

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 March 12, 1979**

FOURTH: That the said assets at the date of decedent's death had an approximate market value of less than \$150,000. 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:

John B. Anderson, Husband, and sole beneficiary.



JOHN B. ANDERSON

SUBSCRIBED AND SWORN to before me this 22 day of January, 2009th



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 **1041-08** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix Katherine Mary Anderson				2. Death Date 11/30/2008	
3. Sex (M/F) F		4a. Age - Last Birthday 87		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) Mankato		8b. (State or Foreign Country) Minnesota	
9. Decedent's Education Bachelor's Degree				10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No	
11. Decedent's Race(s) Caucasian				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.) 2313 Monica Dr.				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	
14. Estimated length of time at residence: 29 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Cyril Beverly John Anderson	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Vice President				18. Kind of Business/Industry (Do not use Company Name) Shell Oil Company	
19. Father's Name (First, Middle, Last, Suffix) Charles Schwanenberg				20. Mother's Name Before First Marriage (First, Middle, Last) Mary Elizabeth [REDACTED]	
21. Informant's Name Gary J Anderson		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 214 Endresen Hoquiam WA 98550	
24. Place of Death, if Death Occurred in a Hospital: Inpatient Place of Death, if Death Occurred Somewhere Other than a Hospital:					
25. Facility Name (if not a facility, give number & street or location) Skagit Valley Hospital				26a. City, Town, or Location of Death Mount Vernon	
26b. State WA		27. Zip Code 98274			
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park		30. Location-City/Town, and State Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E. College Way Mount Vernon WA 98273-0398				32. Date of Disposition December 1, 2008	
33. Funeral Director Signature X <i>[Signature]</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. Respiratory failure	Interval between Onset & Death Hours
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. Pneumonia	Interval between Onset & Death days
Due to (or as a consequence of):	
c. Metastatic non-cell unknown primary	Interval between Onset & Death months
Due to (or as a consequence of):	
d.	

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

Part 2 completed by Certifier

38. Manner of Death

<input checked="" type="checkbox"/> Natural	<input type="checkbox"/> Homicide	<input checked="" type="checkbox"/> Not pregnant within past year	<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death
<input type="checkbox"/> Accident	<input type="checkbox"/> Undetermined	<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"/> Suicide	<input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year

39. If female

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

41. Date of Injury (MMDD/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 was the cause of death. I am a duly licensed physician. Death occurred at the time, date, and place and was the cause of death.
x **W. Small M.D.**

48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place and was the cause of death.
x

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Michelle Powell, 1400 East Kincaid Mount Vernon 98274-

50. Hour of Death (24hrs)
0630

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

52. Date Signed (MMDD/YYYY)
12-01-2008

53. Title of Certifier

54. License Number
AP30003568

55. ME/Coroner File Number

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

57. Registrar Signature
x **Connie Anderson, Deputy**

58. Date Received (MMDD/YYYY)
DEC - 1 2008

59. Amendments



200902050066
Skagit County Auditor

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:

The Record now shows:		The True fact is:	
6.		7.	
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, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, Passport, School Record, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back)

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.

CERTIFIED

DEC 01 2008

Handwritten signature

Skagit County Health Department
Howard Leibrand M.D., Health Officer



200902050066
Skagit County Auditor

QQ00316988

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 12th day of March, 1979, by and between JOHN B. ANDERSON and KATHERINE M. ANDERSON, husband and wife, of 2313 Monica Drive, Mount Vernon, Skagit County, Washington,

WITNESSETH: That whereas the said parties are owners of certain property, all of which, regardless of method of acquisition or source, they hereby declare to be community property, constituting all of the property now owned by said parties, and said parties are desirous that said property, together with all other property of whatsoever nature, either real or personal, which may be hereafter acquired or received by either or both of them, whether by gift, inheritance, purchase, or otherwise, shall be deemed to be community property, and in the event either party now owns or hereafter acquires any property which might otherwise be the separate property of that party, said party herewith conveys and quit claims to the other party a community interest in said property, so that the same will be community property, and that the same shall pass without delays or undue expense upon the death of either to the survivor.

NOW, THEREFORE, for and in consideration of the sum of ONE DOLLAR (\$1.00), the receipt of which is hereby acknowledged by each party hereto, and also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of John B. Anderson while said Katherine M. Anderson survives, then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said Katherine M. Anderson in fee simple; and in the event of the death of the said Katherine M. Anderson while said John B. Anderson survives, then the whole of said community property now owned together with all other community property, real and personal, that may hereafter be acquired, shall at once vest in said John B. Anderson in fee simple; and each party conveys and quit claims to the surviving party all said community property and all other property which were it not for this agreement might be the separate estate of the conveying party, in compliance herewith.

IN WITNESS WHEREOF, the said JOHN B. ANDERSON and KATHERINE M. ANDERSON have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered)
in the Presence of:)

Bessie Swells)

John B. Anderson (SEAL)

W. V. Wells)

Katherine M. Anderson (SEAL)

STATE OF WASHINGTON)
:SS
COUNTY OF SKAGIT)

THIS IS TO CERTIFY that on this 12th day of March, 1979, before me, W. V. Wells, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally came JOHN B. ANDERSON and KATHERINE M. ANDERSON, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official seal, the day and year in this certificate first above written.

W. V. Wells
Notary Public in and for the State of
Washington, residing at Anacortes

