



200902120076
Skagit County Auditor

2/12/2009 Page 1 of 9 10:08AM

Filed for Record at the Request of:

Aaron M. Rasmussen, P. S.
1101 Eighth Street, Suite A
Anacortes, WA 98221

Document Title: COMMUNITY PROPERTY AFFIDAVIT
Ref. No. of Related Document(s): N/A
Grantor: NED O. SPRINGS, Deceased, RANDALL SPRINGS and
NANCY LOFTIS, as Co-Personal Representatives of the
ESTATE OF IRENE E. SPRINGS, Deceased.
Grantee: PUBLIC
Abbreviated Legal Description: (TITLE ELIMINATION) INC M/H 88
GOLDENWEST/COUNTRYSTATE 66X27 S/N CE7498
VISTA TOO DIVISION 1 LOT 8
Assessor's Tax/Parcel I.D.: 4461-000-008-0006 / P82882

COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
)
) ss.
COUNTY OF SKAGIT)

RANDALL SPRINGS and NANCY LOFTIS, being first duly sworn upon oath, depose and say:

1. We are the duly appointed and acting co-personal representatives, with non-intervention powers, of the ESTATE OF IRENE E. SPRINGS, Deceased, which is being probated under Skagit County Superior Court Cause Number 09-4-00043-3.
2. IRENE E. SPRINGS was the surviving spouse of NED O. SPRINGS, who died August 3, 2002 at Anacortes, Washington. A copy of Ned O. Springs' death certificate is attached hereto as Exhibit A. At all relevant times, Mr. and Mrs. Springs were residents of Anacortes, Skagit County, Washington.
3. On July 12, 1995, Irene E. Springs and Ned O. Springs, while married and residing in Skagit County, executed an agreement entitled *COMMUNITY PROPERTY AGREEMENT* ("the

Agreement"). The Agreement, the original of which is attached hereto as Exhibit B, provides that all community property owned at the time of the Agreement or thereafter acquired by the spouses, and all separate property of either spouse, is to vest in the surviving spouse upon the first of the spouses' deaths. As the son and daughter of Mr. and Mrs. Springs, we personally know that Irene E. Springs and Ned O. Springs were legally competent at the time they executed the Agreement. We know of no subsequent Wills or other instruments that would have the effect of abrogating or nullifying the Agreement.

4. As a result of the Agreement, all real and personal property held as community property by Irene E. Springs and Ned O. Springs, and all real and personal property held as separate property by Ned O. Springs, automatically became the property of Irene E. Springs at the time of Ned O. Springs's death.

5. Among the items that Irene E. Springs and Ned O. Springs owned as community property at the time of Ned O. Springs' death was real estate situated in Skagit County, Washington, legally described as follows:

Lot 8, "PLAT OF VISTA TOO DIV. NO. I", as per plat recorded in Volume 13 of Plats, pages 80 and 81, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

SUBJECT TO: Dedication contained on the face of the Plat; Covenants, conditions and restrictions contained in Declaration dated October 28, 1983, recorded October 28, 1983, under Auditor's File No. 8310280027; Amendments to Covenants, recorded July 9, 1993, October 5, 1993 and June 20, 1997, under Auditor's File Nos.: 9307090027, 93010050061 and 9706200037; Agreement dated May 25, 1994, recorded May 26, 1994, under Auditor's File No. 405260122.

6. In addition to executing the Agreement, Ned O. Springs executed a Last Will and Testament on July 12, 1995, providing that his entire estate was to pass to Irene E. Springs at his death. That Will is attached hereto as Exhibit C.

7. All expenses of Ned O. Springs' last illness, funeral, and costs of administration were paid, and we are aware of no unpaid creditors of Ned O. Springs or of the former marital community.

