



Among other items of community property was the following described real estate:  
Residence located at: 21781 Bulson Road, Mt Vernon, WA  
Parcel No. P17133

Legally described as:

Those portions of Lots 1 and 2, SKAGIT COUNTY SHORT PLAT NO. 18-80, approved May 1, 1980, and recorded May 12, 1980, in Volume 4 of Short Plats, page 88, under Auditor's File No. 8005120014, records of Skagit County Washington; being a portion of the Southwest Quarter of Section 21, Township 33 North, Range 4 East of the Willamette Meridian, lying Southerly of the following described line:

Commencing at the Southwest corner of Lot 2 of said Skagit County Short Plat No. 18-80; thence North 02°21'00" East a distance of 165.29 feet along the West line of said Lot 2 to the common corner between Lots 1 and 2 of said Skagit County Short Plat No. 18-80 and the true point of beginning of said line description;

Thence North 89°29'50" East a distance of 1,309.74 feet to the East line of said Lot 1, Skagit County short Plat No. 18-80 and the terminus of said line.

Situate in Skagit County, Washington.

3. It is intended that statements set forth in this Affidavit shall be considered representations of fact which may be relied upon by all parties dealing with said real estate and Community Property Agreement herein above described.

4. BARBARA R. GREGORY died February 24, 2009, in Skagit County, Washington. Attached hereto is a copy of death certificate, being Exhibit "B".

5. The parties to the Community Property Agreement referred to above entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement.

6. The decedent left no separate property.

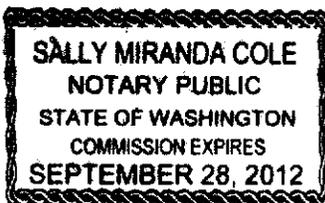
7. All obligations of the community owing at the date of death of decedent, including all expenses of last illness and funeral and burial services, have been paid in full or otherwise provided for; and affiant agrees to indemnify any party relying on this affidavit against any of said obligations or expenses.

8. The decedent was survived by the following persons:  
DEAN R. GREGORY, spouse, residing at: 21781 Bulson Road, Mt Vernon, WA.

DATED this 30 day of October, 2009.

Dean R. Gregory  
DEAN R. GREGORY, Surviving Spouse

SUBSCRIBED AND SWORN TO before me this 30 day of October, 2009



Sally Miranda Cole  
NOTARY PUBLIC in and for the State  
of Washington, residing at Seattle  
Commission Expires: 9.28.2012  
Printed Name: Sally Miranda Cole



Skagit County Auditor

**COMMUNITY PROPERTY AGREEMENT**

Agreement made in Seattle, Washington on the date noted by the signatures below between DEAN R. GREGORY, ("Husband") and BARBARA R. GREGORY, ("Wife"), 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 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. All such property is referred to in this Agreement as the "described community property". This agreement does not apply to any separate property owned or acquired by either party.

2. Vesting at Death of Spouse. If husband dies and wife survives him by 30 days, 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 by 30 days, 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 by Will or according to law.

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 neither party survives the other by 30 days.

5. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as his or her attorney-in-fact, to become effective upon and to continue notwithstanding and during any such disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian, if any, of the person and of the estate of the disabled

Exh A

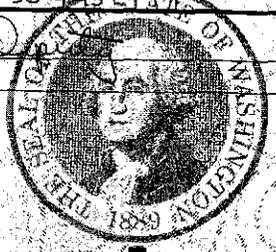


200911090024  
Skagit County Auditor



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>221-09</b>		Washington State Certificate of Death				State File Number	
4. Legal Name (Include All's & I's only) First Middle LAST <b>Barbara Ruth Gregory</b>		5. Death Date <b>02/24/2009</b>					
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>79</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	6. Social Security Number [REDACTED]	6. County of Death <b>Skagit</b>		
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) <b>Seattle</b>	8b. (State or Foreign Country) <b>WA</b>	9. Decedent's Education <b>High School Graduate</b>			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: <b>No</b>		11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>			
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>21781 Bulson Rd</b>				13b. City or Town <b>Mount Vernon</b>			
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>WA</b>	13f. Zip Code + 4 <b>98274</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. <b>8 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Dean Robert Gregory</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Office Manager</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Utilities</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Milo Beck</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Ruth Electa [REDACTED]</b>			
21. Informant's Name <b>Dean R. Gregory</b>		22. Relationship to Decedent <b>Spouse</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>21781 Bulson Rd, Mount Vernon, WA 98274</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>				Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street or location) <b>Skagit Valley Hospital</b>				26a. City, Town, or Location of Death <b>Mount Vernon</b>		26b. State <b>WA</b>	27. Zip Code <b>98274</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Neptune Society Cremation Services</b>		30. Location-City/Town, and State <b>Kent, WA</b>			
31. Name and Complete Address of Funeral Facility <b>Neptune Society, 19324 40th Ave W, Ste A, Lynnwood, WA 98036</b>						32. Date of Disposition <b>03/09/2009</b>	
33. Funeral Director Signature X <i>Dean Robert Gregory</i>							
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) → <b>a. Pneumonia MRSA</b>						Interval between Onset & Death <b>Days</b>	
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>b. Acute Renal Failure</b>						Interval between Onset & Death <b>Days</b>	
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 <b>Pulmonary Sarcoptes, COPD, P-Fib</b>				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"/> Undetermined <input type="checkbox"/> Accident <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 checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
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?	
45. Location of Injury: Number & Street: City or Town: _____ County: _____ 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, faith, and belief at the time, date, and place and the health condition, cause manner status. <i>[Signature]</i>				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 causes and manner stated. <i>[Signature]</i>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Dr. Geoffrey Spielmann, 1400 E Kincaid St, Mt. Vernon, WA 98273</b>				50. Hour of Death (24hrs) <b>2345</b>		52. Date Signed (mm/dd/yyyy) <b>3-4-2009</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				53. Title of Certifier <b>MD</b>		54. License Number <b>MD 000 33 448 5747</b>	
57. Registrar Signature <i>[Signature]</i>				55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
58. Date Received (mm/dd/yyyy) <b>MAR 09 2009</b>							



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Skagit County Auditor