



200910280070
Skagit County Auditor

NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
 : SS
COUNTY OF SKAGIT)

Tracie E. Wallace, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That Bruce M. Wallace was her husband. That Bruce M. Wallace died a resident in Anacortes, Skagit County, Washington on 09/26/2009. A copy of the death certificate is attached hereto. Mr. Wallace died leaving property in Skagit County all of which was the community property of affiant and decedent. A copy of the Community Property Agreement is attached.

That there are no unpaid creditors of said decedent 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 Bruce M. Wallace consisted of the following:

REAL ESTATE

- 1. STREET: 6114 Parkside Drive, Anacortes, WA 98221
- TAX ID: P77830/4193-000-022-0003
- LEGAL: SKYLINE NO 16 LOT 22

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

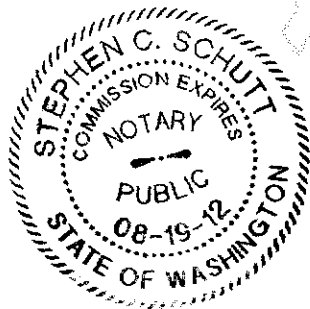
decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

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 10 day of 26, 2009.

Tracie L. Wallace
Tracie L. Wallace

SUBSCRIBED AND SWORN TO before me this 26th day of Oct, 2009.



Stephen C. Schutt
Notary Public in and for the
State of Washington, residing
at Anacortes, WA.

My appointment expires: Aug 2012



200910280070
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 744-09		Washington State Certificate of Death			State File Number:	
1. Legal Name (Include AKA's if any): First Middle LAST Bruce Michael WALLACE				2. Death Date Aug 25, 2009		
3. Sex (M/F) M	4a. Age - Last Birthday 55	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) Renton		8b. (State or Foreign Country) Washington		9. Decedent's Education High School Graduate
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? Yes
13a. Residence: Number and Street (e.g., 624 SE 6 th St.) (Include Apt. No.) 6114 Parkside Drive				13b. City or Town Anacortes		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98221
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. 6 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (or a name prior to first marriage) Tracie Louise Skau
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Plumber				18. Kind of Business/Industry (Do not use Company Name) Construction		
19. Father's Name (First, Middle, Last, Suffix) Donald Hugh Wallace				20. Mother's Name Before First Marriage (First, Middle, Last) Margie Jane [REDACTED]		
21. Informant's Name Tracie Wallace		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 6114 Parkside Drive Anacortes WA 98221		
24. Place of Death: # Death: [REDACTED] (Place of Death, if Death Occurred Somewhere Other than a Hospital) Decedent's Residence						
25. Facility Name (If not a facility, give number & street or location) 6114 Parkside Drive				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) Northwest Crematory		30. Location-City/Town, and State Anacortes, Washington
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-					32. Date of Disposition Sep 2, 2009	
33. Funeral Director Signature X <i>Joseph W. [REDACTED]</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. Atherosclerotic Cardiovascular Disease						Interval between Onset & Death Years
Due to (or as a consequence of):						Interval between Onset & Death
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						Interval between Onset & Death
Due to (or as a consequence of):						Interval between Onset & Death
Due to (or as a consequence of):						Interval between Onset & Death
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 Acute Cocaine Intoxication, Hypertension						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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
41. Date of Injury (MM/DD/YYYY) 08/25/2009		42. Hour of Injury (24hrs) Late PM Hours		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Decedent's home		
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.		45. Location of Injury: Number & Street: 6114 Parkside Dr. Apt. No. City or Town: Anacortes County: Skagit State: WA Zip Code + 4: 98221				
46. Describe how injury occurred Acute Drug Intoxication						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 - In the case of his/her services, registered under Title 18B, and				48b. Medical Examiner/Coroner - On the basis of examination and investigation, and		
[REDACTED]				[REDACTED]		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Robert Clark Skagit County Courthouse, Mount Vernon, WA 98273				50. Hour of Death (24hrs) Late PM Hours		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 08/26/2009		
53. Title of Certifier Deputy Coroner		54. License Number		55. ME/Coroner File Number 147-09		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>Corinne Ornderson, Deputy</i>				58. Date Received (MM/DD/YYYY) SEP - 2 2009		
59. Amendments						



200910280070
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
-------------------	------------	----------	------	------------------

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)
--------------------	-------------------	-------------------------------------

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 Incorrect or Incomplete as follows:

6. The Record now shows:	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 forgoing 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:

- 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.



