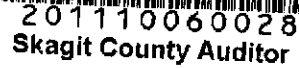


Joan C. Hogue  
1420 Broad  
Mount Vernon, WA 98274



Lack of Probate Affidavit  
Page 1

of all community property between myself and my deceased spouse under Community Property Agreement dated May 4, 2010. A true and correct copy of this Community Property Agreement is attached hereto and incorporated herein. Attached also is a true and correct copy of the death certificate that was issued herein. This Community Property Agreement was validly executed and in full force and effect at the death of the decedent.

2. The decedent executed a Last Will and Testament dated May 4, 2010, providing for the disposition of decedent's community and separate property assets. Said Last Will and Testament has been filed under Skagit County Superior Court No. 11-4- 00319-1. Decedent's surviving spouse and surviving children do not intend to probate decedent's Will.

3. Except as provided in decedent's Last Will and Testament, decedent did not execute any agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering the assets listed below, any portion thereof, or any interest therein other than the instruments which have been duly recorded in the office of the Auditor of the location of the asset.

4. There are no unpaid creditors of said decedent or of the former marital community, nor unpaid funeral expenses or expenses of last illness. The estate is fully solvent.

5. The decedent left surviving, in addition to the undersigned, the following children: Pamela C. Hogue, Christina J. Dilley, and Debra A. Harrington.

6. The decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS), including nursing facility services, home or community-based services, hospital, prescription drugs or any other services.

7. Decedent's Last Will and Testament acknowledges the Community Property Agreement entered into between decedent and myself, and confirms that all property is community property and that the entire estate of either shall belong to the survivor. Among other items of community and/or separate property were the following described real estate and personal property:

**1. Residence at 1420 E. Broad Street, Mount Vernon, Skagit County, WA,  
Skagit County Tax Parcel #P53252:**

That portion of Lots 1 and 2, Block 2, Home Addition to Mt. Vernon Wash., according to the plat recorded in Volume 3 of plats, page 95, records of Skagit County, Washington, described as follows:

Beginning at a point on the North line of Block 2, 22.70 feet West of the Northwest corner of Lot 1; thence East 60 feet; thence South 100 feet; thence West 60 feet; thence North 100 feet to the point of beginning.

SUBJECT to easements, restrictions and encumbrances of record.



2. All Checking, Savings, Investment, and Retirement Accounts, including, but not limited to those located at:

- Morgan Stanley Smith Barney, including Acct #XXXXXX-6 039
- Skagit State Bank

3. All Motor Vehicles

4. All Household Furniture, Furnishings, Jewelry, Clothing, and Other Items of Personal Property

8. This affidavit is made to induce Title Companies to issue their policies of title insurance on real property passing to the surviving spouse by virtue of said community property survivorship agreement, designation under decedent's Last Will and Testament, and in reliance upon the representations herein set forth.

Joan C. Hogue  
Joan C. Hogue

SUBSCRIBED AND SWORN to before me on October 6<sup>th</sup>, 2011, by Joan C. Hogue.



Kathleen M. Carpenter  
Printed Name Kathleen M. Carpenter  
NOTARY PUBLIC in and for the State of Washington  
My Commission Expires 5/4/15



When Recorded Return to:

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## Community Property Agreement

**Grantor(s):** Mickey J. Hogue, et ux  
**Grantee(s):** Joan C. Hogue, et vir  
**Legal Description (abbreviated):** N/A  
**Assessor's Tax Parcel Number:** N/A  
**Reference (Auditor File Numbers of Documents assigned, released or amended):** N/A

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## Community Property Agreement

THIS AGREEMENT, made and entered into on ~~February~~ <sup>MAY 4</sup>, 2010, by and between **Mickey J. Hogue** and **Joan C. Hogue**, husband and wife, who reside in Mount Vernon, Skagit County, 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 and separate property now owned or hereafter acquired by husband and wife or either of them (except for assets for which a

Community Property  
Agreement

Page 1

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Elliott W. Johnson Inc. P.S.  
711 South First Street  
Mount Vernon, WA 98273  
(360) 336-6502 Fax 336-5616  
Email Elliott@EWJLaw.com



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Skagit County Auditor

10/6/2011 Page

4 of

7 11:13AM

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 both or may have been or may be registered in the name of one or the other or both. All such property is declared to be community property of husband and wife and is referred 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

b. Upon the establishment of a domicile out of the State of Washington by either party; or

