



201010050032

Skagit County Auditor

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NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
) : SS
COUNTY OF SKAGIT)

GEORGE A. SCHLOSSER, being first duly sworn, on oath deposes and says:

That he/she is a resident of Anacortes, Skagit County, Washington. That VIRGINIA JAY SCHLOSSER was his wife. That she died a resident in Anacortes, Skagit County, Washington on April 1, 2010. A copy of the death certificate is attached hereto. VIRGINIA JAY SCHLOSSER died leaving property in Skagit County all of which was the community property of affiant and decedent.

That there are no unpaid creditors of said decedent VIRGINIA JAY SCHLOSSER or of the former marital community nor unpaid funeral expenses, or last illness except as follows:
None.

That the decedent's estate is not being probated. A copy of the Will is attached.

That the property owned by affiant and VIRGINIA JAY SCHLOSSER consisted of the following:

REAL ESTATE

1. STREET: 3306 W 3rd Street, Anacortes, WA 98221
TAX ID: P58526/3809-805-004-0005
LEGAL: N P TO ANA LTS 3 & 4 BLK 805

PERSONAL PROPERTY

- | | |
|-------------------------------------|----------|
| 1. Household furniture valued at | \$500.00 |
| 2. Motor vehicles valued at | \$500.00 |
| 3. Bank accounts and cash valued at | \$300.00 |

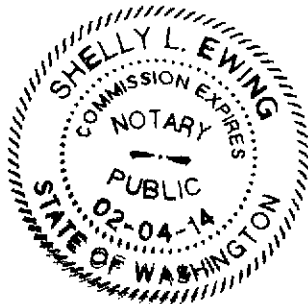
That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

Dated this 29 day of Sept, 2010.

George A. Schlosser
GEORGE A. SCHLOSSER

SUBSCRIBED AND SWORN TO before me this 29th day of Sept, 2010.

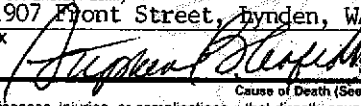


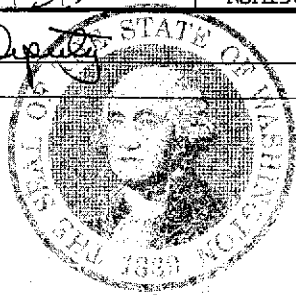
Shelly L. Ewing
Notary Public in and for the
State of Washington, residing
at Anacortes, WA.
My appointment expires: 02-04-14



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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 310-10		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Virginia Jay Schlosser				2. Death Date 04-01-2010	
3. Sex (MF) F	4a. Age - Last Birthday 73	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) Portland	8b. (State or Foreign Country) Oregon		9. Decedent's Education 1 Year 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? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 3306 West 3rd Street				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 98221-1219
14. Estimated length of time at residence 10.5 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) George Schlosser	
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) Pulp Engineers		
19. Father's Name (First, Middle, Last, Suffix) Lawrence Johnson			20. Mother's Name Before First Marriage (First, Middle, Last) Eleanor [REDACTED]		
21. Informant's Name George Schlosser		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3306 West 3rd Street, Anacortes, WA 98221	
24. Place of Death, if Death Occurred in a Hospital: Burton Care Center				25. Facility Name (If not a facility, give number & street or location) Burton Care Center	
26a. City, Town, or Location of Death Burlington		26b. State WA		27. Zip Code 98233	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Moles Greenacres Crematory		30. Location-City/Town, and State Ferndale, Washington	
31. Name and Complete Address of Funeral Facility Moles - Lynden 1907 Front Street, Lynden, WA 98264				32. Date of Disposition 04/15/2010	
33. Funeral Director Signature X  Stephen B. Aafedt					
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. metastatic lung cancer to brain Interval between Onset & Death months 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. _____ 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 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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) 4/15/2010	42. Hour of Injury (24hrs) 14:30	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) [REDACTED]		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 [REDACTED]					
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. T W Martin MD		
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. [REDACTED]			49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Teackle Martin MD, 1990 Hospital Dr., Ste. 200, Sedro Woolley, WA 98284		
50. Hour of Death (24hrs) 2250			51. Name and Title of Attending Physician (if other than Certifier (Type or Print)) [REDACTED]		
52. Date Signed (mm/dd/yyyy) 4/18/2010			53. Title of Certifier M.D.		
54. License Number 14430			55. ME/Coroner File Number NJA156		
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			57. Registrar Signature Cornie Anderson, Deputy		
58. Date Received (mm/dd/yyyy) 4-15-2010			59. Amendments		



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SUPERIOR COURT OF WASHINGTON FOR SKAGIT COUNTY

In Re the Estate of:
VIRGINIA JAY SCHLOSSER,
Deceased.

