



200806270031

Skagit County Auditor

6/27/2008 Page

1 of

10 9:41AM

NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

DIANE CHITTY, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That DICK MECKEM CHITTY was her husband. That DICK M. CHITTY died a resident in Anacortes, Skagit County, Washington on may 8, 2008. A copy of the death certificate is attached hereto. DICK M. CHITTY died leaving property in Skagit County all of which was the community property of affiant and decedent, DICK M. CHITTY. A copy of the Community Property Agreement is attached.

That there are no unpaid creditors of said decedent DICK M. CHITTY or of the former marital community nor unpaid funeral expenses, or last illness except as follows:
None.

That the decedent's estate is not being probated. A copy of the Will is attached.

That the property owned by affiant and DICK M. CHITTY consisted of the following:

REAL ESTATE

1. STREET: 1904 Creekside Place, Anacortes, WA 98221
TAX ID: P99875/4569-000-067-0006
LEGAL: CREEKSIDE VILLAGE PHASE III DIV 2, LOT 67

PERSONAL PROPERTY

- | | | |
|----|----------------------------------|----------|
| 1. | Household furniture valued at | \$500.00 |
| 2. | Motor vehicles valued at | \$500.00 |
| 3. | Bank accounts and cash valued at | \$300.00 |

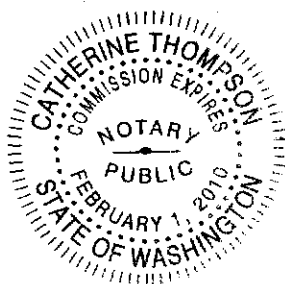
That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on 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 28 day of June, 2008 .

Diane Chitty
DIANE CHITTY

SUBSCRIBED AND SWORN TO before me this 25th day of June, 2008.



Catherine Thompson
Notary Public in and for the
State of Washington, residing
at Anacortes, WA.
My appointment expires: 2-1-10



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Skagit County Auditor

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT made this 2nd day of May, 2007, between **DICK M. CHITTY** and **DIANE CHITTY**, husband and wife, both of whom are domiciled in the State of Washington. In consideration of the mutual benefits to be derived and 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 of may have been 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 referred 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 partes, 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

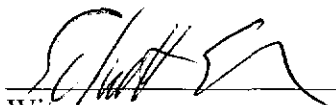
(b) upon the establishment of a domicile out of the State of Washington by either party;
or

(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 3 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 guardians....., if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in Washington signs a statement declaring that the spouse 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 Wife or Husband 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. Inconsistent Agreement: 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 this inconsistency.


Witness


DICK M. CHITTY


Witness


DIANE CHITTY



STATE OF WASHINGTON)
:SS
COUNTY OF SKAGIT)

On May 2, 2007, personally appeared before me **Dick M. Chitty** and **Diane Chitty** to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, 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 on the date first set out above.

Catherine Thompson

NOTARY PUBLIC in and for the State of
Washington, residing at Anacortes
My commission expires: 2-1-10



FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA

2008 JUN 27 AM 8:43

LAST WILL AND TESTAMENT

OF

DICK M. CHITTY

08-4 00190 3

I, DICK M. CHITTY, Skagit County, Washington declare this to be my Last Will and Testament and revoke all prior Wills and Codicils.

I. FAMILY

I am married and my wife's name is DIANE CHITTY. I have two children namely: C. MICHAEL CHITTY and DAWN P. KASIAH. Except as herein provided, I do not intend to make provisions in this Will for any children who may not survive me, whether named herein or hereafter born or adopted or for the descendants of any child who does not survive me.

II. PAYMENT OF DEBTS

I direct my executor hereinafter named, as soon after my death as is practicable, to pay all just debts for which proper claims are filed against my estate, all estate, inheritance and succession taxes assessed by reason of my death, and the expense of my last illness and funeral; provided, however, that this shall not authorize any creditor to require payment of any debt prior to normal maturity thereof, or prohibit my Executor from exercising any legal defense to the same. My Executor shall be compensated for his/her time and expenses at a reasonable rate.