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 any or all provisions of this document 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 purposes of this paragraph, "disability" shall mean any period that such party is unable to effectively communicate by reason of injury, disease or other cause. Disability shall include a party's inability to manage his or her property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, dementia, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance. Although not a requirement to establish disability, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of

Community Property  
Agreement

Page 2

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Elliott W. Johnson Inc. P.S.  
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Skagit County Auditor

10/6/2011 Page

5 of

7 11:13AM



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

COPY

Local File Number: <b>784-11</b>		<b>Washington State Certificate of Death</b>				State File Number	
1. Legal Name (Include AKA if any): First: <b>Mickey</b> Middle: <b>James</b> Last: <b>Hogue</b>					2. Death Date: <b>Sep 25, 2011</b>		
3. Sex (MF): <b>Male</b>	4a. Age - Last Birthday: <b>78</b>	4b. Under 1 Year: Months: <b>0</b> Days: <b>0</b>	4c. Under 1 Day: Hours: <b>0</b> Minutes: <b>0</b>	5. Social Security Number	6. County of Death: <b>Skagit</b>		
7. Birthplace: <b>Peynor</b>		8a. Birthplace (City, Town, or County): <b>Texas</b>		8b. (State or Foreign Country): <b>Texas</b>		9. Decedent's Education: <b>High school graduate</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: <b>No</b>				11. Decedent's Race(s): <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>	
13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.): <b>1420 Broad Street</b>					13b. City or Town: <b>Mount Vernon</b>		
13c. Residence: County: <b>Skagit</b>		13d. Tribal Reservation Name (if applicable):		13e. State or Foreign Country: <b>Washington</b>		13f. Zip Code + 4: <b>98274</b>	
14. Estimated length of time at residence: <b>39 Years</b>		15. Marital Status at Time of Death: <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): <b>Joan C. Johnstone</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): <b>Aviation Machinist</b>				18. Kind of Business/Industry (Do not use Company Name): <b>US Government (Navy)</b>			
19. Father's Name (First, Middle, Last, Suffix): <b>Cecil Hogue</b>				20. Mother's Name Before First Marriage (First, Middle, Last): <b>Cecelia</b>			
21. Informant's Name: <b>Joan C. Hogue</b>		22. Relationship to Decedent: <b>Wife</b>		23. Mailing Address: Number and Street or P.O. No. City or Town State Zip <b>1420 Broad St. Mount Vernon, WA 98274</b>			
24. Place of Death: If Death Occurred in a Hospital: <b>Inpatient</b>				24. Place of Death: If Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street of location): <b>Skagit Valley Hospital</b>				26a. City, Town, or Location of Death: <b>Mount Vernon</b>		27. Zip Code: <b>WA 98274</b>	
28. Method of Disposition: <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place): <b>Hawthorne Lawn Memorial Park</b>		30. Location: City/Town, and State: <b>Mount Vernon, WA</b>			
31. Name and Complete Address of Funeral Facility: <b>Kern Funeral Home</b>		32. Date of Disposition: <b>1122 South Third St., Mount Vernon, WA 98273</b>		32. Date of Disposition: <b>Sep 30, 2011</b>			
33. Funeral Director Signature: <i>Rex E. Watt</i> Rex E. Watt							
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. Cause of Death (See instructions and examples): IMMEDIATE CAUSE (Final disease or condition resulting in death): <b>a. Congestive heart failure acute on chronic</b> Interval between Onset & Death: <b>2 days</b> 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>b. Aortic stenosis</b> Interval between Onset & Death: <b>years</b> Due to (or as a consequence of): <b>c.</b> Interval between Onset & Death: <b>d.</b> Interval between Onset & Death:							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: <b>Atrial fibrillation, emphysema</b>				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 type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <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 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: City or Town: County: State: Zip Code + 4:		46. Describe how injury occurred:					
47a. 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: <i>D. Hogg</i>				47b. 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: <b>X</b>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): <b>D. Hogg, Skagit Valley Hospital, Mt. Vernon, WA</b>				50. Hour of Death (24hrs): <b>0040</b>			
51. Name and Title of Attending Physician (other than Certifier) (Type or Print):				52. Date Signed (mm/dd/yyyy): <b>9/26/2011</b>			
53. Title of Certifier: <b>Hospitalist MD</b>		54. License Number: <b>44292</b>		55. ME/Coroner File Number:		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature: <i>Deputy Registrar</i>				58. Date Received (mm/dd/yyyy): <b>SEP 28 2011</b>			
59. Amendments:							



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Skagit County Auditor