



200903180104

Skagit County Auditor

3/18/2009 Page 1 of 10 2:14PM

NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

DELORES FANN, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That Viri William Fann was her husband. That Viri William Fann died a resident in Anacortes, Skagit County, Washington on December 12, 2008. A copy of the death certificate is attached hereto. Viri William Fann died leaving property in Skagit County all of which was the community property of affiant and decedent, Viri William Fann. A copy of the Community Property Agreement is attached.

That there are no unpaid creditors of said decedent Viri William Fann 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. A copy of the Will is attached.

That the property owned by affiant and Viri William Fann consisted of the following:

REAL ESTATE

1. STREET: 1211 - 29th Street, Anacortes, WA 98221
TAX ID: 3804-001-006-0004/P57892
LEGAL: J M MOORE'S TO ANA LOTS 5 & 6 BLK 1
2. STREET: 45105 Tolo Trail, Concrete, WA
TAX ID: 4357-001-053-0005
LEGAL: LAKE TYEE DIV. 3 LT 53 BLK A

PERSONAL PROPERTY

- | | | |
|----|----------------------------------|----------|
| 1. | Household furniture valued at | \$500.00 |
| 2. | Motor vehicles valued at | \$500.00 |
| 3. | Bank accounts and cash valued at | \$300.00 |

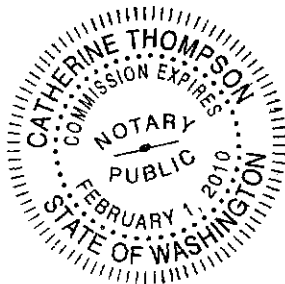
That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on 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 11 day of March, 2008.

Delores B Fann
DELORES FANN

SUBSCRIBED AND SWORN TO before me this 11 th day of March, 2008.



Catherine Thompson
Notary Public in and for the
State of Washington, residing
at Anacortes, WA.
My appointment expires: 2-1-10.



200903180104
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

| | | | | | |
|---|--|---|---|---|---|
| Local File Number 1134-08 | | Washington State Certificate of Death | | State File Number | |
| 1. Legal Name (Include AKA's if any) First Middle LAST Viril William Fann | | | 2. Death Date 12/12/2008 | | |
| 3. Sex (M/F) Male | 4a. Age - Last Birthday 73 | 4b. Under 1 Year Months | 4c. Under 1 Day Hours Minutes | 5. Social Security Number 539-30-6951 | 6. County of Death Skagit |
| 7. Birthdate 04/09/1935 | 8a. Birthplace (City, Town, or County) Spokane | | 8b. (State or Foreign Country) WA | | 9. Decedent's Education 10TH GRADE |
| 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.) 1211 29th St | | | | 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 |
| 14. Estimated length of time at residence. 29 Years | | 15. Marital Status at Time of Death Married | | 16. Surviving Spouse's Name (Give name prior to first marriage) Delores Melvin | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Millworker | | | 18. Kind of Business/Industry (Do not use Company Name) Lumber | | |
| 19. Father's Name (First, Middle, Last, Suffix) John N. Fann | | | 20. Mother's Name Before First Marriage (First, Middle, Last) Cora V. Hill | | |
| 21. Informant's Name Delores Fann | | 22. Relationship to Decedent Spouse | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1211 29th St Anacortes, WA 98221 | | |
| 24. Place of Death, if Death Occurred in a Hospital: Inpatient | | | | | |
| 25. Facility Name (If not a facility, give number & street or location) Island Hospital | | | | | |
| 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 12/19/2008 | |
| 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. <i>Acute Respiratory Failure</i> | | Interval between Onset & Death <i>week</i> | |
| 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. <i>Myotrophic Central Denervation</i> | | Interval between Onset & Death <i>months</i> | |
| | | 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 | |
| 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: Apt. No. 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 the best of my knowledge, death occurred at this time, date, and place and due to the cause of death stated. | | | | 48b. Medical Examiner/Coroner - On the basis of examination, investigation, and any reports, death occurred at this time, date, and place, and due to the cause of death and manner stated. | |
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <i>Nancy Hewelllyn 2511 Mare #C Anacortes, WA 98221</i> | | | | 50. Hour of Death (24hrs) 0750 | |
| 51. Name and Title of Attending Physician if other than Certifier (Type or Print) | | | | 52. Date Signed (MM/DD/YYYY) 12-16-2008 | |
| 53. Title of Certifier MD | | 54. License Number MD00007709 | | 55. ME/Coroner File Number | |
| 57. Registrar Signature <i>Boydyn Aguirre Deputy</i> | | 56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 59. Amendments #9 04889 2-18-09 GKM | | | | | |



