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Mount Vernon, WA 98273
(360) 336-6587



201101250066
Skagit County Auditor

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DOCUMENT TITLE(S): AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR: SHARON LEE PAWLOWICZ

GRANTEE: PUBLIC

LEGAL DESCRIPTIONS:

Lots 13 and 14, Block 6, "PLAT OF TOWN OF SEDRO" as per plat recorded in Volume 1 of Plats, page 17, records of Skagit County.

Lot 5 and the East 10 feet of Lot 6 in James Tract, Sedro Woolley, Washington, as per Plat recorded in Volume 7 of Plats, page 30 records of Skagit County, Washington.

ASSESSOR PARCEL / TAX ID NUMBER: 4149-006-014-0005 (P75317)
4162-000-006-0018 (P76495)

**AFFIDAVIT IN SUPPORT
OF
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

SHARON LEE PAWLOWICZ, being first duly sworn, on oath, deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated the 21st day of April, 2003, executed by STANLEY JOHN PAWLOWICZ and SHARON LEE PAWLOWICZ, husband and wife, (the "Agreement") attached as Exhibit "A" incorporated herein by this reference. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the properties commonly known as 822 Bennett Street, Sedro Woolley, Washington and 823 Chester, Sedro Woolley, Washington and more fully described as follows:

TPN: 4149-006-014-0005 (P75317)

Lots 13 and 14, Block 6, "PLAT OF TOWN OF SEDRO" as per plat recorded in Volume 1 of Plats, page 17, records of Skagit County.

TPN: 4162-000-006-0018 (P76495)

Lot 5 and the East 10 feet of Lot 6 in James Tract, Sedro Woolley, Washington, as per Plat recorded in Volume 7 of Plats, page 30 records of Skagit County, Washington.

2. STANLEY JOHN PAWLOWICZ (the "Decedent") was one of the parties to the Agreement and died on January 11, 2011 in Skagit County, Washington. The Decedent's Death Certificate is attached as Exhibit "B" incorporated herein by this reference.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreement which would have the effect of abrogating or nullifying the Agreement.

4. The real property owned by the Decedent and the affiant is legally described above.

5. The Decedent left no separate property.

6. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

Affidavit in Support of
Community Property Agreement
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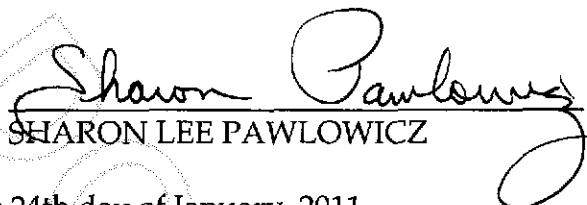


Lawrence A. Pirkle
Attorney at Law
(360) 336-6587

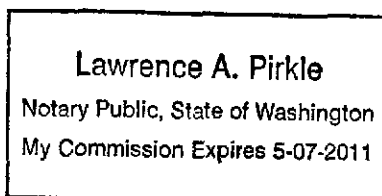
7. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
SHARON LEE PAWLOWICZ 822 Bennett Street Sedro Woolley, WA 98284	Spouse	Legal
SCOTT JOHN PAWLOWICZ 26904 Hoehn Rd. Sedro Woolley, WA 98284	Son	Legal
SHARI LYNN HENRY 4224 Sunnyside Blvd. Marysville, WA 98270	Daughter	Legal
SKIP JAMES PAWLOWICZ Oberer Stockweg 38A 91186 Büchenbach, Germany	Son	Legal

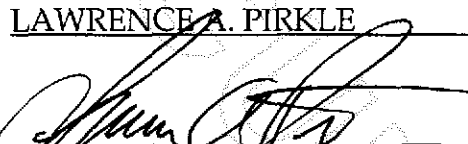
DATED this 24th day of January, 2011.


SHARON LEE PAWLOWICZ

SIGNED AND SWORN to before me this 24th day of January, 2011.



LAWRENCE A. PIRKLE


NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/11



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Skagit County Auditor

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COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 21st day of April, 2003, between STANLEY JOHN PAWLOWICZ ("Husband") and SHARON LEE PAWLOWICZ ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement, or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

C. *Vesting at Death.* On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

ORIGINAL



F. Optional Revocation by One Party.

This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the **Skagit** County, Washington, Recorder's Office where real property transactions in **Skagit** County, Washington are recorded.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

G. Powers of Appointment. This Agreement shall not affect any power of appointment now held by or hereafter given to either party, nor shall it obligate either of them to exercise any such power of appointment in any way.

H. Survivorship. As used herein, the term "survivor survive," or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.


STANLEY JOHN PAWLOWICZ

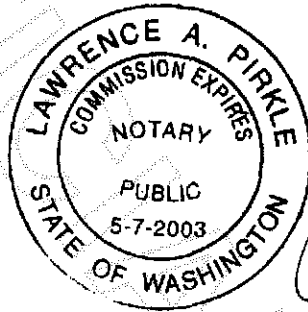

SHARON LEE PAWLOWICZ



STATE OF WASHINGTON) ss
County of Skagit)

On this day personally appeared before me, STANLEY JOHN PAWLOWICZ and SHARON LEE PAWLOWICZ, to me known to be the individuals 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 21st day of April, 2003.



Lawrence A. Pirkle

~~NOTARY PUBLIC in and for the~~
~~State of Washington~~
~~Residing at Mount Vernon~~
~~My Commission Expires: 5/7/03~~



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1120-11		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any): First Middle LAST		2. Death Date					
STANLEY JOHN PAWLOWICZ		Jan 11, 2011					
3. Sex (M/F): Male	4a. Age - Last Birthday 70	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death: Skagit		
7. [Redacted]	8a. Birthplace (City, Town, or County) Ogienssczyna	8b. (State or Foreign Country) Poland		9. Decedent's Education GED			
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.) 822 Bennett Street				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	
14. Estimated length of time at residence. 47 yrs		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to 1st marriage) Sharon Lee Holmer			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Machine Molder				18. Kind of Business/Industry (Do not use Company Name) Steel Foundry			
19. Father's Name (First, Middle, Last, Suffix) Bernard I. Pawlowicz				20. Mother's Name Before First Marriage (First, Middle, Last) Tekla [Redacted]			
21. Informant's Name Sharon Pawlowicz		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 822 Bennett Street Sedro-Woolley, WA 98284			
24. Place of Death, if Death Occurred in a Hospital: 822 Bennett Street				24. 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) 822 Bennett Street				26a. City, Town, or Location of Death Sedro-Woolley		26b. State WA	27. Zip Code 98284
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		30. Location-City/Town, and State Mount Vernon, Washington			
31. Name and Complete Address of Funeral Facility Lenley Chapel, Inc 1008 Third Street Sedro-Woolley, WA 98284				32. Date of Disposition Jan 13, 2011			
33. Funeral Director Signature X <i>[Signature]</i> Douglas Hutter #1857							
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. <i>Metastatic Colon Cancer</i>				Interval between Onset & Death <i>10 years</i>			
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				Interval between Onset & Death			
Due to (or as a consequence of):				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 <i>Pneumonia</i>				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 checked="" 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)		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: 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>Edwin Stickle 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. x			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) H. Edwin Stickle, MD 1990 Hospital Dr. Ste 100 Sedro-Woolley, WA 98284				50. Hour of Death (24hrs) 1730 hrs		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
53. Title of Certifier Physician				54. License Number MD00034310		55. ME/Coroner File Number NJA-019	
57. Registrar Signature x <i>Marj Marshall, Deputy</i>				56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		58. Date Received (mm/dd/yyyy) JAN 13 2011	
59. Amendments							



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