

THIRD: That said decedent executed no wills, agreements to convey community property agreements, conveyances, mortgages, deeds of trust, lien agreements, or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor of said county, except as follows:

- 1) **Community Property Agreement, dated August 22, 1970
Recorded 2/26/2002 with Skagit County Auditors office
under number 200202260053.**

FOURTH: That the said assets at the date of decedent's death had an approximate market value of less than \$2,000,000. That the value of decedent's estate at the date of death was within the exemptions allowed under federal estate tax regulations, so no estate taxes are owing by decedent's estate.

FIFTH: That all obligations of the Estate owing at the date of death of said decedent have been paid in full, and all expenses of last illness and for funeral services have been paid, except as follows:

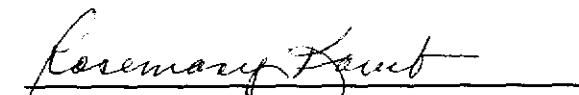
NONE

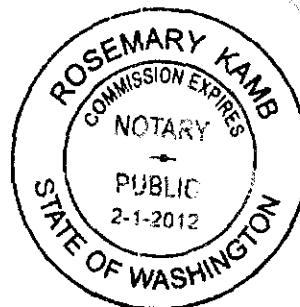
SIXTH: That the following list comprises all of the heirs at law by whom said decedent was survived:

JAMES A. MURRAY, husband of decedent


JAMES A. MURRAY

SUBSCRIBED AND SWORN to before me this 7 day of JAN., 2009.


Notary Public in and for the
State of Washington, residing at
Burlington, WA
My appointment expires: 02-01-2012



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **986-08** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Ruth W. Murray			2. Death Date Nov 8, 2008		
3. Sex (M/F) Female	4a. Age - Last Birthday 91	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) Burlington	8b. (State or Foreign Country) Washington	9. Decedent's Education High school graduate		
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.) 786 Southview Dr.				13b. City or Town Burlington	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) --	13e. State or Foreign Country Washington	13f. Zip Code + 4 98233	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.
14. Estimated length of time at residence. 4 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) James A. Murray	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Bookkeeper			18. Kind of Business/Industry (Do not use Company Name) Cannery		
19. Father's Name (First, Middle, Last, Suffix) Arthur A. Walters			20. Mother's Name Before First Marriage (First, Middle, Last) Addie [REDACTED]		
21. Informant's Name James A. Murray		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 786 Southview Dr, Burlington, WA 98233		
24. Place of Death, if Death Occurred in a Hospital: Decedent's home Place of Death, if Death Occurred Somewhere Other than a Hospital:					
25. Facility Name (if not a facility, give number & street or location) 786 Southview Dr.			26a. City, Town, or Location of Death Burlington	26b. State WA	27. Zip Code 98233
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		30. Location-City/Town, and State Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility Kern Funeral Home 1122 South Third St, Mount Vernon, WA 98273			32. Date of Disposition Nov 12, 2008		
33. Funeral Director Signature X <i>Rep & Watt</i>					

Part 1 completed by Funeral Director

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. CARDIAC ARRHYTHMIA	Interval between Onset & Death MINUTES
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. CORONARY ATRIO SCLEROSIS	Interval between Onset & Death YEARS
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? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death
 Natural Homicide
 Accident Undetermined
 Suicide Pending

39. If female
 Not pregnant within past year Not pregnant, but pregnant within 42 days before death
 Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

40. Did tobacco use contribute to death?
 Yes Probably
 No 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?
 Yes No Unk.

45. Location of Injury: Number & Street: _____ Apt. No. _____
 City or Town: _____ County: _____ State: _____ Zip Code + 4: _____

46. Describe how injury occurred

47. If transportation injury, specify:
 Driver/Operator Pedestrian
 Passenger Other (Specify) _____

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.
Wayne Martin X

48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
 X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Wayne Martin, MD 1030 Fairhaven Ave, Burlington, WA 98233

50. Hour of Death (24hrs)
Mid AM

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (mm/dd/yyyy)
11/11/2008

53. Title of Certifier
Physician

54. License Number
MD00023548

55. ME/Coroner File Number
221-08

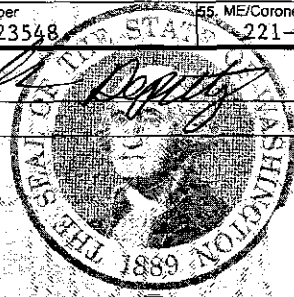
56. Was case referred to ME/Coroner?
 Yes No

57. Registrar Signature
Dolly [REDACTED]

58. Date Received
NOV 12 2008

59. Amendments

Part 2 completed by Certifier



DOHCHS 003 Rev 2/06/2004

200901130069
Skagit County Auditor

5/93

Affidavit for Correction

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)
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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:
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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:
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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 |
| | Hospital Records | Military Record (DD-214) |
| | Insurance Records | Birth Record |
| | Marriage/Divorce Records | Passport |
| | | School Record |
| | | Voter's Registration Card (if it bears an effective date) |
| | | Alien Registration Card (front and back) |

Birth Certificates:

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.
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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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 this 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.
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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DCH/CHS 021)**

Death Certificates:

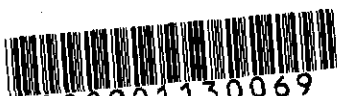
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

NOV 12 2008



200901130069
Skagit County Auditor

Howard Ceibrand
Skagit County Public Health Department
Howard Ceibrand M.D., Health Officer

QQ00157484