

who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship	John H. DeMan, husband
Address:	3803 Copper Pond, Anacortes, WA 98221
Name & relationship	Anthony R. Mendez, son
Address:	366 North Palm Canyon Drive, Unit 7, Palm Springs, CA 92262
Name & relationship	Joseph L. Mendez, son
Address:	563 East Arrow Highway, Apt 3, Azusa, CA 91702
Name & relationship	David M. Mendez, son
Address:	564 East Second Street, Azusa, CA 91702
Name & relationship	Christopher R. Mendez, son
Address:	7843 Hall Avenue, Eastvale, CA 98220

That among items of real property owned by the Decedent at the time of death was real estate located in Skagit County, Washington, and legally described in Island Title Insurance Commitment, escrow number AE-3973D as follows:

Lot 36, PLAT OF COPPER POND PLANNED UNIT DEVELOPMENT, according to the plat thereof recorded in Volume 16 of Plats, pages 70 through 72, records of Skagit County, Washington;

Situated in Skagit County, Washington.

As to the Decedent, said real estate was Community Property.

AFFIANT HEREBY DECLARES THE FOLLOWING:

1. That on the date the real property was purchased the Decedent was married to John H. DeMan.
2. That on the date of death the Decedent was married to John H. DeMan
3. That the decedent left a Will, a copy of which is attached hereto.
4. That the decedent's estate is not being probated.
5. That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
6. That the decedent has not received assistance from the State of Washington for medical care.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been conveyed, encumbered



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or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that said joint tenancy continued in full force until the death of the Decedent with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): **none**.

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$301,000, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$301,000, and including the value of Decedent's separate property, if any, of approximately \$ **none**, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ **none**.

DATED: April 8, 2011

[Signature]
(Signature)

John H. DeMan
3803 Copper Pond
Anacortes, WA 98221
(360) 299-9120

[Signature]

SUBSCRIBED and SWORN TO before me this 8th day of April, 2011
Darcy A. J. Swetnam
Notary Public in and for the State of
Washington, residing at Anacortes, WA



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **115-11** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's, if any) First Middle LAST Kathryn Lee DeMan			2. Death Date Feb 13, 2011		
3. Sex (M/F) F	4a. Age - Last Birthday 80	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) Mount Vernon	8b. (State or Foreign Country) Illinois		9. Decedent's Education 11th Grade, No 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? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 3803 Copper Pond				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
14. Estimated length of time at residence. 13 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) John Henry DeMan	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Waitress			18. Kind of Business/Industry (Do not use Company Name) Restaurant Industry		
19. Father's Name (First, Middle, Last, Suffix) Thomas M. Lee			20. Mother's Name Before First Marriage (First, Middle, Last) Dana C. [REDACTED]		
21. Informant's Name John Henry DeMan		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3803 Copper Pond Anacortes WA 98221		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence			25. Facility Name (if not a facility, give number & street or location) 3803 Copper Pond		
26a. City, Town, or Location of Death Anacortes		26b. State WA	27. Zip Code 98221		
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		30. Location-City/Town, and State Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221				32. Date of Disposition Feb 15, 2011	
33. Funeral Director Signature X <i>Joseph J. Wabman</i>					
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. BREAST CANCER Interval between Onset & Death 70LS					
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					
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 checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		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 - On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>John R. Mathis</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) John R. Mathis, M.D 1213 24th Street, Suite 100 Anacortes, WA 98221				50. Hour of Death (24hrs) 0700	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) Feb 14, 2011	
53. Title of Certifier Dr.		54. License Number MD00031284	55. ME/Coroner File Number NJA # 081		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>Shawn Marshall, Deputy</i>				58. Date Received (mm/dd/yyyy) FEB 15 2011	



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**LAST WILL AND TESTAMENT
OF**

KATHRYN LEE DEMAN

I, Kathryn Lee DeMan, a resident of Anacortes, Skagit County, Washington, hereby revoke any prior wills and codicils made by me and declare this to be my Last Will and Testament.

ARTICLE I.
IDENTIFICATION OF FAMILY

At the time this Will is made my family consists of my husband John H. DeMan, and my sons Anthony R. Mendez, Joseph L. Mendez, David M. Mendez and Christopher R. Mendez. Any references in my Will to my husband or children are to the above named persons, and to any children subsequently born to or legally adopted by me.

