

STILES & STILES INC, P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284



2/26/2010 Page 1 of 3 1:16PM

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

State of Washington)
)ss.
County of Skagit)

1. That affiant is the surviving spouse of Donald N. Mc Fadden, who died at Mount Vernon, County of Skagit, State of Washington, on December 20, 2009 having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated October 23, 1987, which agreement was recorded on November 18, 1987 under Auditors File No. 8711180027 records of Skagit County. A copy of the decedent's death certificate is attached and made a part of this document.

NONE

Lot 8, "O'LEARYS ADDITION TO MOUNT VERNON, as per plat recorded in Volume 7 of Plats, page 76, records of Skagit County, EXCEPT the West 42.33 feet thereof as measured along the North and South boundaries.

Situate if 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 20 day of January, 2010.

Barbara J. McFadden
Barbara J. McFadden

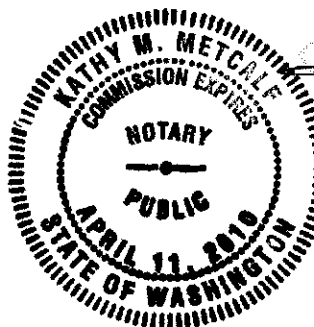
State of Washington)

)ss

County of Skagit)

On this day personally appeared before me Barbara J. McFadden, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on January 20, 2010.



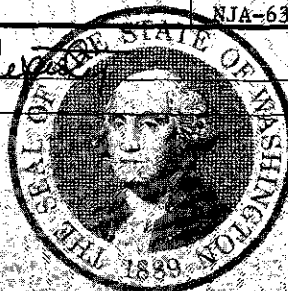
Kathy M. Metcalf
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 4-11-2010



201002260144
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 1048-09		Washington State Certificate of Death		State File Number:	
1. Legal Name (include AKA's if any): First Donald Middle N. Last McFadden			2. Death Date: Dec 20, 2009		
3. Sex (M/F): Male	4a. Age - Last Birthday: 76	4b. Under 1 Year: Months 76 Days 00	4c. Under 1 Day: Hours 00 Minutes 00	5. Social Security Number: [REDACTED]	6. County of Death: Skagit
7. Birthdate: [REDACTED]	8a. Birthplace (City, Town, or County): Chicago	8b. (State or Foreign Country): Illinois	9. Decedent's Education: Associate 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 8th St.) (Include Apt. No.): 300 S. 18th St				13b. City or Town: Mount Vernon	
13c. Residence: County: Skagit		13d. Tribal Reservation Name (if applicable): -	13e. State or Foreign Country: Washington	13f. Zip Code + 4: 98274	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence: 1 Year		15. Marital Status at Time of Death: Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Barbara Rudloff	
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT use RETIRED): Maintenance Machinist			18. Kind of Business/Industry (Do not use Company Name): Industrial		
19. Father's Name (First, Middle, Last, Suffix): John McFadden			20. Mother's Name Before First Marriage (First, Middle, Last): Violet [REDACTED]		
21. Informant's Name: Barbara McFadden		22. Relationship to Decedent: Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 825 N 18th St. Mount Vernon, WA 98273	
24. Place of Death, if Death Occurred in a Hospital: Nursing home/Long term care facility			25. Facility Name (If not a facility, give number & street or location): Mira Vista Care Center		
26a. City, Town, or Location of Death: Mount Vernon		26b. State: WA		27. Zip Code: 98274	
28. Method of Disposition: Entombment		29. Place of Final Disposition (Name of cemetery, crematory, other place): Mount Vernon Cemetery Mausoleum		30. Location-City/Town, and State: Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility: Kern Funeral Home 1122 South Third St., Mount Vernon, WA 98273			32. Date of Disposition: Dec 23, 2009		
33. Funeral Director Signature X <i>Rex E. Watt</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) → Atherosclerotic Coronary Artery Disease Interval between Onset & Death: 14 month 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." Atherosclerotic Coronary Artery Disease Interval between Onset & Death: 15 yrs Due to (or as a consequence of): c. Hypertension; Atrial Fibrillation Interval between Onset & Death: d. Hypertension; Atrial Fibrillation Interval between Onset & Death:					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Hypertension; Atrial Fibrillation			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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined		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 checked="" 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 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 checked="" 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>Sm Aldrich</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): Stephen Aldrich 1030 E Fairhaven Ave Burlington, WA 98233			50. Hour of Death (24hrs): 0920		
51. Name and Title of Attending Physician if other than Certifier (Type or Print):			52. Date Signed (MM/DD/YYYY): 12-21-2009		
53. Title of Certifier: Physician	54. License Number: MD 13642	55. ME/Coroner File Number: NJA-638		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature: <i>James Anderson</i>			58. Date Received (MM/DD/YYYY): DEC 23 2009		
59. Amendments:					



DOHCHS 103 Rev 07/09/07

201002260144
Skagit County Auditor