200910280070
Skagit County Auditor

CERTIFIED
OCT 02 2009
Howard Leibrand
Skagit County Health Department
Howard Leibrand M.D., Health Officer

SS00164738

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 2 day of July 2004, between **BRUCE M. WALLACE** and **TRACIE L. WALLACE**, 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 here, 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

(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 the inconsistency.

[Signature]
Witness

[Signature]
BRUCE M. WALLACE

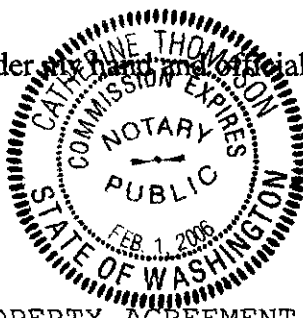
[Signature]
Witness

[Signature]
TRACIE L. WALLACE

STATE OF WASHINGTON)
COUNTY OF SKAGIT)ss

On July 2, 2004 personally appeared before me **Bruce M. Wallace and Tracie L. Wallace** 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.



[Signature]
NOTARY PUBLIC in and for the
State of Washington
My commission expires: Feb 1, 06



COPY

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

FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA
2009 OCT 28 AM 11:03

SUPERIOR COURT OF WASHINGTON FOR SKAGIT COUNTY

In Re the Estate of:
BRUCE M. WALLACE,
Deceased.

NO. **09 4 00350 5**
LAST WILL AND TESTAMENT

See attached.

LAST WILL AND TESTAMENT



200910280070
Skagit County Auditor

STEPHEN C.
SCHUTT
ATTORNEY AT LAW
WSBA # 14107
P.O. BOX 1032
1011 EIGHTH STREET
ANACORTES,
WASHINGTON 98221
(360) 293-5094
schuttarty@yahoo.com

LAST WILL AND TESTAMENT
OF
BRUCE M. WALLACE

I, BRUCE M. WALLACE, of 6114 Parkside Drive, Anacortes, Skagit County, Washington declare this to be my Last Will and Testament and revoke all prior Wills and Codicils.

I. FAMILY

I am married and my wife's name is TRACIE L. WALLACE. I have three children born to me, namely: BRANDEN M. WALLACE, AARON B. WALLACE and LINNEA B. WALLACE. Except as herein provided, I do not intend to make provisions in this Will for any children who survive me, whether named herein or hereafter born or adopted or for the descendants of any child who does not survive me.

II. PAYMENT OF DEBTS

I direct my executor hereinafter named, as soon after my death as is practicable, to pay all just debts for which proper claims are filed against my estate, all estate, inheritance and succession taxes assessed by reason of my death, and the expense of my last illness and funeral; provided, however, that this shall not authorize any creditor to require payment of any debt prior to normal maturity thereof, or prohibit my Executor from exercising any legal defense to the same. My Executor shall be compensated for his/her time and expenses at a reasonable rate.

LAST WILL AND TESTAMENT - 1
Initial: *BW*

COPY



200910280070

Skagit County Auditor

III. DEVISES AND BEQUESTS OF PROPERTY

A. After payment of funeral expense, debts and taxes as herein provided, and provided she survives me by one (1) day, I devise and bequeath all of the rest, residue, and remainder of my estate to my wife, TRACIE L. WALLACE.

B. In the event my wife does not survive me by one (1) day; the equity in the residence, Interbay Condominiums, Skyline Way Condo #206 shall be divided equally $\frac{1}{2}$ to my sister, Barbara Magelki, and $\frac{1}{2}$ to the remainderman.

C. In the event my wife does not survive me by one (1) day, and my youngest surviving child is Thirty (30) years of age, or older, then, in that event, I devise and bequeath all of the rest, residue and remainder of my estate to my children, BRANDEN M. WALLACE, AARON B. WALLACE and LINNEA B. WALLACE, share and share alike, per stirpes.

