

Return Address:

Dennis J Pothoven
7900 SE 28th Street, Suite 320
Mercer Island, WA 98040



200906020006
Skagit County Auditor

6/2/2009 Page 1 of 9 9:56AM

COVER SHEET

Document Title(s) (print or type information)

Certified Copy of Affidavit Re Community Property (with Community Property Agreement & Death Certificate attached)

Reference Number(s) Of Related Documents

Not applicable

Grantor(s) (Last, First and Middle Initial)

Kenneth L. Bradley and Diane C. Bradley, husband and wife

Grantees(s) (Last, First and Middle Initial)

Kenneth L. Bradley and Diane C. Bradley, husband and wife

Legal Description (abbreviated form: i.e. lot, block, plat or section, township, range, quarter)

Lot A-19, Lake Tyee Div. III

Assessor's Property Tax Parcel/Account Number

4357-001-019-0008

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Return Address

Kenneth L. Bradley
16018 Sunnyside Avenue N
Shoreline WA 98133



20040514000073

LAGERQUIST AFF 25 00
PAGE 001 OF 007
05/14/2004 08:46
KING COUNTY, WA

Document Title: Affidavit Re Community Property
Reference No.: None
Grantor: Diane C. Bradley
Grantee: Kenneth L. Bradley
Legal Description: Lot 13, Blk 2, Corliss Add , Vol 75, Pgs. 46-47
Tax Parcel No. 175570-0260

AFFIDAVIT RE COMMUNITY PROPERTY

Kenneth L. Bradley, being first duly sworn, deposes and says:

That affiant is the lawful surviving spouse of Diane C. Bradley who died on March 17, 2004, then being a resident of King County, Washington. A copy of her Certificate of Death is marked Exhibit A, attached hereto and made a part hereof

That decedent left a Community Property Agreement which was executed on the 8th day of March, 2000, the original of which is marked Exhibit B, attached hereto and made a part hereof. Said document declared that the decedent and the affiant were husband and wife and further declared all property currently owned by them, or thereafter, to be characterized as community property and further, that upon the death of either, the whole community property shall vest in fee simple in the survivor

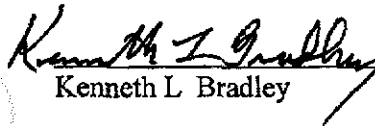


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That at the time of decedent's death, the decedent and affiant were vested as owners of a certain parcel of real property, legally described as

LOT 13, BLOCK 2, CORLISS ADDITION, ACCORDING TO PLAT RECORDED IN VOLUME 75 OF PLATS, PAGES 46 AND 47, IN KING COUNTY, WASHINGTON.

Dated this 4th day of May, 2004


Kenneth L. Bradley

STATE OF WASHINGTON)

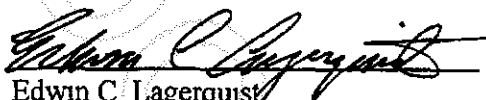
: ss.

COUNTY OF KING)

On this day personally appeared before me Kenneth L. Bradley, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 4th day of May, 2004




Edwin C. Lagerquist
NOTARY PUBLIC in and for the State
of Washington, residing at Seattle
My Commission Expires 4/30/08



Return Address

Document Title Community Property Agreement

Grantor Kenneth L Bradley
 Diane C Bradley

Grantee Diane C Bradley
 Kenneth L Bradley

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is made this date between KENNETH L BRADLEY and DIANE C BRADLEY, a marital community, both of the County of King, State of Washington,

WITNESSETH

That the parties hereto desire to avail themselves of the privileges of Section 26 16 120, Revised Code of Washington, in order to determine the status of and to dispose of all the community property which shall be owned by them at the time the said community shall be dissolved by death,

NOW, THEREFORE, in consideration of the love and affection that each of the said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows

1 PRIOR AGREEMENTS That all prior written community property agreements, if any, between the parties hereto are mutually rescinded

-1-

ts/ecl-mar/bradley cpa

EXHIBIT B



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2 PROPERTY AFFECTED. That all property of whatsoever nature or description, whether real, personal or mixed, and wherever situated now owned or hereafter acquired by them or either of them, including any separate property, shall be considered, and is hereby declared to be, community property, and each hereby conveys and quit claims to the other his or her interest in any separate property he or she may own or hereafter acquire so as to convert the same to community property.

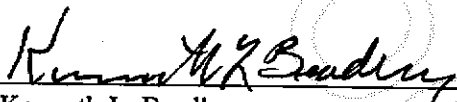
3 DEATH That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall vest in fee simple in the survivor of them

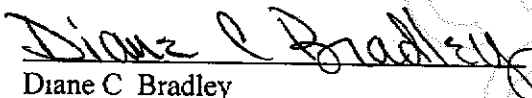
4 SURVIVAL. Provided, however, that if neither party survives the other by at least sixty (60) days, the above paragraph 3, Death, only, shall be null, void and of no effect

5. TERMINATION By mutual agreement, the parties may terminate or rescind this Agreement by a notarized declaration to that effect, and this Agreement shall become null, void and of no effect

6. DISSOLUTION. This Agreement shall be null, void, and of no effect upon the filing of a petition for dissolution or annulment of the marital community pursuant to Chapter 26 09 of the Revised Code of Washington as herein enacted or hereafter amended or the applicable dissolution statute in other jurisdictions