200903180104
Skagit County Auditor

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT made this 4th day of December, 2008, between **VIRL W. FANN** and **DELORES B. FANN**, 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

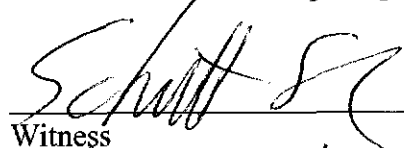
(b) upon the establishment of a domicile out of the State of Washington by either party; or

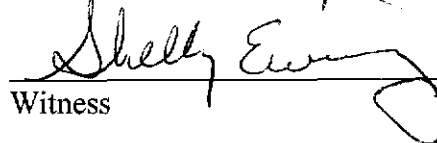
(c) immediately prior to death, if the order of death cannot be ascertained.

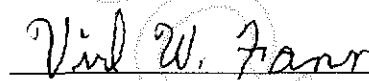
5. Optional Revocation by One Party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 3 and each party designates the other as Attorney-in-Fact to become effective upon disability to exercise such power. The termination shall be effective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


VIRIL W. FANN


DELORES B. FANN



STATE OF WASHINGTON)

:SS

COUNTY OF SKAGIT)

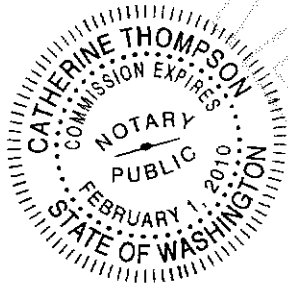
On December 4, 2008, personally appeared before me **Virl W. Fann** and **Delores B. Fann** to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the 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



LAST WILL AND TESTAMENT
OF VIRL WILLIAM FANN

Filed
Skagit Supct
9-4-0106-5
18 Mar 09

INTRODUCTION: I, VIRL WILLIAM FANN, do hereby state that I am now a resident of Skagit County, Washington, and do hereby make, publish, and declare this instrument to be my Last Will and Testament.

FIRST: Family: I am married to DELORES BLANCHE FANN, and each reference in this Will to "my wife" is to her. I have two children now living, namely: WESLEY WILLIAM FANN, and KENNETH DEAN FANN. Each reference in this will to "my child", "child of mine", "my children", or "children of mine" is a reference to one or all, including adopted children, as the case may be, of my children named in this paragraph.

SECOND: Funeral and Burial: I direct that my body be cremated, and my ashes be spread in certain places as known to his son, WESLEY WILLIAM FANN.

THIRD: Personal Representative: I nominate as personal representative of this Will, first: my wife, DELORES BLANCHE FANN; second, WESLEY WILLIAM FANN. Each shall serve as sole personal representative of this Will without bond and the priority of appointment and their order of succession, if one for any reason fails to qualify or ceases to act as such personal representative, shall be in the order in which they are named above.


FOURTH: Payment of Expenses and Debts: I direct my personal representative to pay from the residue of my estate as soon as practicable after my death, the expenses of my funeral and burial, my just debts, all inheritance and estate taxes imposed on my taxable estate, including life insurance or any beneficiary thereof, and the expense of administering my estate.

FIFTH: Gift of Personal Effects - Wife - Children: Personal effects means my clothing, jewelry, family pictures, household goods and furniture, personal automobiles, sporting equipment, and other tangible articles of personal use. I make the following specific devises regarding my personal effects:

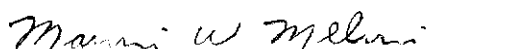
I give my Model 99 Savage 250-3000 take down rifle to my son, Wesley William Fann.
I give my China cupboard to my brother, Ray Fann, if he is living at the time of my death. If Ray Fann is not living at the time of my death, I give the China cupboard to my son, Wesley William Fann.

I give the remainder of my personal effects, together with the insurance thereon, to my wife, DELORES BLANCHE FANN, if she survives me for thirty (30) days, and if she does not, to my children who survive me for that period in equal shares as they shall agree.