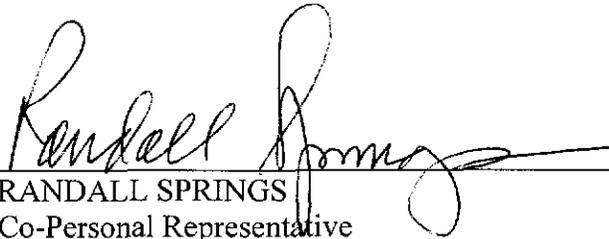
7. Ned O. Springs' estate was not subject to state or federal transfer taxes, because its fair market value as of the date of his death was below the applicable exemption thresholds in effect at that time.

6. This affidavit is made to induce any and all title insurance companies to issue policies of



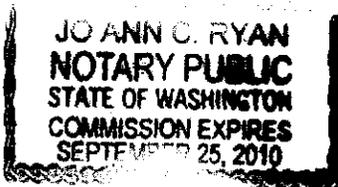
title insurance on real property, including the property described herein, that passed to Irene E. Springs as the surviving spouse of Ned O. Springs (and to the Estate of Irene E. Springs upon her death), whether acquired as community property or converted to community property by operation of the Agreement, in reliance upon the representations herein set forth.

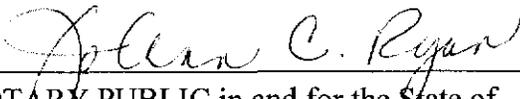
DATED this 11 day of February, 2009.



RANDALL SPRINGS
Co-Personal Representative
Estate of Irene E. Springs, Deceased

SUBSCRIBED and SWORN (or affirmed) to before me this 11 day of February, 2009.



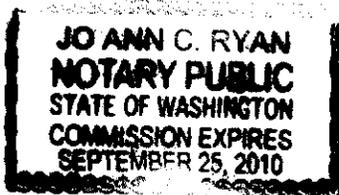


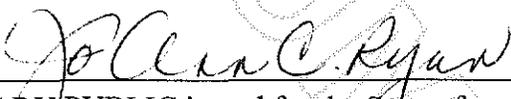
NOTARY PUBLIC in and for the State of
Washington, residing at ANACORTES
My appointment expires 9-25-10



NANCY LOTIS
Co-Personal Representative
Estate of Irene E. Springs, Deceased

SUBSCRIBED and SWORN (or affirmed) to before me this 11 day of February, 2009.





NOTARY PUBLIC in and for the State of
Washington, residing at ANACORTES
My appointment expires 9-25-10



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

EXHIBIT A

559-02
LOCAL FILE NUMBER

Health
CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1. NAME First: Ned Middle: Orville Last: Springs			2. SEX (M/F) M	3. DEATH DATE (Mo, Day, Yr) Aug 3, 2002				
4. AGE LAST BIRTHDAY (Yrs) 80	5. UNDER 1 YEAR WGS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country) Forbes, MO	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes	10. COUNTY OF DEATH Skagit		
11. CITY, TOWN OR LOCATION OF DEATH Anacortes		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RMOUT PTN 4. <input type="checkbox"/> HOSP. 5. <input checked="" type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Alliance Living Community of Anacortes			13. SMOKING IN LAST 15 YEARS? (Yes/No) No			
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Irene Elizabeth Wagar		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade complete d) Elementary/Secondary (0-12) 12 College (1-4 or 5+) [REDACTED]		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Pipefitter		19. KIND OF BUSINESS OR INDUSTRY Anacortes Veneer		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: No		21. RACE (Specify) White		
22. RESIDENCE — NUMBER AND STREET 2306 Vista Lane		23. CITY/TOWN, OR LOCATION Anacortes		24. INSIDE CITY (Yes/No) Yes	25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 57y	26. STATE WA	27. ZIP CODE 98221
28. FATHER'S NAME — FIRST, MIDDLE, LAST Walter Lee Springs				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Della Mae [REDACTED]				
30. INFORMANT — NAME Irene Elizabeth (Wagar) Springs			31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 2306 Vista Lane, Anacortes, WA 98221					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) Aug 7, 2002		34. CEMETERY/CREMATORY — NAME Grand View Cemetery		35. LOCATION — CITY/TOWN, STATE Anacortes, WA		
36. FUNERAL DIRECTOR'S SIGNATURE x [Signature]		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 1105 32nd Street Anacortes, WA 98221				
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE x [Signature]				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE x [Signature]				
40. DATE SIGNED (Mo., Day, Yr) 08/05/02		41. HOUR OF DEATH (24 Hrs.) 16:30 PM		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)		
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Oliver L. Stalsbrotten M.D. 2511 M Avenue Suite B, Anacortes, WA 98221						49. ME/CORONER FILE NUMBER		
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:								
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. <i>progressive Renetia</i>				INTERVAL BETWEEN ONSET AND DEATH Yes		
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH		
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH		
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE. <i>DIAPHRAGMIA</i>				52. AUTOPSY? (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No		
54. ACC. SUICIDE, HGM., UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:		
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE				
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE			62. REGISTRAR SIGNATURE x <i>Denothy Eppe, deputy</i>			63. DATE RECEIVED (Mo., Day, Yr) AUG - 6 2002		



