



201008190003

Skagit County Auditor

8/19/2010 Page 1 of 6 9:08AM

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

=====
Grantor(s): Terry King O'Toole
Grantee(s): Loraine O'Toole
Abbreviated Legal: BROADVIEW ADD TO ANA. TR 42
Assessor's Tax Parcel #'s: 3777-000-042-0005 (P56955)

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

State of Washington)
)ss.
County of Skagit)

TERRY KING O'TOOLE, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Loraine O'Toole, who died in Everett, County of Snohomish, State of Washington, on July 17, 2010 having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated June 23, 1994, 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.

THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON;

TRACT 42, "BROADVIEW ADDITION TO THE CITY OF ANACORTES", AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 22, RECORDS OF SKAGIT COUNTY, WASHINGTON. SUBJECT TO RESTRICTIONS,

RESERVATIONS, EASEMENTS, COVENANTS, OIL, GAS OR MINERAL RIGHTS OF RECORDS, IF ANY.

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 on August 17, 2010.

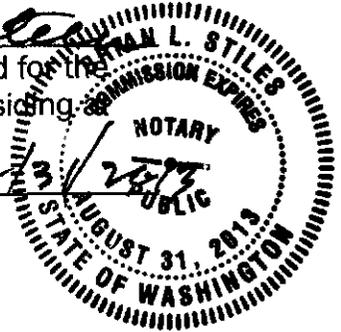
Terry King O'Toole
Terry King O'Toole

State of Washington)
)ss.
County of Skagit)

On this day personally appeared before me Terry King O'Toole, 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 August 17, 2010.

Stam L. Stiles
NOTARY PUBLIC in and for the State of Washington, residing at:
Sedro Woolley
Commission Expires: *8/31/2013*




201008190003
Skagit County Auditor

EXHIBIT A

BORROWER: O'TOOLE

PID: P56955

LEGAL DESCRIPTION:

THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON: TRACT 42, "BROADVIEW ADDITION TO THE CITY OF ANACORTES", AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 22, RECORDS OF SKAGIT COUNTY, WASHINGTON, SUBJECT TO RESTRICTIONS, RESERVATIONS, EASEMENTS, COVENANTS, OIL, GAS OR MINERAL RIGHTS OF RECORD, IF ANY.

THIS PROPERTY IS OWNED BY OR VESTED IN:

TERRY K. O'TOOLE AND LORAIN O'TOOLE, HUSBAND AND WIFE



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number M1 2251 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First: <u>Lorraine</u> Middle: <u>(nmn)</u> LAST: <u>O'Toole</u> Suffix:		2. Death Date: <u>Jul 17, 2010</u>	
3. Sex (M/F): <u>F</u>	4a. Age - Last Birthday: <u>75</u>	4b. Under 1 Year: Months: _____ Days: _____	4c. Under 1 Day: Hours: _____ Minutes: _____
5. Social Security Number: <u>542-38-0661</u>		6. County of Death: <u>Snohomish</u>	
7. Birthdate: <u>Jan 31, 1935</u>		8a. Birthplace (City, Town, or County): <u>Portland</u>	8b. (State or Foreign Country): <u>Oregon</u>
9. Decedent's Education: <u>Some college credit, no degree</u>		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: <u>No</u>	
11. Decedent's Race(s): <u>Caucasian</u>		12. Was Decedent ever in U.S. Armed Forces? <u>No</u>	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (include Apt. No.): <u>4004 Broadview Drive</u>		13b. City or Town: <u>Anacortes</u>	
13c. Residence: County: <u>Skagit</u>	13d. Tribal Reservation Name (if applicable): _____	13e. State or Foreign Country: <u>Washington</u>	13f. Zip Code + 4: <u>98221</u>
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence: <u>39 Years</u>	
15. Marital Status at Time of Death: <u>Married</u>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): <u>Terry King O'Toole</u>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): <u>Office Assistant</u>		18. Kind of Business/Industry (Do not use Company Name): <u>Co-operative Extension</u>	
19. Father's Name (First, Middle, Last, Suffix): <u>Glenn Gerald Fowler</u>		20. Mother's Name Before First Marriage (First, Middle, Last): <u>Mildred Ellen Hooper</u>	
21. Informant's Name: <u>Terry King O'Toole</u>	22. Relationship to Decedent: <u>Husband</u>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <u>4004 Broadview Drive Anacortes WA 98221</u>	
24. Place of Death, if Death Occurred in a Hospital: <u>Inpatient</u> Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street or location): <u>Providence Medical Center-Colby Campus</u>		26a. City, Town, or Location of Death: <u>Everett</u>	26b. State: <u>WA</u>
27. Zip Code: <u>98206</u>		28. Method of Disposition: <u>Cremation</u>	
29. Place of Final Disposition (Name of cemetery, crematory, other place): <u>Northwest Crematory</u>		30. Location-City/Town, and State: <u>Anacortes, Washington</u>	
31. Name and Complete Address of Funeral Facility: <u>Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221</u>		32. Date of Disposition: <u>July 21, 2010</u>	
33. Funeral Director Signature X: <u>Joseph P. Warham</u>			

