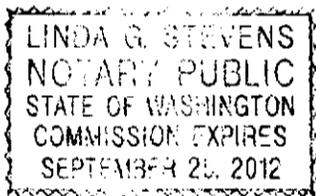


5. All expenses of Decedent's last illness, funeral, and costs of administration have been paid, and I am aware of no unpaid creditors of Decedent or of our former marital community.
6. Decedent also executed a Will on April 13, 2005, which designates me as the sole beneficiary of Decedent's estate. Although that Will has been properly filed with the Skagit County Superior Court Clerk under File Number 11-4-00057-5, no proceedings have occurred, nor are any proceedings contemplated, to probate Decedent's estate. I am aware of no objection or proceeding relating to the estate of the Decedent.
7. Decedent's estate is not subject to state or federal transfer taxes, because it is passing in its entirety to a surviving spouse who is a U.S. citizen, and therefore fully covered by the unlimited marital deduction against transfer taxes.
8. This affidavit is made in part to induce any and all title insurance companies to issue policies of title insurance on real property passing to me as the surviving spouse, whether acquired as community property or converted to community property by operation of the Agreement, in reliance upon the representations herein set forth.

DATED this 4th day of March, 2011.

Lois N. Armintrout
LOIS N. ARMINTROUT

SUBSCRIBED and SWORN (of affirmed) to before me this 4th day of March, 2011.



Linda G. Stevens
NOTARY PUBLIC in and for the State of
Washington, residing at Anacortes
My appointment expires 9/25/2012



COMMUNITY PROPERTY AGREEMENT

This Agreement made and entered into by and between HARRY K. ARMINTROUT and LOIS N. ARMINTROUT, husband and wife, of 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 effect upon the death of either.

That, in consideration of the love and affection that each of the said parties had 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FIRST: That all prior written community property agreements, if any, between the parties hereto are mutually rescinded.

SECOND: That upon the death of either of them all property of whatsoever nature or description whether real, personal or mixed, and wheresoever situated (except real property located outside of the State of Washington and any and all policies of insurance on the life of either party held in the name of the other party and except specific bequests in Will of either party) now owned or hereafter acquired by them or either of them, including any separate property, shall be considered community property. It being fully understood and agreed by the parties that the present character and status of such property shall not change until the death of either of them.

THIRD: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall vest in fee simple in the survivor of them.

FOURTH: Provided, however, that if neither party survives the other by at least thirty (30) days, the above paragraph, THIRD, only shall be null, void and of no effect.

FIFTH: Provided, further, that in the event of the incompetency of either of the parties hereto, the other party may at his or her option terminate or rescind this Agreement by a notarized declaration to that effect and this Agreement shall become null, void and of no effect. Incompetency may be evidenced by the sworn statement of the party's attending physician.

ORIGINAL



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **89-11** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST 2. Death Date
Harry Kenneth Armitrout **02/05/2011**

3. Sex (M/F) **M** 4a. Age - Last Birthday **86** 4b. Under 1 Year **0** 4c. Under 1 Day **0** 5. Social Security Number **[REDACTED]** 6. County of Death **Skagit**

7. Birthdate **[REDACTED]** 8a. Birthplace (City, Town, or County) **Stanwood** 8b. (State or Foreign Country) **Washington** 9. Decedent's Education **High School Graduate**

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 5th St.) (Include Apt. No.) **1810 E. Division** 13b. City or Town **Mount Vernon**

13c. Residence: County **Skagit** 13d. Tribal Reservation Name (if applicable) **Washington** 13e. State or Foreign Country **Washington** 13f. Zip Code + 4 **98274** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence. **1.5 years** 15. Marital Status at Time of Death **Married** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) **Lois Lindberg**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE)) **Superintendent** 18. Kind of Business/Industry (Do not use Company Name) **Carnation Company**

19. Father's Name (First, Middle, Last, Suffix) **Ira Armitrout** 20. Mother's Name Before First Marriage (First, Middle, Last) **Nola [REDACTED]**

21. Informant's Name **Linda Stevens** 22. Relationship to Decedent **Daughter** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip **3507 W. 4th Anacortes WA 98221**

24. Place of Death, if Death Occurred in a Hospital: **Nursing Home.** Place of Death, if Death Occurred Somewhere Other than a Hospital:

25. Facility Name (If not a facility, give number & street or location) **Mountain Glen Retirement Center** 26a. City, Town, or Location of Death **Mount Vernon** 26b. State **WA** 27. Zip Code **98274**

28. Method of Disposition **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place) **Hawthorne Memorial Park** 30. Location: City/Town, and State **Mount Vernon, WA**

31. Name and Complete Address of Funeral Facility **Hawthorne Funeral Home 1825 E. College Way Mount Vernon WA 98273-0398** 32. Date of Disposition **2/8/2011**

33. Funeral Director Signature X **[Signature]**

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. **Congestive Heart Failure** Interval between Onset & Death **Years**

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: **Parkinson's disease, Coronary Artery Disease**

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death Natural Homicide Accident Undetermined Suicide Pending

39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes Probably No 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? Yes No 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: Driver/Operator Pedestrian Passenger 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) stated. **[Signature]** 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. **[Signature]**

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Henning Pforte, Dr. 1400 East Kincaid Mount Vernon, WA 98274** 50. Hour of Death (24hrs) **0205**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) _____ 52. Date Signed (MM/DD/YYYY) **2/8/2011**

53. Title of Certifier **Dr.** 54. License Number **M3 00041816** 55. ME/Coroner File Number **MTA-057** 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature **[Signature]** 58. Date Received (MM/DD/YYYY) **FEB - 8 2011**

59. Amendments _____



201103310069
Skagit County Auditor