (MM/DD/YYYY)  
**MAR 18 2008**

59. Amendments



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Skagit County Auditor