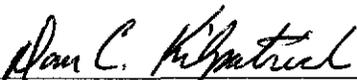


3. Bank accounts and cash valued at \$300.00

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.

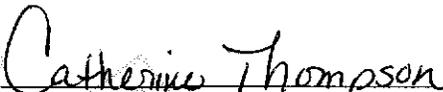
Dated this 14 day of November, 2008 .



DAN C. KILPATRICK

SUBSCRIBED AND SWORN TO before me this 14 th day of November, 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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Part 1 completed by Funeral Director

1. Legal Name (include AKA's if any) First Middle LAST Suffix Bruce Clinton KILPATRICK				2. Death Date Jan 14, 2005	
3. Sex (M/F) M	4a. Age - Last Birthday 76	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Anacortes	8b. (State or Foreign Country) Washington		9. Decedent's Education GED completed	
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? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1713 - 6th Street				13b. City or Town Anacortes	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98221	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 26y		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Jean (nm) Walker	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Oiler				18. Kind of Business/Industry (Do not use Company Name) State Ferries	
19. Father's Name (First, Middle, Last, Suffix) Charles Franklin Kilpatrick			20. Mother's Name Before First Marriage (First, Middle, Last) Harriet Elizabeth [REDACTED]		
21. Informant's Name Dan Kilpatrick		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 8576 Pinkerton Road Anacortes WA 98221-	
24. Place of Death, if Death Occurred in a Hospital: Nursing Home				25. Facility Name (if not a facility, give number & street or location) Fidalgo Care Center	
26a. City, Town, or Location of Death Anacortes		26b. State WA	27. Zip Code 98221		
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		30. Location-City/Town, and State Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel 1105 32nd Street Anacortes, WA 98221-				32. Date of Disposition January 19, 2005	
33. Funeral Director Signature X <i>Joseph Waham</i>					

Part 2 completed by Certifier

34. Enter the <u>chain of events</u> - 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. Lung cancer non small cell Due to (or as a consequence of): Interval between Onset & Death: 1 yr. 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. Due to (or as a consequence of): Interval between Onset & Death: c. Due to (or as a consequence of): Interval between Onset & Death: d. 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 Couner Arterio disease, HTN, COPD				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. 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 or Town: County: State: Zip Code + 4: Apt No.				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 - (Type or Print) Bryan H. Murray, M.D.			48b. Medical Examiner/Coroner - (Type or Print) [REDACTED]			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Bryan H. Murray, M.D. 2511 M Avenue, Suite C, Anacortes, WA 98221				50. Hour of Death (24hrs) 23:00 PM		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) January 17, 2005		
53. Title of Certifier M.D.		54. License Number MD00043410		55. ME/Coroner File Number		
57. Registrar Signature X				56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
58. Date Received (mm/dd/yyyy)				59. Amendments		



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COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 2ND day of August, 1999, between BRUCE C. KILPATRICK and JEAN KILPATRICK, 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 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

COMMUNITY PROPERTY AGREEMENT - 1



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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 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

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

COMMUNITY PROPERTY AGREEMENT - 2



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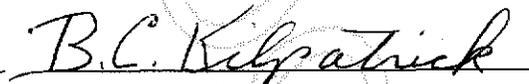
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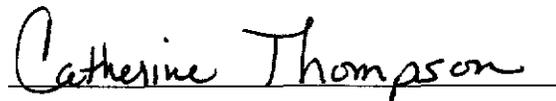
5. Optional Revocation by One Party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 3 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective 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.

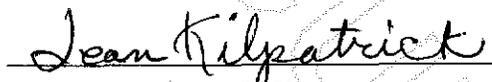
6. Powers of Appointment: This Agreement shall not affect any power of appointment now held by or hereafter given to Wife or Husband or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

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 the inconsistency.


Witness


BRUCE C. KILPATRICK


Witness


JEAN KILPATRICK



STATE OF WASHINGTON)

) ss.

COUNTY OF SKAGIT)

On 2 August, 1999 personally appeared before me BRUCE C. KILPATRICK and JEAN KILPATRICK, 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 this 2 day of August, 1999.

Lois LeBlonde

NOTARY PUBLIC, in and for the
State of Washington

My commission expires: 6-25-02



COMMUNITY PROPERTY AGREEMENT - 4



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Last Will and Testament of

BRUCE C. KILPATRICK

I, BRUCE C. ("BC") KILPATRICK, of 1713 - 6th Street, Anacortes, 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 JEAN KILPATRICK. I have two adult children born to me, namely DONALD L. KILPATRICK and DANIE C. KILPATRICK. Except as herein provided, I intend to make no provisions in this Will for any child who survives me, whether named herein or hereafter born or adopted, nor 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 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 her/his time and expenses at a reasonable rate.

LAST WILL AND TESTAMENT - 1

Initial: BCIK



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III. DEVISES AND BEQUESTS OF PROPERTY

A. After payment of funeral expenses, debts and taxes as herein provided, and provided he survives me, I devise and bequeath all the rest, residue, and the remainder of my estate to my wife, JEAN KILPATRICK.

B. In the event my wife does not survive me then in that event, I devise and bequeath all the rest, residue and remainder of my estate to my children, DONALD L. KILPATRICK and DANIE C. KILPATRICK, 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.

III. APPOINTMENT OF EXECUTOR

I nominate and appoint my wife, JEAN KILPATRICK, the Executor of this my Last Will and Testament. If she does not survive me, then I nominate and appoint my son, DANIE C. KILPATRICK, of Skagit County, Washington, as alternate executor of this my Will. I hereby direct that my executors shall serve without bond, with unrestricted nonintervention powers, and without liability for error in judgment.

I further direct that my estate be settled without the intervention of any Court, except to the extent required by law.

LAST WILL AND TESTAMENT - 2
Initial: B.C.K.



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IV. PAYMENTS OF DEBTS AND TAXES

I hereby direct that my executor shall pay all debts of my estate and all estate, inheritance and succession taxes assessed by reason of my death. I waive for my estate all rights of reimbursement from the beneficiaries for any payments.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 02 day of August, 1999.

B.C. Kilpatrick
BRUCE C. ("BC") KILPATRICK

LAST WILL AND TESTAMENT - 3
Initial: B.C.K.



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STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

ATTESTATION CLAUSE AND
AFFIDAVIT OF ATTESTING
WITNESSES

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 four(4) pages, of which this is the fourth(4th) page, dated the 02 day of August, 1999, 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 myself 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.



Schutt

Residing at Anacortes, WA

Catherine Thompson

Residing at Anacortes WA

Signed, sworn to (or affirmed) and attested by
S.C. Schutt and Catherine Thompson on this 02
day of August, 1999.

Lois LeBlonde

NOTARY PUBLIC, in and for
the State of Washington
My appointment expires: 6-25-02

LAST WILL AND TESTAMENT - 4
Initial: RCK



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Skagit County Auditor