



200805150082

Skagit County Auditor

WHEN RECORDED RETURN TO:

5/15/2008 Page

1 of

8 12:28PM

Law Office Of
LAWRENCE A. PIRKLE
321 West Washington, Suite 300
Mount Vernon, Washington 98273
(360) 336-6587

DOCUMENT TITLE(S)

*Affidavit in Support of Community Property Agreement,
with attached Community Property Agreement and Death
Certificate.*

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S): *George Hugh Stephenson*

GRANTEE(S): *Public*

ABBREVIATED LEGAL DESCRIPTION:

- Tract 14 of Skagit County Short Plat No. 103-75*
- North 50' of Lot 12 and South 20' lot 13, Blk 3 M.V. Heights Addition*
- Lot 2 and North 10' lot 3, Blk 2 M.V. Heights Addition*

TAX PARCEL NUMBER(S):

P 49761

P 53906

P 53880

2. SHIRLEY JANET STEPHENSON (the "Decedent") was one of the parties to the Agreement and died on March 29, 2008 in Skagit County, Washington. The Decedent's Death Certificate is attached as Exhibit "B" incorporated herein by this reference.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreement which would have the effect of abrogating or nullifying the Agreement.

4. The real property owned by the Decedent and the affiant is legally described above.

5. The Decedent left no separate property.

6. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

7. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
GEORGE HUGH STEPHENSON 615 N. 16th Mount Vernon, WA 98273	Spouse	Legal
THOMAS R. ERICKSON 24655 Minkler Road Sedro Woolley, WA 98284	Son	Legal
KERRY L. McGOFF 5206 Tenneson Road Sedro Woolley, WA 98284	Daughter	Legal
GEORGE H. STEPHENSON, JR. 9426 Pierce Lane Sedro Woolley, WA 98284	Step-son	Legal
MARY-LYN L. OSBURN 6923 SR 536 Mount Vernon, WA 98273	Step-daughter	Legal
MICHAEL J. STEPHENSON 5205 Dusty Lane Burlington, WA 98233	Step-son	Legal



DATED this 13th day of May, 2008.

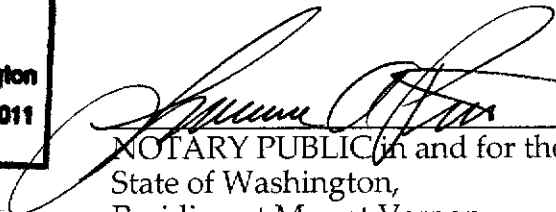


GEORGE HUGH STEPHENSON

SIGNED AND SWORN to before me this 13th day of May, 2008.

Lawrence A. Pirkle
Notary Public, State of Washington
My Commission Expires 5-07-2011

LAWRENCE A. PIRKLE



NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/11

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 8th day of February, 1999, between GEORGE HUGH STEPHENSON ("Husband") and SHIRLEY JANET STEPHENSON ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement, or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

C. *Vesting at Death.* On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.



F. *Optional Revocation by One Party.*

This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the **Skagit** County, Washington, Recorder's Office where real property transactions in **Skagit** County, Washington are recorded.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

G. *Powers of Appointment.* This Agreement shall not affect any power of appointment now held by or hereafter given to either party, nor shall it obligate either of them to exercise any such power of appointment in any way.

H. *Survivorship.* As used herein, the term "survivor survive," or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.



GEORGE HUGH STEPHENSON



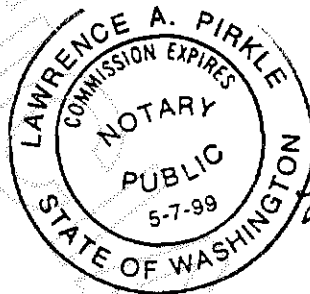
SHIRLEY JANET STEPHENSON



STATE OF WASHINGTON)
) ss
County of Skagit)

On this day personally appeared before me, GEORGE HUGH STEPHENSON and SHIRLEY JANET STEPHENSON, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 8th day of February, 1999.



