



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.

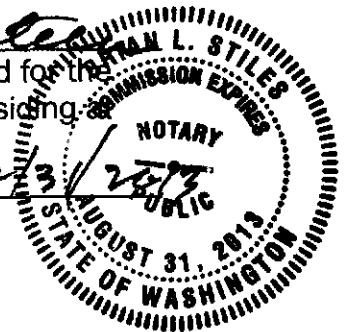
Terry King O'Toole
Terry King O'Toole

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.

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



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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: Loraine Middle: (nmn) LAST: O'Toole Suffix:				2. Death Date: Jul 17, 2010			
3. Sex (M/F): F	4a. Age - Last Birthday: 75	4b. Under 1 Year: Months: Days: Hours: Minutes:	4c. Under 1 Day: Hours: Minutes:	5. Social Security Number: 542-38-0661	6. County of Death: Snohomish		
7. Birthdate: Jan 31, 1935		8a. Birthplace (City, Town, or County): Portland		8b. (State or Foreign Country): Oregon		9. Decedent's Education: Some college credit, no 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? No	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (include Apt. No.): 4004 Broadview 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	
14. Estimated length of time at residence: 39 Years		15. Marital Status at Time of Death: Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Terry King O'Toole			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): Office Assistant				18. Kind of Business/Industry (Do not use Company Name): Co-operative Extension			
19. Father's Name (First, Middle, Last, Suffix): Glenn Gerald Fowler				20. Mother's Name Before First Marriage (First, Middle, Last): Mildred Ellen Hooper			
21. Informant's Name: Terry King O'Toole		22. Relationship to Decedent: Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 4004 Broadview Drive Anacortes WA 98221			
24. Place of Death, if Death Occurred in a Hospital: Inpatient				Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street or location): Providence Medical Center-Colby Campus				26a. City, Town, or Location of Death: Everett		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 Street Anacortes Washington 98221						32. Date of Disposition: July 21, 2010	
33. Funeral Director Signature X <i>Joseph P. Warham</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. Respiratory Failure				Interval between Onset & Death: 5 Days			
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 b. Pneumonia				Interval between Onset & Death:			
Due to (or as a consequence of):				Interval between Onset & Death:			
c.				Interval between Onset & Death:			
Due to (or as a consequence of):				Interval between Onset & Death:			
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"/> 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: 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, death occurred at the time, date, and place and due to the cause(s) and manner stated. X <i>Wood - McClure</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): Julie Wood-McClure, MD 1330 Rockefeller Ave, Suite 340 Everett, WA 98201				50. Hour of Death (24hrs): 0345			
51. Name and Title of Attending Physician if other than Certifier (Type or Print):				52. Date Signed (MM/DD/YYYY): Jul 20, 2010			
53. Title of Certifier: MD		54. License Number: MD00403863		55. ME/Coroner File Number: 340 SN2204		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature: <i>Gary Goldbaum, MD, MPH</i>				58. Date Received (MM/DD/YYYY): JUL 20 2010			
59. Amendments:							



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Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

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
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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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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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:
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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
Insurance Records Birth Record effective date)
Marriage/Divorce Records Passport 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.

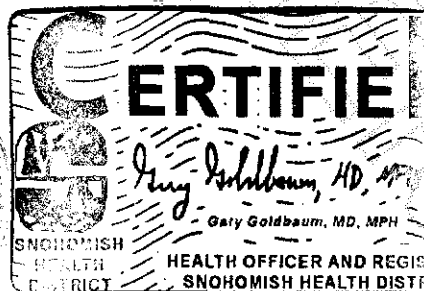
Marriage/Dissolution (Divorce) Certificates:

- 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.

DOH/CHS 023 (Rev. 9/2002)



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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.

W I T N E S S E T H :

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 Burien
commission Expires: 11-01-96



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