



200806090183
Skagit County Auditor

6/9/2008 Page 1 of 4 4:28PM

QUIT CLAIM DEED

Grantor(s) (Seller): Jack D. Burnham, a single man as his separate property and
Cynthia M. LaBore, a married woman as her separate property, adult children
of Cora Cynthia Burnham, widow, deceased

Grantee(s) (Buyer): Paula Ann Burnham, a single woman

Legal Description (abbreviated) Sedro Lots 1 & 2 Blk 8

Assessor's Property Tax parcel/Account No: P75339/4149-008-002-0005

THE GRANTOR(S) JACK D. BURNHAM, a single man as his separate property and
CYNTHIA M. LABORE, a married woman as her separate property, for and in consideration of
a gift for love and affection, releases their beneficiary interest of the estate of Cora Cynthia
Burnham and conveys and quit claims to PAULA ANN BURNHAM, a single woman, all of the
interest in the following described Real Estate:

Lots 1 and 2, Block 8, Plat of Town of Sedro, according to the plat thereof
recorded in Volume 1 of Plats, page 17, records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

Dated this 5 day of JUNE, 2008.

Cynthia M. LaBore
CYNTHIA M. LABORE, Grantor

Jack D. Burnham
JACK D. BURNHAM, Grantor

1898
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

JUN 09 2008

STATE OF WASHINGTON)
:SS
COUNTY OF SKAGIT)

Amount Paid to
Skagit Co. Treasurer

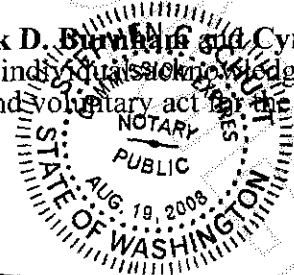
By ME

I certify that I know or have satisfactory evidence that **Jack D. Burnham and Cynthia M. LaBore** are the individuals who appeared before me, and said individuals acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this a 5 day of JUNE, 2008.

Sherry L. K.

Print Name.
Notary Public in and for the
State of Washington
My appointment expires: Aug 08



NO PROBATE

PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

PAULA BURNHAM, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That CORA CYNTHIA BURNHAM was her mother. That CORA CYNTHIA BURNHAM died a resident of Sedro Woolley, Skagit County, Washington on May 6, 2008. A copy of the death certificate is attached hereto. CORA CYNTHIA BURNHAM died leaving property in Skagit County all of which was held as tenants-in-common of affiant and decedent, CORA CYNTHIA BURNHAM.

CORA CYNTHIA BURNHAM, a widow, left as her heirs three adult children, JACK D. BURNHAM, CYNTHIA M. LABORE and PAULA BURNHAM.

That there are no unpaid creditors of said decedent CORA CYNTHIA BURNHAM, or unpaid funeral expenses, or last illness except as follows: None.

That the decedent's estate is not being probated. There is no known Last Will and Testament.

That the property owned by affiant and CORA CYNTHIA BURNHAM consisted of the following:

REAL ESTATE

1. STREET: 1305 7th Street, Sedro Woolley, WA 98284
TAX ID: P75339/4149-008-002-0005
LEGAL: Sedro Lots 1 & 2 Blk 8



200806090183
Skagit County Auditor

PERSONAL PROPERTY

1. Household furniture valued at \$500.00
2. Bank accounts and cash valued at \$300.00

That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

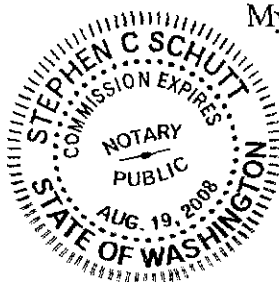
This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

Dated this 5 day of June, 2008 .

Paula Burnham
PAULA BURNHAM

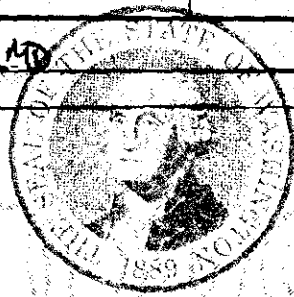
SUBSCRIBED AND SWORN TO before me this 5 th day of JUNE, 2008.

Stephen C. Schutt
Notary Public in and for the
State of Washington, residing
at Anacortes, WA.
My appointment expires Aug 19, 2008.



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 587		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Cora Cynthia Burnham		2. Death Date May 6, 2008					
3. Sex (M/F) F	4a. Age - Last Birthday 71	4b. Under 1 Year Months Days 71	4c. Under 1 Day Hours Minutes 71	5. Social Security Number 535-34-8684	6. County of Death Whatcom		
7. Birthdate April 7, 1937		8a. Birthplace (City, Town, or County) Manistique		8b. (State or Foreign Country) Michigan		8. Decedent's Education Some college credit, no degree	
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 5 th St.) (Include Apt No.) 1303 7th St.				13b. City or Town Sedro Woolley			
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) Washington		13e. Zip Code + 4 98284		13f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 5 Years		15. Marital Status at Time of Death Divorced		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)) PC Crib				18. Kind of Business/Industry (Do not use Company Name) Airplane Industry			
19. Father's Name (First, Middle, Last, Suffix) Harold O. Hasselbom				20. Mother's Name Before First Marriage (First, Middle, Last) Cora V Bays			
21. Informant's Name Paula Burnham		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1305 7th St. Sedro-Woolley WA 98284			
24. Place of Death, if Death Occurred in a Hospital: Inpatient				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (if not a facility, give number & street or location) St Joseph Hospital				26a. City, Town, or Location of Death Bellingham		26b. State WA	
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, WA		32. Date of Disposition May 12, 2008	
31. Name and Complete Address of Funeral Facility Alpha-Omega Burial and Cremation Service 2021 E. College Way Mount Vernon WA				33. Funeral Director Signature X <i>[Signature]</i>			
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. Pulmonary edema Interval between Onset & Death 24 hrs							
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. Cardiogenic shock Interval between Onset & Death 24 hrs							
c. Aortic stenosis Interval between Onset & Death Unknown							
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 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. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
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 of Town: County: State: Zip Code + 4:				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, general condition and cause of death, and place and date of the cause of death are as stated.) <i>[Signature]</i>				48b. Medical Examiner/Coroner (On the basis of investigation, autopsy, and other available information, I certify the cause of death occurred at the time, date, and place stated on this certificate and recorded on file.)			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Mark Daniels, 2979 Squallicum Pkwy Bellingham, WA 98225				50. Hour of Death (24hrs) 0520			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 05/12/2008			
53. Title of Certifier MD		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) MAY 20 2008			
59. Amendments							



200806090183
Skagit County Auditor