ARTICLE II.
DISPOSITION OF ESTATE

Giving thanks for my Creator's many blessings, I leave my worldly possessions as follows:

1. Personal Property and Household Effects. I give my personal property and household effects, such as jewelry, clothing, furniture, furnishings, sporting equipment, silver, books, pictures and automobiles, except such property used in any business in which I may have any interest, together with any insurance policies and claims under such policies on such property, in accordance with a writing which I intend to leave at my death. If for any reason no such memorandum is in existence at my death or to the extent such memorandum fails to dispose of all property effectively, I give such property not disposed of by such memorandum per the terms of my residuary estate.

2. Residuary Estate - Primary Disposition. All the rest, residue and remainder of my estate, of whatever character, real, personal or mixed, wheresoever situated and without exception, I give to my beloved husband, John H. DeMan, if he should survive me, in order that insomuch as my estate may serve to do so, he may be provided for in comfort for the remainder of his life. And it is my wish, made in full confidence that knowing of my love and affection for my sons as named above, John shall provide for those sons and any

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other children that may be born to or adopted by me in as close a form as possible as I would have done myself. Specifically, I ask that as much as possible, my husband provide for my sons or other children as I have provided for below in the case that my husband should not survive me.

3. Residuary Estate - Alternate Disposition. If my husband shall not survive me, I give devise and bequeath all the rest, remainder and residue of my estate unto my beloved sons, and any other children that may be born to or adopted by me, share and share alike, and in the event one or more of my children should predecease me but leaves issue, then the issue shall take per stirpes.

ARTICLE III.
DESIGNATION OF FIDUCIARIES

1. Personal Representative. I appoint my beloved husband, John H. DeMan, as my personal representative, and if he shall fail to qualify or cease to act, I appoint my attorney Alan R. Souders as my personal representative.

2. No Bond or Surety. I direct that no personal representative, or any successor, shall be required to give any bond in any jurisdiction, and that if, notwithstanding this direction, any bond is required by law, statute, or rule of court, no sureties be required.

3. Compensation. Any personal representative under my will shall be entitled to reasonable compensation commensurate with the services actually performed and to reimbursement for expenses properly incurred.

4. Unsupervised Administration. It is my intention that the probate of my estate be conducted in the simplest possible form under the laws of the State of Washington. I therefore direct informal probate of my will, informal appointment of my personal representative, unsupervised administration of my estate, and informal closing of my estate by sworn closing statement of my personal representative. This direction shall be effective unless changed circumstances occur which I could not have anticipated and which would necessitate formal or unsupervised judicial proceedings for the protection of persons interested in my estate.

ARTICLE IV.
POWERS OF PERSONAL REPRESENTATIVE

1. Grant. In administering my estate my personal representative may exercise the following powers: hold, retain, invest, re-invest and manage without diversification as to kind, amount or risk of non-productivity in realty or personalty and without limitation by

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statute or rule of law; partition, sell, exchange, grant, convey, deliver, assign, transfer, lease, option, mortgage, pledge, abandon, borrow, loan, contract, distribute in cash or kind or partly in each at fair market value on the date of distribution, without requiring pro rata distribution of specific assets and without requiring pro rata allocation of the tax bases of such assets; hold in nominee form, continue businesses, carry out agreements, deal with itself, other fiduciaries and business organizations in which my personal representative may have an interest; establish reserves release powers, and abandon, settle or contest claims. In exercising discretion regarding distribution of assets with different income tax bases, my personal representative shall exercise such discretion in a manner which will not result in disallowance of any marital, charitable or orphan's deduction otherwise allowable in determining the federal estate tax due in my estate and in the exercise of such discretion my personal representative shall be under no duty to make any compensatory adjustments as a consequence of any such distribution. In addition, if administration of my estate shall require powers not specifically laid out above, my personal representative shall have the power to take any other necessary action.

2. Distributions. My personal representative may make any payments under my will (1) directly to the beneficiary, (2) in any form allowed by law for gifts to minors, (3) to the beneficiary's guardian or conservator, (4) to any person deemed suitable by my personal representative, or (5) by direct payment of the beneficiary's expenses.

ARTICLE V.
DEFINITIONS

Definitions of terms in my Will shall be as defined in the Washington Probate Code in effect at the making of this instrument.

I, Kathryn Lee DeMan, the testatrix, sign my name to this instrument, consisting of four (4) pages, this 16th day of November, in the year of our Lord 1998, and do hereby declare that I sign and execute this instrument as my Will and that I sign it willingly and execute it as my free and voluntary act for the purposes therein expressed, and that I am over eighteen years of age, of sound mind, and under no constraint or undue influence.


Kathryn Lee DeMan, Testatrix



