



200812160013

Skagit County Auditor

12/16/2008 Page

1 of

10 9:27AM

NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

RANDAL R. BOEHOLT, being first duly sworn, on oath deposes and says:

That he is a resident of Anacortes, Skagit County, Washington. That KATHRYN ELIZABETH BOEHOLT was his wife. That KATHRYN E. BOEHOLT died a resident of Skagit County, Washington on August 4, 2008. A copy of the death certificate is attached hereto. KATHRYN E. BOEHOLT died leaving property in Skagit County all of which was the community property of affiant and decedent, KATHRYN E. BOEHOLT.

That at the time of the death of KATHRYN E. BOEHOLT, there was in full force and effect a Community Property Agreement executed by affiant and decedent on August 2, 2008, which Agreement is attached to this affidavit.

That there are no unpaid creditors of said decedent KATHRYN E. BOEHOLT 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.

That the property owned by affiant and KATHRYN E. BOEHOLT consisted of the following:

REAL ESTATE

1. STREET: 4607 Anaco Beach Road, Anacortes, WA 98221
TAX ID: P61817/3858-000-007-0000
LEGAL: That portion of Lot 7, "Anaco Beach", as per plat recorded in Volume 5 of Plats, page 4, records of Skagit County, Washington

Situated in Skagit County, Washington.

PERSONAL PROPERTY

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


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.

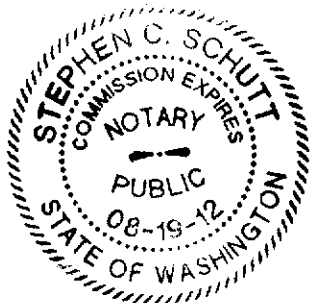
This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or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

Dated this 12 th day of Dec., 2008.


RANDAL R. BOEHOLT

SUBSCRIBED AND SWORN TO before me this 12 th day of Dec, 2008.


Notary Public in and for the
State of Washington, residing
at Anacortes, WA.
My appointment expires: Sep 2012



LAST WILL AND TESTAMENT

OF

KATHRYN ELIZABETH BOEHOLT

I, KATHRYN ELIZABETH BOEHOLT, of Skagit County, Washington declare this to be my Last Will and Testament and revoke all prior Wills and Codicils. It is my express desire that I be cremated and that my ashes be spread over Borrows Bay.

I. FAMILY

I am married and my husband's name is RANDAL RAY BOEHOLT. I have no child(ren) born to me. Except as herein provided, I do not intend to make provisions in this Will for any relative who may 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 he survives me by one (1) day I devise and bequeath all of the rest, residue and remainder of my estate to my husband, RANDAL R. BOEHOLT.

LAST WILL AND TESTAMENT - 1
Initial: _____



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B. 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 husband, RANDAL R. BOEHOLT, the Executor of this my Last Will and Testament. 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 2 day of Aug, 2008.

X
KATHRYN E. BOEHOLT

WITNESSES: On the date last above written, Kathryn E. Boeholt declared to us, the undersigned, that the foregoing instrument, consisting of three pages, including the page signed by us as witnesses, was her Will and requested us to act as witnesses to it. She thereupon signed this Will in our presence, all of us being present at the same time. We now, at her request, in her presence, and in the presence of each other, subscribe our names as witnesses.

Cliff E. Andcats

residing at

Kathryn E. Boeholt

Sierra Le Page

residing at

KATHRYN BOEHOLT

1311 E. 2ND ST.
ABERDEEN, WA

Wtn

LAST WILL AND TESTAMENT - 2
Initial: _____



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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 August, 2008, which purports to be the Last Will and Testament of the above named Testatrix was signed and executed by the said Testatrix at Anacortes, Washington, in the presence of my self and the other witness.

The Testatrix thereupon published the instrument as and declared it to be her 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 Testatrix and at her request and direction, and in the presence of each other, the other witness and I subscribed our names as witnesses hereto.

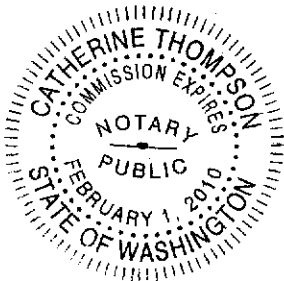
At the time of executing said instrument the Testatrix, the other witness and I, were of legal age and competent to act as witnesses and the Testatrix appeared to be of sound and disposing mind and not acting under duress, menace, fraud, undue influence or misrepresentation.

_____ residing at _____

_____ residing at _____

Signed, sworn to (or affirmed) and attested by STEPHEN C. SCHULT and SAIRLEY ROGERS, on this 2 day of August, 2008.