SIXTH: Gift of Residue of my Estate: I give, bequeath, and devise all of the rest and residue and remainder of my estate of whatever nature and wherever situated as follows:


Witness


Testator


Witness



200903180104
Skagit County Auditor

ORIGINAL

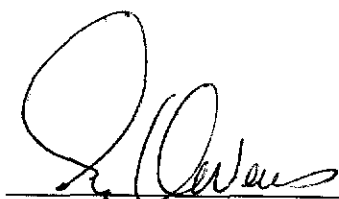
1. If my wife, DELORES BLANCHE FANN, survives me, then I give the residue of my estate to my wife.
2. If my wife, DELORES BLANCHE FANN, predeceases me, then I direct that my estate be divided into as many equal shares as there are children of mine who have survived me and children of mine who have predeceased me leaving issue surviving me. I give one such share to each child of mine who has survived me and one such share to the issue, per stirpes, of each child of mine who has predeceased me leaving issue surviving me.
3. If my wife, DELORES BLANCHE FANN, and all of my issue predecease me, then I direct that the residue of my estate be divided into two equal parts. I give one equal part to those persons who would then be my heirs and one equal part to those persons who would then be the heirs of my wife, DELORES BLANCHE FANN. The identities and the respective shares of the heirs of each of us shall be determined as though the death of each of us had occurred on the date of my death and according to the laws of the State of Washington then in effect relating to the succession of separate property not acquired from a predeceased spouse.

SEVENTH: Denying Agreement Concerning Will: My wife, DELORES BLANCHE FANN, has made a Will which contains provisions substantially similar to the provisions of this Will. We have not entered into either an agreement to make Wills or an agreement not to revoke Wills.

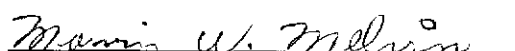
EIGHTH: Survival of Beneficiaries for Thirty Days: For the purposes of this Will and unless another period of time is expressly provided, a person shall not be deemed to survive me if such person dies within thirty (30) days of my death, nor to survive another if such person dies within thirty (30) days of the death of such other.

NINTH: Nonintervention Clause: I further direct that my estate be settled without the intervention of any court, except to the extent required by law, and that my executor or executrix settle my estate in such a manner as shall seem best and most convenient to her or to him, and I hereby empower my executor or executrix to mortgage, lease, sell, exchange, and convey the personal and real property of my estate without an order of court for that purpose and without notice, approval, or confirmation, and in all other respects to administer and settle my estate without the intervention of the court.

TENTH: Revocation of Prior Wills: I revoke all Wills and Codicils that I have previously made.


Witness


Testator


Witness



200903180104

Skagit County Auditor

SIGNED: I signed this Will on 31 MAY 2002

Virl W. Fann
VIRL WILLIAM FANN, Testator

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

[Signature] Residing at 315 4th
Avenues

Marianne W. Melvin Residing at FINACORTES, WA

[Signature]
Witness

V.W.F. Virl W. Fann
Testator

Marianne W. Melvin
Witness


200903180104
Skagit County Auditor

AFFIDAVIT OF WITNESSES TO WILL OF
VIRL WILLIAM FANN

STATE OF WASHINGTON

} ss.

COUNTY OF _____

Each of the undersigned, being first duly sworn on oath deposes and says that on _____;

I am over the age of majority and competent to be a witness to the Will of Virl William Fann.
(the "Testator").

The Testator in my presence and in the presence of the other witness whose signature
appears below:

- A. Declared the foregoing instrument, to which this Affidavit is attached, to be his, Will;
- B. Requested me and the other witness to act as witnesses to his Will and to make this Affidavit; and
- C. Signed the instrument as his Last Will and Testament.

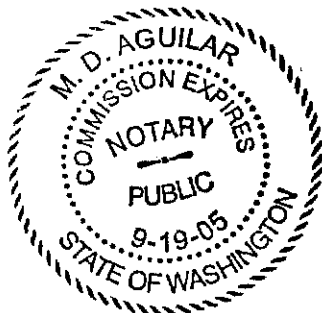
I believe the Testator to be of sound mind, and in so declaring and signing, he was not acting under any duress, menace, fraud or undue influence.

The other witness and I in the presence of the Testator and in the presence of each other affixed our signatures as witnesses to the Will and now make this affidavit.

[Signature] residing at _____

Marcia M. Melan residing at ANACORTES, WA

SUBSCRIBED AND SWORN to before me on 5/31/02



M. D. Aguilar
print name M. D. Aguilar
Notary Public in and for the State of
Washington, residing at Anacortes WA
My Commission Expires: 9/19/05



200903180104

Skagit County Auditor