D. In the event my wife does not survive my by one (1) day, and my youngest surviving child is less than Thirty (30) years of age, then, in that event, I devise and bequeath that child's share of my estate to BRANDEN M. WALLACE and AARON B. WALLACE, as co-trustees, in trust, for the benefit of my child as follows:

1. The Trustee shall hold the trust estate as a single trust. From the income and principal of the trust the trustee is authorized to make discretionary distributions for the support, health, and education of the beneficiary thereof, in the manner to which she is accustomed, and would have enjoyed, has my wife and I survived.

2. When a child of mine, shall attain the age of Thirty (30) years the Trustee shall distribute to her the remaining principal balance, including accrued interest and earnings, free of trust. If a child of mine is age Thirty (30) or over at the time this trust is created then such child shall inherit directly her share of the estate, free of trust.

3. If a child of mine dies before she becomes entitled to receive her portion of the principal balance, her portion shall be added to the portion of my surviving children, as herein provided.

4. Neither the principal, interest, or earnings of the trust created by this Will shall be alienable by any beneficiary, neither by assignment nor by any other method, and the same shall not be subject to being taken by her creditors by any process whatsoever.

5. In his management of said trust estate, I hereby give unto my said Trustee all power and authority to manage, invest and reinvest the trust estate in accordance with the standards provided by the law of the State of Washington.

LAST WILL AND TESTAMENT - 2

Initial: *TS*



200910280070
Skagit County Auditor

D. I may have a separate list which disburses tangible personal property to designate heirs. Said list is dated and signed.

IV. APPOINTMENT OF PERSONAL REPRESENTATIVE

I nominate and appoint my wife, TRACIE L. WALLACE, the Executor of this my Last Will and Testament. If she does not survive me by one (1) day as herein provided, then, in that event, I nominate and appoint BRANDEN M. WALLACE and AARON B. WALLACE, as alternate Co-Executors of this my Will. I hereby direct that my Executors shall serve without bond and with unrestricted nonintervention powers, and without liability for error in judgment.

V. NOMINATION OF GUARDIAN

In the event my said wife shall predecease me, dies in a common accident or disaster with me, or dies within one (1) day of my death, then, in that event, I hereby nominate and appoint BRANDEN M. WALLACE and AARON B. WALLACE, as the co- guardians of the persons and estates of my child. I direct that said Guardian shall receive funds for the care and support of said child from the trust provided for herein.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 2 day of

July, 2004.


BRUCE M. WALLACE

LAST WILL AND TESTAMENT - 3

Initial: BW



200910280070

Skagit County Auditor

10/28/2009 Page

10 of

11 12:07PM

STATE OF WASHINGTON)
) :ss
COUNTY OF SKAGIT)

ATTESTATION CLAUSE AND
AFFIDAVIT OF ATTESTING
WITNESSES

The undersigned, competent to testify, being first duly sworn, upon oath, depose and say:

That the foregoing instrument to which this Affidavit is attached, consisting of four (4) pages, of which this is the fourth (4th) page, dated the _____ day of _____, 2004, which purports to be the Last Will and Testament of the above named Testator was signed and executed by the said Testator at Anacortes, Washington, in the presence of my self and the other witness.

The Testator thereupon published the instrument as and declared it to be his Last Will and Testament and requested us to sign the same as witnesses and to execute this Affidavit in proof of said Will.

In the presence of the Testator and at his request and direction, and in the presence of each other, the other witness and I subscribed our names as witnesses hereto.

At the time of executing said instrument the Testator, the other witness and I, were of legal age and competent to act as witnesses and the Testator appeared to be of sound and disposing mind and not acting under duress, menace, fraud, undue influence or misrepresentation.

Stephen C. Schatt residing at Anacortes, WA

Shelly Ewing residing at Anacortes, WA

Signed, sworn to (or affirmed) and attested by Stephen C. Schatt and Shelly Ewing, on this 2nd day of July, 2004.

Catherine Thompson
NOTARY PUBLIC in and for the
State of Washington
My appointment expires: Feb 1, 06



LAST WILL AND TESTAMENT - 4
Initial: B



Skagit County Auditor