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



LAST WILL AND TESTAMENT - 3
Initial: _____



200812160013
Skagit County Auditor

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT made this 2 day of Aug, 2008, between **RANDAL R. BOEHOLT** and **KATHRYN E. BOEHOLT**, 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 parties, 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

Witness

RANDAL R. BOEHOLT

KATHRYN E. BOEHOLT



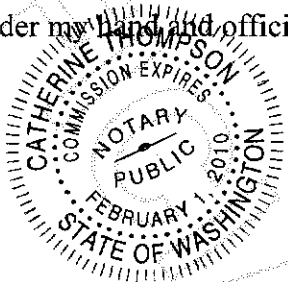
STATE OF WASHINGTON)

:SS

COUNTY OF SKAGIT)

On 2 Aug, 2008, personally appeared before me **Randal R. Boeholt** and **Kathryn E. Boeholt** 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



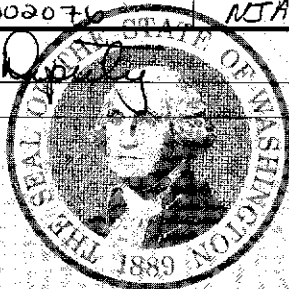
STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **685-08**

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA if any): First Middle LAST Suffix Kathryn Elizabeth Boeholt				2. Death Date 08/04/2008	
3. Sex (M/F) Female	4a. Age - Last Birthday 42	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Seattle	8b. (State or Foreign Country) WA	9. Decedent's Education High School		
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., 524 SE 5 th St.) (Include Apt. No.) 4607 Anaco Beach Rd				13b. City or Town Anacortes	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WA	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. 8 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Randal Ray Boeholt	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Bank Teller			18. Kind of Business/Industry (Do not use Company Name) Finance/Banking		
19. Father's Name (First, Middle, Last, Suffix) Lawrence M. Katsel			20. Mother's Name Before First Marriage (First, Middle, Last) Virginia R. [REDACTED]		
21. Informant's Name Randal Boeholt		22. Relationship to Decedent Spouse	23. Mailing Address: Number and Street or RFO No. City or Town State Zip 4607 Anaco Beach Rd Anacortes, WA 98221		
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) 4607 Anaco Beach Rd			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) Neptune Society Cremation Services		30. Location-City/Town, and State Kent, WA	
31. Name and Complete Address of Funeral Facility Neptune Society, 19324 40th Ave W, Ste A, Lynnwood, WA 98036				32. Date of Disposition 08/11/2008	
33. Funeral Director Signature X <i>Joe Henry Koon</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. Breast Cancer		Interval between Onset & Death 18 months	
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.		Interval between Onset & Death	
		c.		Interval between Onset & Death	
		d.		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 type="checkbox"/> Probably <input checked="" 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:		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 Whom was your final medical exam given at the time, date, and place (and time if the question is asked)? X Theodore Km, MD		48b. Medical Examiner/Coroner - On the basis of examination, death occurred at the time, date, and place, and also to the physician and medical history. X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Theodore Km Island Hospital 2511 m Ave, Suite G, Anacortes, WA 98221				50. Hour of Death (24hrs) 2330	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 08/10/2008	
53. Title of Certifier DO	54. License Number 0P00002076	55. ME/Coroner File Number NJA-352		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X <i>Constance Anderson</i>				58. Date Received (MM/DD/YYYY) AUG 11 2008	
59. Amendments					



200812160013
Skagit County Auditor

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												
Use the section below for requesting any changes on the record.																
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution																
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)												
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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:												
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.																
15. Signature:		16. Date:		17. Address:												
<p>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 <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <p>Examples of documentary proof:</p> <table border="0"> <tr> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Record</td> </tr> <tr> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>					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	
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Insurance Records	Birth Record	Alien Registration Card (front and back)														
Marriage/Divorce Records	Passport															
Birth Certificates:																
<p>1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.</p> <p>2. 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.</p> <p>3. Proof must be five (or more) years old or have been established within five years of birth.</p> <p>4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:</p> <ul style="list-style-type: none"> - 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. <p>5. 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).</p> <p>6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit, form DOH/CHS 021)</p>																
Death Certificates:																
<p>1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.</p> <p>2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</p> <p>3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.</p>																
Marriage/Dissolution (Divorce) Certificates:																
<p>1. 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.</p> <p>2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.</p>																

DOH/CHS 023 (Rev. 9/2002)



200812160013
Skagit County Auditor

CERTIFIED
AUG 14 2008
[Signature]
Skagit County Health Department
Howard Leibrand M.D., Health Officer

QQ00158881