

When Recorded Return to:

Elliott W Johnson Inc PS
711 S. First St
Mount Vernon, WA 98273



200912280221

Skagit County Auditor

12/28/2009 Page 1 of 7 12:04PM

Lack of Probate Affidavit

Grantor(s): M. Marjorie Welch
Grantee(s): The Public
Legal Description (abbreviated): Skyline No 3, Lot 63, Skagit County, WA
Assessor's Tax Parcel Number: 3819-000-063-0009 (P59168)
Reference:

In the Matter of the Estate of

Robert E. Welch,

Deceased.

Lack of Probate Affidavit

State of Washington)
County of Skagit) ss.

M. Marjorie Welch, being first duly sworn, deposes and says:

Affidavit re:
Lack of Probate

Page 1

12/17/9 11:08
H:\EW\Welch, Robert & Myrtle\CPA Affidavit.wpd

Elliott W. Johnson Inc, P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616
Email: Elliott@EWJLaw.com

1. I am the surviving spouse of **Robert E. Welch**, a resident of Skagit County, Washington, who died at Mount Vernon, Washington, on December 5, 2009, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated May 30, 2006. A true and correct copy of this Community Property Agreement is attached hereto and incorporated herein. Attached also is a true and correct copy of the death certificate that was issued herein. This Community Property Agreement was validly executed and in full force and effect at the death of the decedent.

2. The decedent executed no wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering the assets listed below, any portion thereof, or any interest therein other than the instruments which have been duly recorded in the office of the Auditor of the location of the asset, except the above Community Property Agreement.

3. There are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness. The estate is fully solvent.

4. The decedent left surviving, in addition to the undersigned, the following children: Donna M. DuFresne, Kathleen M. Carpenter and Judy Ann Rich.

5. The decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS), including nursing facility services, home or community-based services, hospital, prescription drugs or any other services.

6. There was no separate property.

7. Among other items of community property was the following described real estate and personal property:

a) Residence located at 5408 Kingsway, Anacortes, Skagit County, Washington, legally described as follows:

Lot 63, SKYLINE NO. 3, according to the plat thereof recorded in Volume 9 of Plats, page 54, records of Skagit County, Washington.

SUBJECT TO easements, restrictions and reservations of record.

Skagit County Tax Parcel No. 3819-000-063-0009 (P59168)

b) All Checking, Savings, Investment, and Retirement Accounts

Affidavit re:
Lack of Probate

Page 2

12/17/9 11:08
H:\EW\Welch, Robert & Myrtle\CPA Affidavit

Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616
Email Elliott@EWJLaw.com



200912280221

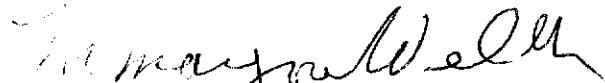
Skagit County Auditor

12/28/2009 Page 2 of 7 12:04PM

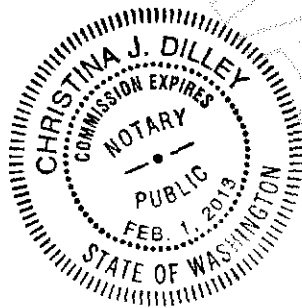
c) All Motor Vehicles


d) All Household Furniture, Furnishings, Jewelry, Clothing and Other Items of Personal Property.

8. This affidavit is made to induce Title Companies to issue their policies of title insurance on real property passing to the surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations herein set forth.


M. Marjorie Welch

SUBSCRIBED AND SWORN to before me on December 21, 2009, by M. Marjorie Welch.




Notary Public CHRISTINA J. DILLEY
My appointment expires: 2-1-2013

Affidavit re:
Lack of Probate

Page 3

12/17/9 11:08
H:\EWJ\Welch, Robert & Myrtle\CPA Affidavit.w



200912280221
Skagit County Auditor

12/28/2009 Page 3 of 7 12:04PM

Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616
Email Elliott@EWJLaw.com

When Recorded Return to:

Community Property Agreement

Grantor(s): Robert E. Welch
Grantee(s): M. Marjorie Welch
Legal Description (abbreviated): N/A
Assessor's Tax Parcel Number: N/A
Reference (Auditor File Numbers of Documents assigned, released or amended): N/A

Community Property Agreement

THIS AGREEMENT, made and entered into on May 30, 2006, by and between **Robert E. Welch** and **M. Marjorie Welch** (who is also shown of record as Myrtle M. Welch), husband and wife, who reside in Anacortes, Skagit County, 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

Community Property
Agreement

Page 1

Robert E. Welch
Marjorie Welch

H:\EWJ\Welch, Robert & Myrtle\604 Welch 105-2.wpd
5/30/06 10:52

Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616
Email Elliott@EWJLaw.com



200912280221
Skagit County Auditor

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 or may have been or may be 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 regarded 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.

- Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or
- Upon the establishment of a domicile out of the State of Washington by either party; or
- 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 any or all provisions of this document 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 guardian(s), if any, of the person and of the estate of the disabled person. For purposes of this paragraph, "disability" shall mean any period that such party is unable to effectively communicate by reason of injury, disease or other cause. Disability shall include a party's inability to manage his or her property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness

Community Property
Agreement

Page 2

Robert E. Welch
Myrtle M. Welch

H:\EWJ\Welch, Robert & Myrtle\604 Welch 105-2.wpd
5/30/06 10:52

Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616
Email Elliott@EWJLaw.com



200912280221
Skagit County Auditor

12/28/2009 Page

5 of

7 12:04PM

or disability, advanced age, dementia, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance. Although not a requirement to establish disability, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the person 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 husband or wife 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. **Revocation of inconsistent agreements:** 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.

Dated: May 30, 2006.

Robert E. Welch
Robert E. Welch

Witness


M. Marjorie Welch

Witness

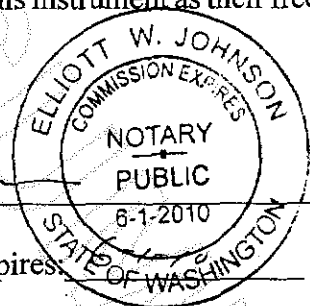
State of Washington)
) ss.
County of Skagit)

I certify that I know or have satisfactory evidence that Robert E. Welch and M. Marjorie Welch are the persons who appeared before me and acknowledged that they signed this instrument as their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: May 30, 2006.

Notary Public

My appointment expires



Community Property Agreement

H:\EWJ\Welch, Robert & Myrtle\604 Welch 105-2.wpd
5/30/06 10:52 a

Page 3



Skagit County Auditor

12/28/2009 Page 6 of 7 12:04PM

Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616
Email Elliott@EWJLaw.com

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **1016-09**

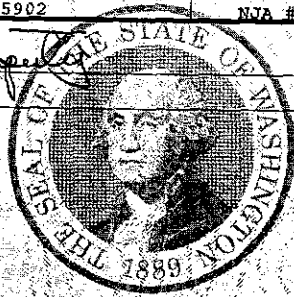
Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any): First Middle LAST Suffix Robert Edward WELCH				2. Death Date: Dec 5, 2009	
3. Sex (M/F) M	4a. Age - Last Birthday 83	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Los Angeles	8b. (State or Foreign Country) California	9. Decedent's Education Associate of Arts Degree		
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 5th St.) (include Apt. No.) 5408 Kingsway West				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 21 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage). Myrtle Marjorie Heimerl	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Accountant			18. Kind of Business/Industry (Do not use Company Name) Tire Industry		
19. Father's Name (First, Middle, Last, Suffix) John Henry Welch			20. Mother's Name Before First Marriage (First, Middle, Last) Margaret (mmi) [REDACTED]		
21. Informant's Name M. Marjorie Welch		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 5408 Kingsway West 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) Skagit Valley Hospital			26a. City, Town, or Location of Death Mount Vernon		26b. State WA
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 Dec 11, 2009	
33. Funeral Director Signature X <i>Merlin Lane</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. ACUTE MYOCARDIAL INFARCTION		Interval between Onset & Death MINUTES	
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. ASCVD		Interval between Onset & Death YEARS	
		c. HYPERLIPIDEMIA		Interval between Onset & Death YEARS	
		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	
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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 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 the time, date, and place and due to the cause(s) and manner stated. X <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 cause(s) and manner stated. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) C. Les Conway M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221			50. Hour of Death (24hrs) 04:20 AM		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)			52. Date Signed (mm/dd/yyyy) December 8, 2009		
53. Title of Certifier M.D.		54. License Number MD00015902		55. ME/Coroner File Number NJA # 608	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		57. Registrar Signature X <i>[Signature]</i>			
58. Date Received (mm/dd/yyyy) DEC - 9 2009		59. Amendments			

Part 1 completed by Funeral Director

Part 2 completed by Certifier



DOH/CHS 003 Rev 07/09/07



200912280221
Skagit County Auditor