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory Failure Interval between Onset & Death: 5 Days

Due to (or as a consequence of): _____

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. Pneumonia Interval between Onset & Death: _____

Due to (or as a consequence of): _____

c. Interval between Onset & Death: _____

Due to (or as a consequence of): _____

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"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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	
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: _____ Apt. No.: _____	
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. <u>X</u> <u>Wood - McClure</u>		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. <u>X</u>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): <u>Julie Wood-McClure, MD 1330 Rockefeller Ave, Suite 340, Everett, WA 98201</u>		50. Hour of Death (24hrs): <u>0345</u>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print): _____		52. Date Signed (MM/DD/YYYY): <u>Jul 20, 2010</u>	
53. Title of Certifier: <u>MD</u>	54. License Number: <u>MD0043863</u>	55. Coroner File Number: <u>WA 10SN2204</u>	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature: <u>Gary Goldmann, MD, MPH</u>		58. Date Received (MM/DD/YYYY): <u>JUL 20 2010</u>	
59. Amendments: _____			



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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:

The Record now shows:	The True fact is:
6. _____	7. _____
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 Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

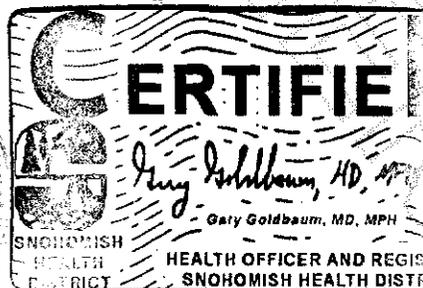
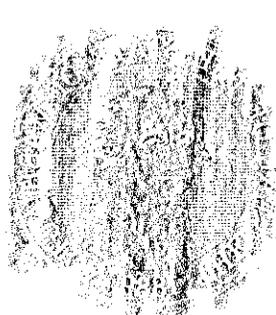
Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



201008190003
Skagit County Auditor

TT00236823

JUL 30 2010

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT made and entered into this 23 day of June, 1994, by and between TERRY KING O'TOOLE and LORAIN O'TOOLE, husband and wife, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for 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 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 and description whether real, personal or mixed, and wheresoever situated now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be 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.

IN WITNESS WHEREOF, the said TERRY KING O'TOOLE and LORAIN O'TOOLE, husband and wife, have hereunto set their hands and seals this 23 day of June, 1994.

Terry King O'Toole
TERRY KING O'TOOLE

Lorain O'Toole
LORAIN O'TOOLE

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

This certifies that on the 23rd day of June, 1994, personally appeared before me TERRY KING O'TOOLE and LORAIN O'TOOLE, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument and acknowledged the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

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

Shawn C. Nyman
NOTARY PUBLIC in and for the STATE OF WASHINGTON,
residing at Bunington
commission Expires: 11-01-96



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