200902120076
Skagit County Auditor

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 12th day of July, 1995, between NED O. SPRINGS and IRENE SPRINGS, husband and wife, both of whom are domiciled in the State of Washington. In consideration of 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 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



200902120076

Skagit County Auditor

ORIGINAL

1 c. Immediately prior to death if the order of death cannot
2 be ascertained.

3 5. **Optional Revocation by One Party:** If either party becomes
4 incapacitated, the other party shall have the power to termi-
5 nate the provisions of paragraph 2 and each party designates
6 the other as attorney-in-fact to become effective upon incapa-
7 city to exercise such power. The termination shall be effec-
8 tive upon the delivery of written notice thereof to the incapa-
9 citated spouse and to the guardians, if any, of the person and
10 of the estate of the incapacitated person. For the purposes of
11 this paragraph, a spouse shall be deemed incapacitated if a
12 person duly licensed to practice medicine in the State of Wash-
13 ington signs a statement declaring that the person is unable to
14 manage his or her own property or financial affairs.

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

19 7. **Revocation of Inconsistent Agreements:** To the extent this
20 Agreement is inconsistent with any provisions of any community
21 property agreement or other arrangement previously made by the
22 parties that affects the described community property, the terms
23 of this Agreement shall be deemed to revoke such prior provisions
24 to the extent of the inconsistency.

25 Ned O. Springs

26 Irene E. Springs

27 Kristen J. Seppa

28 (Witness)

Jo Ann C. Ryan

(Witness)

21 STATE OF WASHINGTON)
22) ss
23 COUNTY OF SKAGIT)

24 I certify that I know or have satisfactory evidence that
25 NED O. SPRINGS and IRENE SPRINGS signed this instrument and
26 acknowledged it to be their free and voluntary act for the uses
27 and purposes mentioned in the instrument.

28 DATED: 7/12/95

David D. Lowell

Notary Public in and for the State of
Washington, residing at Dr. 2/4/97 Hancock, WA

My appointment expires: 3/9/99

NAYL D. LOWELL
(Printed Name)



200902120076
Skagit County Auditor

EXHIBIT C

LAST WILL AND TESTAMENT

KNOW ALL MEN BY THESE PRESENTS that I, NED O. SPRINGS, of Anacortes, Skagit County, Washington, do make, publish, and declare this as and to be my Last Will and Testament, hereby revoking any and all former Wills and/or Codicils heretofore by me made.

I.

I am the husband of IRENE SPRINGS and at the time of the execution of this Will I have four (4) adult children, to wit: RANDALL SPRINGS, GREGORY SPRINGS, JEFFREY SPRINGS and NANCY LOFTIS. Except as herein provided, I intend to make no provision for any relative of mine who may survive me.

II.

At my death I may have prepared a handwritten and/or signed list defining the persons to whom I wish certain items of tangible personal property to pass. I intend that list to conform to the applicable law and as a consequence of which, the property listed thereon shall pass in accordance with such list.

