

AFTER RECORDING MAIL TO:
JONES & SMITH
PO Box 1245
Mount Vernon, WA 98273



201011190151

Skagit County Auditor

11/19/2010 Page 1 of 7 2:26PM

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

Abbreviated Legal Description: Stonebridge Condominium Lot 5, Third Amendment to Survey
Map and Plans for Stonebridge Condominium. Section 21,
Township 34 North, Range 4 East. Full Legal on Page 3

Assessor's Tax Parcel No.: 117988

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

MARY AILEEN FARLOW, being first duly sworn upon oath, deposes and says:

1. I am the surviving spouse of ROLAND KEITH FARLOW who died March 8, 2006. A copy of his death certificate is attached hereto. The decedent and I provided for the disposition of all of our community property under that certain Community Property Agreement dated May 5, 1988.
2. The Community Property Agreement of the decedent and the affiant is attached hereto.
3. The parties to the agreement were legally competent at the time of the agreement and executed no subsequent wills or agreement that would have had the effect of abrogating or nullifying the agreement.
4. The undersigned hereby assumes full and complete responsibility for any and all indebtedness of the marital community existing on the date of the death of ROLAND KEITH FARLOW.

5. Under the terms of the Community Property Agreement, title to all real property of the community vests immediately in the survivor upon the death of either party to the agreement. MARY A. FARLOW and ROLAND K. FARLOW own real property situated at 2420 Stonebridge Way, Mount Vernon, Skagit County, Washington 98273, bearing the legal description as set forth in Exhibit "A" attached hereto.

6. The statements set forth in this affidavit are representations of fact that may be relied upon by all parties dealing with said real property and the personal property of the decedent.

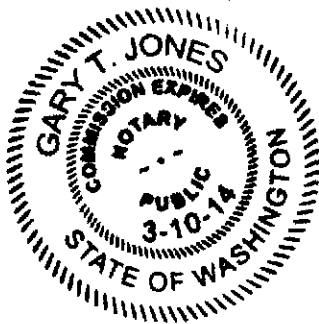
DATED this 17 day of November 2010.

Mary Aileen Farlow
MARY AILEEN FARLOW

STATE OF WASHINGTON)
COUNTY OF SKAGIT)

On this day personally appeared before me MARY AILEEN FARLOW, to me known to be the individual described in and 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 this 17th day of November 2010.



Gary T. Jones
NOTARY PUBLIC in and for
The state of Washington
Residing at: Mount Vernon
My commission expires: 3/10/2014



201011190151
Skagit County Auditor

EXHIBIT "A"

Lot 5, "STONEBRIDGE CONDOMINIUM", as recorded April 3, 2001 under Auditor's File No. 200104030060, records of Skagit County, Washington and as amended by instrument recorded June 22, 2001 under Auditor's File No. 200106220058.

SUBJECT TO PARAGRAPHS A THRU G OF SCHEDULE B-1 OF FIRST AMERICAN
TITLE COMPANY'S PRELIMINARY Commitment NO. B66335.



