



200909020005

Skagit County Auditor

9/2/2009 Page 1 of 5 9:25AM

Filed for Record at request of  
and return to:

STILES & STILES INC. P.S.

P.O. Box 228 / 925 Metcalf Street

Sedro Woolley, WA 98284

LAND TITLE OF SKAGIT COUNTY

ACCOMMODATION RECORDING

Legal : Medcalf's Add Lot 13

Tax Parcel # 3954-000-013-0005 / P67430

### AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

State of Washington )ss.  
County of Skagit )

Louis P. Boivin, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Lois M. Boivin, who died at Las Vegas, County of Clark, State of Nevada, on February 3, 2009 having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated October 7, 1977, which agreement shall be recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit County, Washington.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

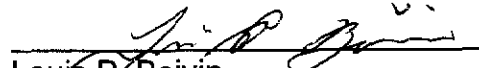
3. Among other items of community property was the following described real estate.

Lot 13, "MEDCALF'S ADDITION," as per plat recorded in Volume 7  
of Plats, Page 41, Records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement, and in reliance upon the representations hereinabove set forth.

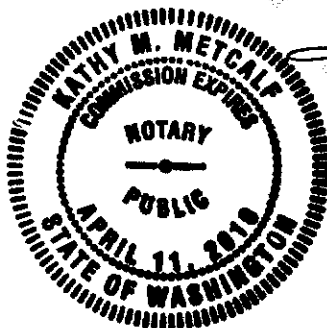
DATED this 1 day of SEPT, 2009.


  
Louis P. Boivin

State of Washington )  
County of Skagit ) ss.

On this day personally appeared before me Louis P. Boivin, 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 on Sept 1, 2009



  
NOTARY PUBLIC in and for the  
State of Washington, residing at  
Sedro Woolley  
Commission Expires: 4-11-2010



200909020005  
Skagit County Auditor

## COMMUNITY PROPERTY AGREEMENT

This Agreement, made and entered into this 17th day of October, 1977, by and between LOUIS P. BOIVIN and LOIS M. BOIVIN, husband and wife, of Arlington, Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, ~~providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either,~~ WITNESSETH:

That, 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:

FIRST: That all property of whatsoever nature or description whether real, personal or mixed, or wheresoever 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 quits claims to the other his or her interest in any separate property he or she may now own or hereafter acquire so as to convert the same to community property.

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



200909020005

Skagit County Auditor

Louisa L. Casley

*Louis P. Boivin*  
LOUIS P. BOIVIN

Mary Klein  
Witnesses

Lois M. Bowen  
LOIS M. BOWEN

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SNOHOMISH )

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

Edmond Leroy  
Notary Public in and for the  
State of Washington residing  
at Arlington.



200909020005  
Skagit County Auditor

**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2009001501**

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Lois Margaret BOIVIN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 03, 2009</b>		3a. COUNTY OF DEATH <b>Clark</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>Solari Hospice</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
DECEDENT	5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>86</b>	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>[REDACTED]</b>	
IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) <b>Oregon</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Louis P BOIVIN</b>		13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Broker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>		15. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Nye</b>		15c. CITY, TOWN OR LOCATION <b>Pahrump</b>	
DISPOSITION	15d. STREET AND NUMBER <b>640 W. White</b>		16. FATHER - NAME (First-Middle-Last-Suffix) <b>Elbridge WHEELER</b>		17. MOTHER - NAME (First-Middle-Last-Suffix) <b>Veta [REDACTED]</b>	
	18a. INFORMANT - NAME (Type or Print) <b>Louis P BOIVIN</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>640 W. White Pahrump, Nevada 89060</b>		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	
TRADE CALL	19b. CEMETERY OR CREMATORY - NAME <b>Palm Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DENNIS BUTLER</b>	
	20b. FUNERAL DIRECTOR LICENSE <b>61</b>		20c. NAME AND ADDRESS OF FACILITY <b>Affordable Cremation and Burial Services</b>		20d. SIGNATURE AUTHENTICATED <b>2457 N Decatur Blvd Las Vegas NV 89108</b>	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED TERESA HANLON M.D.</b>		22a. 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) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr) <b>February 04, 2009</b>	
	21c. HOUR OF DEATH <b>10:40</b>		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Teresa Hanlon M.D. 5530 S Jones Blvd Las Vegas, NV 89118</b>		23b. LICENSE NUMBER <b>5947</b>	
	24a. REGISTRAR (Signature) <b>CHRISTINE JOHNSON</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 05, 2009</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) <b>Lymphocytic leukemia</b>		Interval between onset and death		26. AUTOPSY (Specify Yes or No) <b>No</b>	
	(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28a. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)	
	(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)	
STATE REGISTRAR	(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28c. HOUR OF INJURY	
	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

**STATE REGISTRAR**



**200909020005**

**Skagit County Auditor**

**9/2/2009 Page 5 of 5 9:25AM**

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

**NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT**



**Lawrence K. Sands, D.O., M.P.H.**  
Registrar of Vital Statistics

By: *[Signature]*  
Date Issued: **FEB 11 2009**