III. DEVISES AND BEQUESTS OF PROPERTY

A. After payment of funeral expense, debts and taxes as herein provided, and provided she survives me by one (1) day, I give, devise and bequeath all of the rest, residue and remainder of my estate to my wife, DIANE CHITTY.

LAST WILL AND TESTAMENT - 1

Initial: RE

ORIGINAL



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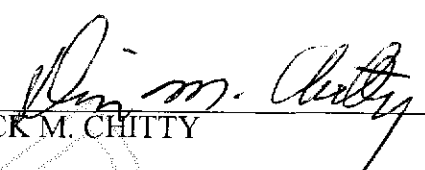
B. In the event that my wife does not survive me, then in that event I give, devise and bequeath all of the rest, residue and remainder of my estate to my children, C. MICHAEL CHITTY and DAWN P. KASIAH, share and share alike, per stirpes.

C. I may have a separate list which disburses tangible personal property to designate heirs. Said list is dated and signed.

IV. APPOINTMENT OF PERSONAL REPRESENTATIVE

I nominate and appoint my wife, DIANE CHITTY, the Executor of this my Last Will and Testament. If she does not survive me by one (1) day as herein provided, then, in that event, I nominate and appoint C. MICHAEL CHITTY as alternate Executor of this my Will. I hereby direct that my Executors shall serve without bond and with unrestricted nonintervention powers, and without liability for error in judgment.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 2nd day of May, 2007.


DICK M. CHITTY

LAST WILL AND TESTAMENT - 2

Initial: _____



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Skagit County Auditor

STATE OF WASHINGTON)

ATTESTATION CLAUSE AND AFFIDAVIT OF
ATTESTING WITNESSES

COUNTY OF SKAGIT)

The undersigned, competent to testify, being first duly sworn, upon oath, depose and say:

That the foregoing instrument to which this Affidavit is attached, consisting of three (3) pages, of which this is the third(3rd) page, dated the 2 day of May, 2007, which purports to be the Last Will and Testament of the above named Testator was signed and executed by the said Testator at Anacortes, Washington, in the presence of my self and the other witness.

The Testator thereupon published the instrument as and declared it to be his Last Will and Testament and requested us to sign the same as witnesses and to execute this Affidavit in proof of said Will.

In the presence of the Testator and at his request and direction, and in the presence of each other, the other witness and I subscribed our names as witnesses hereto.

At the time of executing said instrument the Testator, the other witness and I, were of legal age and competent to act as witnesses and the Testator appeared to be of sound and disposing mind and not acting under duress, menace, fraud, undue influence or misrepresentation.

[Signature] residing at Anacortes

Shelly Ewing residing at Anacortes, WA

Signed, sworn to (or affirmed) and attested by STEPHEN C SCHUTT and SHELLY EWING, on this 2 day of May, 2007.



Catherine Thompson
NOTARY PUBLIC in and for the
State of Washington
My appointment expires: 2-1-10

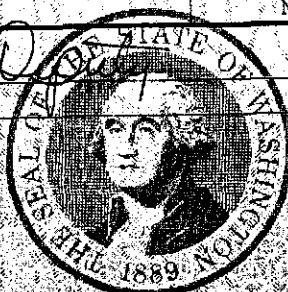
LAST WILL AND TESTAMENT - 3
Initial: _____



200806270031
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: <u>399-08</u>		Washington State Certificate of Death		State File Number:	
1. Legal Name (Include AKA's if any): First Middle LAST <u>DICK MECKEM CHITTY</u>			2. Death Date: <u>May 8, 2008</u>		
3. Sex (M/F): <u>Male</u>	4a. Age - Last Birthday <u>77 Years</u>	4b. Under 1 Year: Months Days <u> </u>	4c. Under 1 Day: Hours Minutes <u> </u>	5. Social Security Number <u> </u>	6. County of Death: <u>Skagit</u>
7. Birth Date: <u> </u>	8a. Birth Place (City, Town, or County): <u>Crawford</u>	8b. (State or Foreign Country): <u>Nebraska</u>	9. Decedent's Education: <u>Some College But No Degree</u>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: <u>No</u>			11. Decedent's Race(s): <u>White</u>		12. Was Decedent ever in U.S. Armed Forces? <u>No</u>
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.): <u>1904 Creekside Place</u>				13b. City or Town: <u>Anacortes</u>	
13c. Residence: County: <u>Skagit</u>		13d. Tribal Reservation Name (if applicable): <u>Washington</u>		13f. Zip Code + 4: <u>98221</u>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence: <u>22 Years</u>		15. Marital Status at Time of Death: <u>Married</u>		16. Surviving Spouse's Name (Give name prior to first marriage): <u>Diane Hannum</u>	
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT USE RETIRED): <u>Management</u>			18. Kind of Business/Industry (Do not use Company Name): <u>State Department of Transportation</u>		
19. Father's Name (First, Middle, Last, Suffix): <u>Merrill G. Chitty</u>			20. Mother's Name Before First Marriage (First, Middle, Last): <u>Katherine V. [REDACTED]</u>		
21. Informant's Name: <u>Diane Chitty</u>		22. Relationship to Decedent: <u>Wife</u>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <u>1904 Creekside Pl. Anacortes, WA 98221</u>		
24. Place of Death: (If Death Occurred in a Hospital: <u>Decedent's Residence</u>) Place of Death; if Death Occurred Somewhere Other than a Hospital:					
25. Facility Name (If not a facility, give number & street or location): <u>1904 Creekside Pl.</u>			26a. City, Town, or Location of Death: <u>Anacortes</u>	26b. State: <u>WA</u>	27. Zip Code: <u>98221</u>
28. Method of Disposition: <u>Cremation</u>		29. Place of Final Disposition (Name of cemetery, crematory, other place): <u>Solie Crematorium</u>		30. Location-City/Town, and State: <u>Everett, Washington</u>	
31. Name and Complete Address of Funeral Facility: <u>Affordable Burial & Cremation Services, LLC 17910 SR 536 Mount Vernon, WA 98273</u>			32. Date of Disposition: <u>May 13, 2008</u>		
33. Funeral Director Signature: <u>[Signature]</u> # <u>1977</u>					
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): → <u>a. Small cell lung carcinoma with metastases to brain</u>		Due to (or as a consequence of):		Interval between Onset & Death: <u>month</u>	
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		Due to (or as a consequence of):		Interval between Onset & Death:	
Due to (or as a consequence of):		Interval between Onset & Death:			
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 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 checked="" 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 checked="" 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 my knowledge, death occurred at this time, date, and place, and that the decedent was a resident of this state. <u>[Signature]</u>			48b. Medical Examiner/Coroner: On the basis of examination, autopsy, investigation, or report, death occurred at this time, date, and place, and that the decedent was a resident of this state. <u>X</u>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): <u>Dr. C. Les Conway MD 1213 24th St. Anacortes, WA 98221</u>			50. Hour of Death (24hrs): <u>1645 Hours</u>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print):			52. Date Signed (mm/dd/yyyy): <u>05/12/08</u>		
53. Title of Certifier: <u>Physician</u>	54. License Number:	55. ME/Coroner File Number: <u>NJA 213</u>	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature: <u>[Signature]</u>			58. Date Received (mm/dd/yyyy): <u>MAY 13 2008</u>		
59. Amendments:					



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STEPHEN C. SCHUTT

ATTORNEY AT LAW

P.O. Box 1032
1011 EIGHTH STREET
ANACORTES, WASHINGTON 98221

TELEPHONE (360) 293-5094
FAX (360) 299-0416
SCHUTTATTY@YAHOO.COM

Dept. Social and Health Services
Office of Financial Recovery
Attn: Estate Recovery Unit
PO Box 9501
Olympia, Washington 98507-95001

Re: Estate of: Dick Meckem Chitty
Date of Birth: [REDACTED]
Date of Death: [REDACTED]
SSN: [REDACTED]

There will be no probate of the estate of Dick Meckem Chitty. The estate is solvent. The Executor is Diane Chitty. She can be reached at:

Diane Chitty
c/o Stephen C. Schutt
Attorney at Law
P.O. Box 1032
Anacortes, WA 98221

Stephen C. Schutt

Stephen C. Schutt
Attorney

Mailed 6-25-08

Q.



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Skagit County Auditor