NO **10-4 00350-9**
LAST WILL AND TESTAMENT

See attached.



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LAST WILL AND TESTAMENT

Last Will and Testament

OF

VIRGINIA JAY SCHLOSSER

I, VIRGINIA JAY SCHLOSSER, being of legal age, sound and disposing mind, memory and understanding, and acting under no fraud, duress or undue influence of any person whomsoever, but realizing the frailty of mortal existence, do hereby make my LAST WILL AND TESTAMENT as follows:

FIRST: I hereby declare that I am the lawfully wedded wife of GEORGE A. SCHLOSSER. I further state that I have two children, they being the issue of a prior marriage, to-wit: JONATHAN CARL ANDERSON and JEFFREY DAVID ANDERSON.

SECOND: I hereby give, bequeath, devise and will all of my properties and estate, real, personal and mixed, wheresoever situated and of whatsoever character unto my husband, GEORGE A. SCHLOSSER, to have and to hold.

THIRD: In the event, however, that my said husband, GEORGE A. SCHLOSSER, fails to survive me, or if we die together, or in a common casualty or disaster, or on the same date or within ninety (90) days of each other, then in any such event I give, bequeath, devise and will all of my properties and estate aforesaid unto my children, JONATHAN CARL ANDERSON and JEFFREY DAVID ANDERSON, SHARE AND SHARE ALIKE.

In the event my son JONATHAN CARL ANDERSON, be in need of a guardian, I nominate my husband, GEORGE A. SCHLOSSER, to act as such guardian. If he is unable or unwilling to serve, then as an alternate I nominate my son, JEFFREY DAVID ANDERSON to act as such guardian.

FOURTH: I nominate and appoint my husband, GEORGE A. SCHLOSSER, to be the Executor of this my LAST WILL AND TESTAMENT. In the event that my said husband be unable to serve or fails to qualify as such Executor, then in the alternative I nominate and appoint my son, JEFFREY DAVID ANDERSON, to act as such Executor. I expressly authorize and direct that my personal representative act as such without bond and without intervention of any court



or courts, hereby granting unto my said personal representative full power and authority to collect, receive, administer, settle and distribute my properties and estate under this Will and to sell, convey, encumber or in any manner deal with or dispose of any or all of my estate without bond and without order, approval, confirmation or intervention of any court or courts for any such transactions as is provided in the case of non-intervention Wills under the laws and statutes of the State of Washington.

FIFTH: I hereby revoke any and all other or prior Wills or testamentary dispositions by me at any time heretofore made.

IN WITNESS WHEREOF I hereunto affix my hand and seal at Renton, King County, Washington, this 1st day of September 1978.

Virginia Jay Schlosser
Virginia Jay Schlosser

THE FOREGOING INSTRUMENT, consisting of two pages of which this is the last, was on the 1st day of September, 1978, signed, sealed and published by VIRGINIA JAY SCHLOSSER as and declared by her to be her LAST WILL AND TESTAMENT in the presence of each of us who, at her request and in her presence and in the presence of each other, subscribe our names as witnesses thereto.

Barbara Murray residing at Renton, Washington

Neena Dallas, residing at Renton, Washington



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STATE OF WASHINGTON)
) ss
COUNTY OF KING)

We, the undersigned, being first duly sworn, on oath depose and say;

That we are the attesting witnesses on the attached Will of VIRGINIA JAY SCHLOSSER dated September 1, 1978, and that we severally attested to said Will and subscribed the same at the request of and in the presence of said Testatrix and in the presence of each other.

That said Testatrix, at the time of execution of said Will, was of lawful age and of sound mind and memory and that she voluntarily and as of her own free will signed said Will and declared the same to be her LAST WILL AND TESTAMENT, in our presence.

That this Affidavit is made at the request of said Testatrix.

Barbara Murray
Kenna Dallas

SUBSCRIBED AND SWORN to before me this 1st day of September 1978.

Lawrence Warren
Notary Public in and for the State
of Washington, residing at Renton



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