



201009240047

Skagit County Auditor

9/24/2010 Page 1 of 5 1:36PM

Recorded by and return to:

Stiles & Stiles, Inc., P.S.
P.O. Box 228
Sedro-Woolley, WA 98284

Legal: That portion of the North half of the North half of the Southwest quarter of the Southeast quarter of Section 16, Township 35 North, Range 5 East, W.M., lying East of the County Road right-of-way, EXCEPT the West two acres thereof.

Situate in the County of Skagit, State of Washington

Subject to easements of record

Tax Parcel # 350516-4-002-0006
P39238

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Agnes Harrison, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Robert Glen Harrison, who died at Sedro-Woolley, County of Skagit, State of Washington, on July 8, 2010, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated March 10, 1967, which agreement has been 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. That the value of the community estate as of the date of death, including all real and personal property, was over \$100,000.00, and the value of all separate property of said decedent was \$0 as of the date of his death. Among other items of community property was the following described real estate:

8519 Harrison Road, Sedro-Woolley, WA 98284
Parcel ID: P39238
Xref ID: 350516-4-002-0006

That portion of the North half of the North half of the Southwest quarter of the Southeast quarter of Section 16, Township 35 North, Range 5 East, W.M., lying East of the County Road right-of-way, EXCEPT the West two acres thereof.

Situate in the County of Skagit, State of Washington

Subject to easements of record

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 in reliance upon the representations hereinabove set forth.

DATE: 9-23-2010, 2010



Agnes Harrison



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Skagit County Auditor



COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT, made and entered in to this 10th day of March, 1967, by and between ROBERT G. HARRISON and AGNES HARRISON, husband and wife, of Sedro Woolley, Skagit County, Washington, pursuant to the provisions of section 26.16.120 Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take affect 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 and 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 ROBERT G. HARRISON and AGNES HARRISON, husband and wife, have hereunto set their hands and seals this 10th day of March, 1967.

Patricia A. Johnson
Mary E. Jax
(Witnesses)

Robert G. Harrison
Agnes Harrison

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

This certifies that on this 10th day of March, 1967, personally appeared before me ROBERT G. HARRISON and AGNES HARRISON, 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.

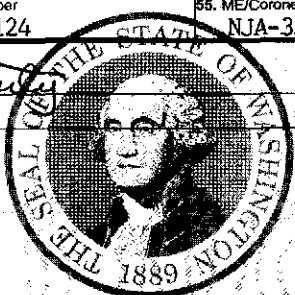
William A. Stiles Jr
Notary Public in and for the State of Washington, residing at Sedro Woolley

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 555-10		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix ROBERT GLEN HARRISON				2. Death Date July 8, 2010		
3. Sex (M/F) Male	4a. Age - Last Birthday 88	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Skagit	
7. Birthdate Jun 26, 1922	8a. Birthplace (City, Town, or County) Burlington		8b. (State or Foreign Country) Washington		9. Decedent's Education 3 yrs College	
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 5 th St.) (Include Apt. No.) 8519 Harrison Road				13b. City or Town Sedro-Woolley		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98284	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 88 yrs		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Agnes Stotz		
17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED). Farmer				18. Kind of Business/Industry (Do not use Company Name) Farming		
19. Father's Name (First, Middle, Last, Suffix) John Harrison				20. Mother's Name Before First Marriage (First, Middle, Last) Anna		
21. Informant's Name Agnes Stotz		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street, or RFD No. City or Town State Zip 8519 Harrison Road Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence						
25. Facility Name (if not a facility, give number & street or location) 8519 Harrison Road				26a. City, Town, or Location of Death Sedro-Woolley		26b. State WA
27. Zip Code 98284		28. Method of Disposition Burial				
29. Place of Final Disposition (Name of cemetery, crematory, other place) Union Cemetery		30. Location-City/Town, and State Sedro-Woolley, WA				
31. Name and Complete Address of Funeral Facility Lemley Chapel, Inc. 1008 Third Street Sedro-Woolley, Wa 98284					32. Date of Disposition Jul 15, 2010	
33. Funeral Director Signature X <i>Rick Lemley</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. Critical aortic stenosis				Interval between Onset & Death 20 years
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. Due to (or as a consequence of):				Interval between Onset & Death
		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					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 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: Apt. No. 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 <i>x Michael Dillard, MD</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.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Michael Dillard, MD 835 E. Fairhaven Avenue Burlington, WA 98233					50. Hour of Death (24hrs) 0700 hrs	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (mm/dd/yyyy) July 12, 2010	
53. Title of Certifier Physician		54. License Number MD00024124		55. ME/Coroner File Number NJA-330		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>x Corinne Anderson, Deputy</i>					58. Date Received (mm/dd/yyyy) JUL 13 2010	
59. Amendments						

Part 1 completed by Funeral Director

Part 2 completed by Certifier



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