All of the rest, residue, and remainder of my estate of whatever nature and wheresoever situated I give, devise, and bequeath unto my beloved wife provided she survives me. If my said wife should predecease me or die in such a manner that it is impossible to ascertain which of us died first, I give, devise, and bequeath all of my estate of whatever nature and wheresoever situated unto my four (4) children named in Article I, share and share alike.

III.

I hereby appoint IRENE SPRINGS to be Personal Representative of this my Last Will and Testament, to serve without bond. In the event she is unable or unwilling to act as said Personal Representative hereof, I nominate and appoint RANDALL SPRINGS and NANCY LOFTIS to serve as Co-Personal Representatives, also to serve without bond. In the event one of them is unable or unwilling to act as a Co-Personal Representative hereof, I nominate and appoint GREGORY SPRINGS to serve as a Co-Personal Representative, also to serve without bond. In the event that two of the foregoing named individuals are unable or unwilling to act as a Co-Personal Representative, I nominate and appoint JEFFREY SPRINGS to serve as a Co-Personal Representative, also to serve without bond.

IV.

I further direct that my estate be settled without any intervention of any court, except to the extent required by law, and that my Personal Representative settle my estate in such manner as

ORIGINAL



1 shall seem best and most convenient to her/him and I hereby
2 empower my Personal Representative to mortgage, lease, sell,
3 exchange, and convey the personal and real property of my estate
4 without an order of Court for that purpose and without notice,
approval, or confirmation, and in all respects to administer and
settle my estate without the intervention of Court.

5 V.

6 I hereby direct and order that all just debts for which proper
7 claims are filed against my estate, and the expenses of my last
8 illness and funeral be paid by my Personal Representative as soon
9 after my death as is practicable; provided, however, that this
direction shall not authorize any creditor to require payment of
any debt or obligation prior to its normal maturity in due course.

10 VI.

11 I direct my Personal Representative to pay out of and charge
12 to the assets of my residuary estate all the estate and inher-
13 itance taxes lawfully predicated upon my death as a taxable event
14 or lawfully imposed upon or assessed against my estate or any
devise or bequest made herein by any laws with respect to all
property taxable under such laws by reason of my death, whether or
not such property passes under this, my Will. I waive for my
estate all rights of reimbursement for any such payments.

15 IN WITNESS WHEREOF, I have hereto set my hand this 12th day of
July, 1995.

16
17 Ned O. Springs
18

19 The foregoing instrument was on the date thereof published by
20 NED O. SPRINGS who at said time appeared to be of sound mind and
21 memory and acting of his own free will, and by him declared to be
22 his Last Will and Testament, in the presence of us, who at his
request and in his presence and in the presence of each other,
have hereunto set our hands this _____ day of _____,
1995.

23
24 Jolene C. Ryan residing at Chester, WA

25
26 Justin Sepa residing at Archie, WA



200902120076
Skagit County Auditor

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

The undersigned, being first duly sworn on oath depose and say:

The document to which this affidavit is attached, affixed, or annexed was on the 12th day of July, 1995, published by NED O SPRINGS who;

a. was over the age of 18 years and appeared to be of sound mind and memory and to be acting freely and without any duress, fraud, or undue influence;

b. signed the document in our presence and declared it to be his Last Will and Testament;

c. requested us to sign the document as a witnesses, which we then and there did in his presence and in the presence of each other;

d. requested us to make this affidavit in accordance with the applicable laws of the State of Washington.

Jo Ann C. Ryan
(signature of witness)

Kristin L. Sekora
(signature of witness)

Signed, sworn to (or affirmed) and attested to by Jo Ann C. Ryan and Kristin L. Sekora this 12th day of July, 1995.



David D. Lowell
Notary Public in and for the State of Washington, residing at Anacortes

My appointment expires: 3/9/99
DAVID D. LOWELL
(Printed Name)