IN WITNESS WHEREOF the said KENNETH L BRADLEY and DIANE C BRADLEY, hereunto set their hands and seals this 8th day of March, 2000


Kenneth L. Bradley


Diane C. Bradley



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
CERTIFIED COPY OF DEATH CERTIFICATE

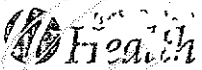
REC'D APR 05 2004

1. Legal Name (include AKA & if any) First: DIANE Middle: C. LAST: BRADLEY Suffix:		2. Death Date March 17, 2004	
3. Sex (M/F) Female	4a. Age - Last Birthday 58	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:
7. Birthdate	8a. Birthplace (City, Town, or County) Seattle	8b. (State or Foreign Country) Washington	9. Decedent's Education High school graduate or GED completed
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. 824 SE 5 th St.) (Include Apt. No.) 16018 Sunnyside Ave N.		13b. City or Town Shoreline	
13c. Residence County King	13d. Tribal Reservation Name (if applicable) n/a	13e. State or Foreign Country Washington	13f. Zip Code + 4 98133
14. Estimated length of time at residence u	15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Kenneth Bradley	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Wire Coordinator		18. Kind of Business/Industry (Do not use Company Name) Aerospace	
19. Father's Name (First Middle Last Suffix) William A. Kangas		20. Mother's Name Before First Marriage (First Middle Last) Olga E.	
21. Informant's Name Kenneth Bradley	22. Relationship to Decedent Husband	23. Mailing Address Number/Street or RFD No. City or Town State Zip 16018 Sunnyside Ave N., Shoreline, WA 98133	
24. Place of Death, if Death Occurred in a Hospital		Place of Death if Death Occurred Somewhere Other than a Hospital Nursing Home/Long Term Care Facility	
25. Facility Name (if not a facility give number & street) Bailey Boushay Nursing Home		26a. City/Town or Location of Death Seattle	26b. State WA
28. Method of Disposition Cremation		29. Place of Disposition (Name of Cemetery, Crematory or other place) Seattle Services Group Crematory	30. Location-City/Town and State Seattle, WA 98109
31. Name and Complete Address of Funeral Facility Bleitz Funeral Home, 316 Aurora St., Seattle, WA 98109		32. Date of Disposition 03/22/2004	
33. Funeral Director Signature X <i>[Signature]</i> BF# 0660			
34. Enter the chain of events - disease, 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. Squamous Peritoneal carcinoma	Interval between Onset & Death 12 yrs
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. Due to (or as a consequence of)	Interval between Onset & Death
		c. Due to (or as a consequence of)	Interval between Onset & Death
		d. Due to (or as a consequence of)	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 checked="" 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	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury Number & Street. City of Town Country State Zip Code + 4		47. If transportation injury specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
46. Describe how injury occurred		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. Mary Jane Lambert MD	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Mary Jane Lambert MD 12516 Ave F Seattle 98112		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.	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		50. Hour of Death (24hrs) 0615	52. Date Certified (mm/dd/yyyy) 3/17/04
53. Title of Certifier MD	54. License Number 00025297	55. ME/Coroner File Number	56. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature X <i>[Signature]</i>		58. Date Received (mm/dd/yyyy) MAR 22 2004	
59. (Recent) Amendment Item		Reviewed by LAVIDIT Date	

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH & STATISTICS



200906020006
Skagit County Auditor



Washington Department of Health

Center for Health Statistics
P.O. Box 9779
Cheney, WA 99004-9779
(509) 225-4200

This is a self-declared certificate of birth, marriage or dissolution.

State File Number: _____ Fee Number: _____ Birth Date: _____ Affidavit Number: _____

Use the section below to request any change(s) to the record:

Record Type: Birth Death Marriage 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 correct or incomplete as follows

6 This Record no. is: _____ 7 The True fact is: _____
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 foregoing is true and correct.

15 Signature: _____ 16 Date: _____ 17 Address: _____

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
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 (or 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.
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 executor/administrator (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 (for marriage) or clerk of court (dissolution), must sign the affidavit.

DCH/CHS 023 (Rev. 9/2009)

Seattle - King County
Department of Health
Alfonzo L. Plough, Director and Registrar



200906020006
Skagit County Auditor

LL00206333

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON }
County of King

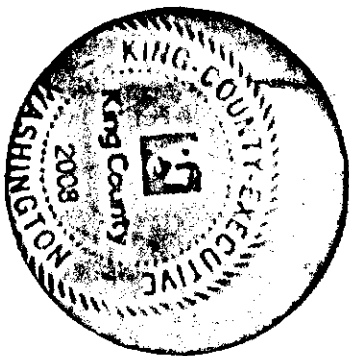
The Director of Records & Licensing, King County, State of Washington and exofficio Recorder of Deeds and other instruments, do hereby certify the foregoing copy has been compared with the original instrument as the same appears on file and of record in the office and that the same is a true and perfect transcript of said original and of the whole thereof,

Witness my hand and official seal this _____ day
of MAY 21 2009 20____

Director of Records & Licensing

By [Signature]
Deputy

Thea Thach



200906020006
Skagit County Auditor