201011190151
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **281-06**

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Roland Keith FARLOW				2. Death Date Mar 8, 2006	
3. Sex (M/F) M	4a. Age - Last Birthday 88	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) Jefferson Township		8b. (State or Foreign Country) Indiana	
9. Decedent's Education HS Graduate				10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No	
11. Decedent's Race(s) White				12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 824 SE 5th St.) (Include Apt. No.) 2420 Stonebridge Way				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 98273-
14. Estimated length of time at residence. 4y		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Mary Aileen Summers	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use retired).) Management				18. Kind of Business/Industry (Do not use Company Name) Credit Union	
19. Father's Name (First, Middle, Last, Suffix) Benjamin Rufus Farlow			20. Mother's Name Before First Marriage (First, Middle, Last) Grace Ethel [REDACTED]		
21. Informant's Name Mary Aileen Farlow		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2420 Stonebridge Way Mount Vernon WA 98273-	
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) 2420 Stonebridge Way				26a. City, Town, or Location of Death Mount Vernon	26b. State WA
27. Zip Code 98273-		28. Method of Final Disposition Cremation			
29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park				30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1925 E. College Way Mount Vernon, WA 98273-0398				32. Date of Disposition Mar 9, 2006	
33. Funeral Director Signature X <i>[Signature]</i>					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ABBREVIATE. Add additional lines if necessary. Cause of Death (See instructions and examples) IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Congestive heart failure Interval between Onset & Death lyn 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. Critical aortic stenosis Interval between Onset & Death 1 1/2 yrs c. 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 Endstage kidney disease on hemodialysis					
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"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" 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 checked="" type="checkbox"/> Yes <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 checked="" 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 causes stated above. <i>[Signature]</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 causes and manner stated. <i>[Signature]</i>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Roger Estep M.D. 2116 East Section, Mount Vernon, WA 98274				50. Hour of Death (24hrs) 0815	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 03/08/2006	
53. Title of Certifier Dr.		54. License Number WA #MD32194		55. ME/Coroner File Number ADA #081	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature <i>[Signature]</i>	
58. Date Received (mm/dd/yyyy) MAR - 9 2006				59. Amendments	



201011190151
Skagit County Auditor

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this ____ day of May, 1988, by and between ROLAND KEITH FARLOW and MARY AILEEN FARLOW, husband and wife, Skagit County, State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property covered: This agreement shall apply to all community property now owned or hereafter acquired by husband and wife (except for assets for which a separate beneficiary designation has been or is hereafter made by husband or wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If husband dies and wife survives, any separate property of husband which is owned by husband at the time of his death (except for assets for which husband has made a separate beneficiary designation other than by will) shall become and be considered community property vested as of the moment of his death, and if wife dies and husband survives her, any separate property of wife which is owned by wife at the time of her death (except for assets for which wife has made a separate beneficiary designation other than by will) shall become and be considered community property vested as of the moment of her death. All such property is regarded to in this agreement as the "described community property."

2. Vesting at death of a spouse: If husband dies and wife survives him, all of the described community property shall vest in wife as of the moment of husband's death. If wife dies and husband survives her, all of the described community property shall vest in husband as of the moment of wife's death.

3. Disclaimer: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. Automatic revocation: The provisions of paragraph 2 shall be automatically revoked.

a. Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

COMMUNITY PROPERTY AGREEMENT

Page 1



201011190151

Skagit County Auditor

11/19/2010 Page

5 of

7 2:26PM

ELLIOTT W. JOHNSON
ATTORNEY AT LAW
709-711 SOUTH FIRST STREET
MOUNT VERNON, WASHINGTON 98273
TELEPHONE (206) 336 6502

c. Immediately prior to death, if the order of death cannot be ascertained.

5. Optional revocation by one party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

6. Powers of appointment: This agreement shall not affect any power of appointment now held by or hereafter given to husband or wife or both of them, nor shall it obligate husband or wife or both of them to exercise any such power of appointment in any way.

7. Revocation of inconsistent agreements: To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

Roland Keith Farlow
ROLAND KEITH FARLOW, Husband

Mary Aileen Farlow
MARY AILEEN FARLOW, Wife

STATE OF WASHINGTON))
) SS.
COUNTY OF SKAGIT)

On this day personally appeared before me ROLAND KEITH FARLOW and MARY AILEEN FARLOW, to me known to be the individuals

COMMUNITY PROPERTY AGREEMENT
Page 2



201011190151
Skagit County Auditor

ELLIOTT W. JOHNSON
ATTORNEY AT LAW
709-711 SOUTH FIRST STREET
MOUNT VERNON, WASHINGTON 98273
TELEPHONE (206) 336-6502

described, in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 5th day of May, 1988.

Ann M. Nelson
NOTARY PUBLIC

My commission expires 4-1-89



201011190151

Skagit County Auditor

11/19/2010 Page

7 of

7 2:26PM