Lawrence A. Pirkle
[Signature]
NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My Commission Expires: 5/7/99



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Skagit County Auditor

**STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD**

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200833003621

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE	3. LAST (Family)
SHIRLEY		JANET	STEPHENSON
4. DATE OF BIRTH m/m/yyyy			
5. AGE Yrs.		6. SEX	
71		F	
7. DATE OF DEATH m/m/yyyy		8. HOUR (24 Hours)	
03/29/2008		2220	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
WA		[REDACTED]	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		MARRIED	
13. EDUCATION — Highest Level/Type (see worksheet on back)		14. DECEDENT HISPANIC/LATINO (SPANISH) (if yes, see worksheet on back)	
ASSOCIATE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
HOMEMAKER		OWN HOME	
17. YEARS IN OCCUPATION			
31			
18. DECEDENT'S RESIDENCE (Street and number or location)			
615 N. 16TH ST.			
19. CITY			
MOUNT VERNON			
20. COUNTY/PROVINCE		21. ZIP CODE	
SKAGIT		98273	
22. YEARS IN COUNTY		23. STATE/FOREIGN COUNTRY	
50		WA	
24. INFORMANT'S NAME, RELATIONSHIP		25. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
GEORGE STEPHENSON, HUSBAND		615 N. 16TH ST., MT. VERNON, WA 98273	
26. NAME OF SURVIVING SPOUSE — FIRST		27. MIDDLE	
GEORGE		HUGH	
28. LAST (Maiden Name)		29. LAST	
STEPHENSON		STEPHENSON	
30. NAME OF FATHER — FIRST		31. MIDDLE	
TOM		WILSON	
32. LAST		33. BIRTH STATE	
WILSON		IN	
34. NAME OF MOTHER — FIRST		35. MIDDLE	
META		[REDACTED]	
36. LAST (Maiden)		37. BIRTH STATE	
[REDACTED]		IN	
38. DISPOSITION DATE m/m/yyyy		39. PLACE OF FINAL DISPOSITION (Street and number or location)	
04/01/2008		RES GEORGE STEPHENSON 615 N. 16TH ST., MT. VERNON, WA 98273	
40. TYPE OF DISPOSITION(S)		41. SIGNATURE OF EMBALMER	
CR/TR/RES		NOT EMBALMED	
42. NAME OF FUNERAL ESTABLISHMENT		43. LICENSE NUMBER	
CREMATION SERV. OF THE DESERT		FD1546	
44. SIGNATURE OF LOCAL REGISTRAR		45. DATE m/m/yyyy	
ERIC K. FRYKMAN, M.D.		04/01/2008	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
EISENHOWER MEDICAL CENTER		<input checked="" type="checkbox"/> H <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY		104. FACILITY ADDRESS OR LOCATION (Street and number or location)	
RIVERSIDE		39000 BOB HOPE DR.	
105. CITY		106. DEATH REPORTED TO CORONER?	
RANCHO MIRAGE		Time Interval Between Crash and Death	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		REFERRAL NUMBER	
A) COMPLICATIONS OF RIGHT FEMORAL ARTERY BYPASS		2008-02527	
B) CHRONIC PERIPHERAL VASCULAR DISEASE		109. BIOPSY PERFORMED?	
C) [REDACTED]		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
D) [REDACTED]		110. AUTOPSY PERFORMED?	
E) [REDACTED]		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
F) [REDACTED]		111. USED IN DETERMINING CAUSE?	
G) [REDACTED]		YES <input type="checkbox"/> NO <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
RIGHT FEMORAL ARTERY BYPASS 03/29/2008			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
[REDACTED]		[REDACTED]	
117. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS, ZIP CODE			
[REDACTED]			
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. INJURED AT WORK?	
MANNER OF DEATH: Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
120. INJURY DATE m/m/yyyy		121. HOUR (24 Hours)	
03/29/2008		1055	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
A HOSPITAL			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
COMPLICATIONS OF SURGICAL PROCEDURE			
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
39000 BOB HOPE DR., RANCHO MIRAGE, CA 92270			
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
KAREN S LIND		KAREN S LIND, DEPUTY CORONER	
127. DATE m/m/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
04/01/2008		KAREN S LIND, DEPUTY CORONER	
STATE REGISTRAR		CENSUS TRACT	
A B C D E		FAX AUTH. #	
[REDACTED]		[REDACTED]	

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Skagit County Auditor



STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

Apr 9, 2008

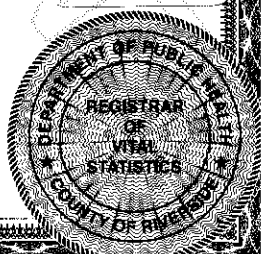
Eric Frykman, M.D., Local Registrar
RIVERSIDE COUNTY, CALIFORNIA



000644825

DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE