

COVER SHEET

Return To:

Fairhaven Legal Associates, P.S.
P.O. Box 526
Burlington, Washington 98233



200807230064
Skagit County Auditor

7/23/2008 Page 1 of 7 1:28PM

DOCUMENT TITLE(S)

Affidavit re: Community Property Agreement

REFERENCE NUMBER(S)

GRANTOR(S)

- 1) Larry G. Hower, deceased

GRANTEE(S)

- 1) Lynne Hower

LEGAL DESCRIPTION

Acreage Account, Acres 21.66, That Portion Of The Northwest Quarter Of The Northwest Quarter And That Portion Of The Southwest Quarter Of Said Northwest Quarter All In Section 22, Township 36 North, Range 3 East, W.M., Being Described As Follows: Commencing At The Southwest Corner Of Said Northwest Quarter Of Section 22; Thence North 0 Degrees 36' 52" East Along The Northerly Extension Of The West Line Of The Southwest Quarter Of Said Section 22, A Distance Of 1680.00 Feet To The True Point Of Beginning; Thence South 0 Degrees 38' 52" West Along Said Extension, 655.00 Feet; Thence North 79 Degrees 35' 00" East 750.00 Feet; Thence South 10 Degrees 25' 00" East 600.00 Feet; Thence East 475 Feet, More Or Less, To The East Line Of Said Southwest Quarter Of The Northwest Quarter; Thence North Along Said East Line And The East Line Of Said Northwest Quarter Of The Northwest Quarter To A Point That Is North 79 Degrees 35' 00" East From The True Point Of Beginning; Thence South 79 Degrees 35' 00" West To The True Point Of Beginning. Except That Portion Thereof Lying Westerly Of The County Road Known As The Blanchard Road Or Legg Road. Per Boundary Line Adjustment Survey Recorded Under Af#200408250097.

ASSESSORS PARCEL / TAX ID NUMBER:

P48051/360322-2-006-0108

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

Lynne Hower, being first duly sworn, deposes and says:

That affiant is the surviving spouse of Larry G. Hower, who died at 3305 Blanchard Road, Bow, Washington on April 6th, 2008; having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated June 26th, 1980 and duly recorded in the Office of the County Auditor at Skagit County, Washington, on July 23, 2008 as No. 200807230064 and also for the estate of Larry G. Hower, deceased, one of the parties to said Agreement.

That there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness.

That the value of the community estate as of the date of death, including all real and personal property, exceeded the amount of all creditors' claims and expenses incurred by the former marital community, and that there was no separate property of the decedent.

That all taxes, both inheritance and federal estate, have been paid and releases filed with the Clerk of Skagit County.

That under the terms of said Community Property Agreement, upon the death of either of the parties to the marital community, title to all community real estate should immediately vest in fee simple in the survivor. Among other items of community property was the following described real estate:

ACREAGE ACCOUNT, ACRES 21.66, THAT PORTION OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER AND THAT PORTION OF THE SOUTHWEST QUARTER OF SAID NORTHWEST QUARTER ALL IN SECTION 22, TOWNSHIP 36 NORTH, RANGE 3 EAST, W.M., BEING DESCRIBED AS FOLLOWS: COMMENCING AT



200807230064
Skagit County Auditor

THE SOUTHWEST CORNER OF SAID NORTHWEST QUARTER OF SECTION 22;
THENCE NORTH 0 DEGREES 36' 52" EAST ALONG THE NORTHERLY EXTENSION OF
THE WEST LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 22, A DISTANCE
OF 1680.00 FEET TO THE TRUE POINT OF BEGINNING; THENCE SOUTH 0 DEGREES
38' 52" WEST ALONG SAID EXTENSION, 655.00 FEET; THENCE NORTH 79 DEGREES
35' 00" EAST 750.00 FEET; THENCE SOUTH 10 DEGREES 25' 00" EAST 600.00 FEET;
THENCE EAST 475 FEET, MORE OR LESS, TO THE EAST LINE OF SAID SOUTHWEST
QUARTER OF THE NORTHWEST QUARTER; THENCE NORTH ALONG SAID EAST
LINE AND THE EAST LINE OF SAID NORTHWEST QUARTER OF THE NORTHWEST
QUARTER TO A POINT THAT IS NORTH 79 DEGREES 35' 00" EAST FROM THE TRUE
POINT OF BEGINNING; THENCE SOUTH 79 DEGREES 35' 00" WEST TO THE TRUE
POINT OF BEGINNING. EXCEPT THAT PORTION THEREOF LYING WESTERLY OF
THE COUNTY ROAD KNOWN AS THE BLANCHARD ROAD OR LEGG ROAD. PER
BOUNDARY LINE ADJUSTMENT SURVEY RECORDED UNDER AF#200408250097.

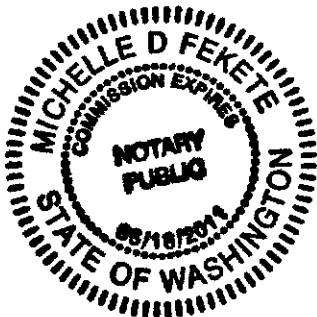
That the approximate value of the aforesaid real estate as of the date of death of said
decedent was approximately \$513,600.00.

This affidavit is made to induce a title insurance company to issue its policy of title
insurance on the aforesaid real estate passing to the surviving spouse by virtue of said Community
Property Agreement in reliance upon the representations herein set forth.

I. Lynne Hower
I. LYNNE HOWER

Subscribed and sworn to before me this 11th day of July, 2008.

Michelle Fekete
Notary Public in and for Washington,
Residing at Anacortes.



200807230064
Skagit County Auditor

7/23/2008 Page

3 of

7 1:28PM

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **320-08**

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any): Larry George Hower				2. Death Date: 04/06/2008	
3. Sex (M/F): M	4a. Age - Last Birthday: 71	4b. Under 1 Year: Months	4c. Under 1 Day: Hours	5. Social Security Number: [REDACTED]	6. County of Death: Skagit
7. Birthdate: [REDACTED]		8a. Birthplace (City, Town, or County): Mount Vernon		8b. (State or Foreign Country): WA	
9. Decedent's Education: Some college credit					
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No				11. Decedent's Race(s): White	
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.): 3305 Blanchard Road				13b. City or Town: Bow	
13c. Residence: County: Skagit		13d. Tribal Reservation Name (if applicable):		13e. State or Foreign Country: WA	13f. Zip Code + 4: 98232
14. Estimated length of time at residence: 30 Years		15. Marital Status at Time of Death: Married		16. Surviving Spouse's Name (Give name prior to first marriage): I. Lynne Fox	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Draftsman Designer				18. Kind of Business/Industry (Do not use Company Name): Aerospace	
19. Father's Name (First, Middle, Last, Suffix): Nelson Paul Hower				20. Mother's Name Before First Marriage (First, Middle, Last): Julia Marie [REDACTED]	
21. Informant's Name: I. Lynne Hower		22. Relationship to Decedent: Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3305 Blanchard Road, Bow, WA 98232	
24. Place of Death, if Death Occurred in a Hospital: Decedent's home					
25. Facility Name (If not a facility, give number & street or location): 3305 Blanchard Road				26a. City, Town, or Location of Death: Bow	
				26b. State: WA	27. Zip Code: 98232
28. Method of Disposition: Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place): Bow Cemetery		30. Location-City/Town, and State: Bow, WA	
31. Name and Complete Address of Funeral Facility: Hulbush Funeral Home & Cremation Service 281 South Burlington Boulevard				32. Date of Disposition: 04/14/2008	
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. Congestive Heart Failure				Interval between Onset & Death: 5 yr	
Due to (or as a consequence of):					
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. Ischemic cardiomyopathy				Interval between Onset & Death: 5 yr	
Due to (or as a consequence of):					
c. coronary artery disease				Interval between Onset & Death: 5 yr	
Due to (or as a consequence of):					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Diabetes Mellitus Type 2; chronic renal failure					
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"/> No <input type="checkbox"/> Probably <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: Apt No. City or Town: County: State: Zip Code: 4:					
46. Describe how injury occurred: <input type="checkbox"/> 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 his knowledge, death occurred at the time, date, and place of the above certificate and information): x William E. Lombard				48b. Medical Examiner/Coroner (To the best of his knowledge, death occurred at the time, date, and place of the above certificate and information): x	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): William E. Lombard 410 Birchwood Avenue, Bellingham, WA 98225				50. Hour of Death (24hrs): 0720	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print):				52. Date Signed (mm/dd/yyyy): 04/09/2008	
53. Title of Certifier: MD		54. License Number:		55. ME/Coroner File Number: NJA 163	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature: <i>[Signature]</i>	
58. Arrangements:				59. Date Received: APR 13 2008	



200807230064
Skagit County Auditor

7/23/2008 Page 4 of 7 1:28PM

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)
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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 is Incorrect or Incomplete as follows:

6. The Record now shows:	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 forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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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 Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

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. Subsequent changes will require a certified copy of a court ordered name 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:

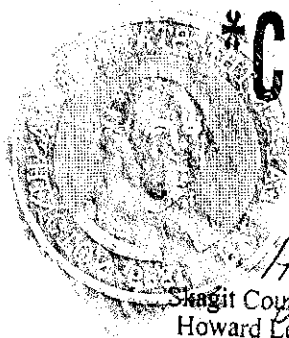
- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



200807230064
Skagit County Auditor

7/23/2008 Page 5 of 7 1:28PM



CERTIFIED

APR 18 2008

Howard Leibrand M.D., Health Officer

RP00519482

AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY

After Death of One of the Spouses

KNOW ALL MEN BY THESE PRESENTS, that this agreement made and entered into this 26th day of June, 1980, by and between LARRY G. HOWER and I. LYNNE HOWER, husband and wife, of Bow, Washington,

W I T N E S S E T H :

That in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised:

I

That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be community property.

II

That upon the death of either of the aforementioned parties, title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals this 26th day of June, 1980.

Larry G. Hower
Larry G. Hower

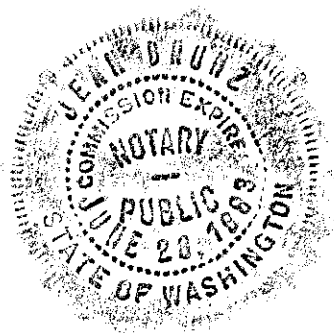
I. Lynne Hower
I. Lynne Hower

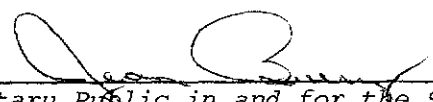


STATE OF WASHINGTON) ss
COUNTY OF SKAGIT)

On this ~~26th~~ day of June, 1980, personally appeared before me LARRY G. HOWER and I. LYNNE HOWER, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged to me 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 the day and year first above written.




Notary Public in and for the State of Washington, residing at Mount Vernon.



200807230064
Skagit County Auditor
7/23/2008 Page 7 of 7 1:28PM