

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



201202160045
Skagit County Auditor

2/16/2012 Page 1 of 6 2:40PM

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

Abbreviated Legal Description: Tax 29C Beg 170ft S of SE C Blk 24 Milletts Addn, Skagit
Cnty, WA
Assessor's Tax Parcel No.: 340429-0-144-0000 (P28310)

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

PATRICK A. GRIFFITH, being first duly sworn upon oath, deposes and says:

1. I am the Administrator of the Estate of GLEN ELDREN GRIFFITH who was found dead on January 16, 2012. The Estate of GLEN ELDREN GRIFFITH is being administered under Skagit County Superior Court Cause No. 12-4-00059-0. CHRISTINA M. GRIFFITH, spouse of GLEN ELDREN GRIFFITH, died on December 24, 2005. True and correct copies of the Letters of Administration issued to Patrick A. Griffith as Administrator of the Estate of GLEN ELDREN GRIFFITH are attached hereto. GLEN ELDREN GRIFFITH was the surviving spouse of CHRISTINA M. GRIFFITH, the "Decedent," at the time of her death. A true and correct copy of the death certificate for CHRISTINA M. GRIFFITH is attached hereto. GLEN ELDREN GRIFFITH and CHRISTINA M. GRIFFITH provided for the disposition of all of their property of whatsoever nature or description whether real, personal or mixed and wheresoever situated, then owned or thereafter acquired by them, or either of them, which they declared to be community property, under that certain Community Property Agreement dated August 19, 1970 (the "Agreement").

2. The Community Property Agreement of GLEN ELDREN GRIFFITH and CHRISTINA M. GRIFFITH is attached hereto. (photocopy)

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, as Administrator of the Estate of GLEN ELDREN GRIFFITH, hereby assumes full and complete responsibility for any and all indebtedness of the marital community existing on the date of the death of CHRISTINA M. GRIFFITH.

5. Under the terms of the Community Property Agreement, title to the real property commonly known as 1211 South 11th Street, Mount Vernon, Skagit County, WA, bearing the legal description as attached hereto, vests immediately, fee simple, in the survivor upon the death of either party to the Agreement. GLEN ELDREN GRIFFITH was the survivor to CHRISTINA M. GRIFFITH on the date of death of CHRISTINA M. GRIFFITH.

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 13th day of February, 2012.

Estate of GLEN ELDREN GRIFFITH, Deceased
Skagit County Superior Court
Cause No. 12-4-00059-0

By Patrick A. Griffith
PATRICK A. GRIFFITH, Administrator

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that **PATRICK A. GRIFFITH** is the person who appeared before me, and said person acknowledged that he signed this instrument,

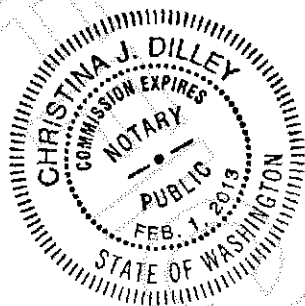
CPA Affidavit - 2
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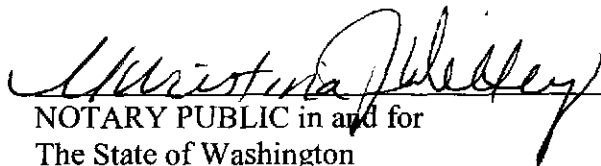


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on oath stated that he was authorized to execute the instrument and acknowledged it as the Administrator of the Estate of GLEN ELDREN GRIFFITH, Deceased, to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in the instrument.

Given under my hand and official seal this 13th day of February 2012.




NOTARY PUBLIC in and for
The State of Washington

Residing at: Sedro Woolley

My commission expires: 2/1/2013



**SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR SKAGIT COUNTY**

ESTATE OF: GLEN ELDREN GRIFFITH Deceased	CASE NO.12-4-00059-0 LETTERS OF ADMINISTRATION
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I. BASIS

1.1 The last will of GLEN ELDREN GRIFFITH late of Skagit County was exhibited, proven and recorded in this court on FEBRUARY 13, 2012.

1.2 On FEBRUARY 13, 2012 the court appointed PATRICK A. GRIFFITH as personal representative with will annexed.

1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT PATRICK A. GRIFFITH is authorized by this court to administer the will of the above decedent according to law.

DATED FEBRUARY 13, 2012

NANCY SCOTT
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

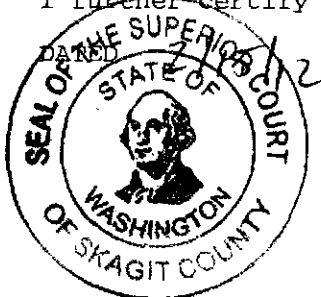
BY Kristen A. Denton, Deputy Clerk

III. CERTIFICATE OF COPY

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

I, NANCY SCOTT, Clerk of the Superior Court of this County, certify that the above is a true and correct copy of the Letters of Administration With Will Annexed in the above-named case which as entered of record on FEBRUARY 13, 2012.

I further certify that these letters are now in full force and effect.



NANCY SCOTT
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

By Kristen A. Denton Deputy Clerk



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 985-05		Washington State Certificate of Death		State File Number:	
1. Legal Name (Include AKA's if any): CHRISTINA MARIE GRIFFITH		2. Death Date: Dec 24, 2005			
3. Sex (MF): Female	4a. Age - Last Birthday: 64	4b. Under 1 Year: Months	4c. Under 1 Day: Hours	5. Social Security Number: [REDACTED]	6. County of Death: Skagit
7. Birthdate: Oct 7, 1941	8a. Birthplace (City, Town, or County): Renton	8b. (State or Foreign Country): Washington	9. Decedent's Education: GED completed - 10th grade		
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 5th St.) (Include Apt. No.): 1211 S. 11th			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	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence: 3 years		15. Marital Status at Time of Death: Married		16. Surviving Spouse's Name (Give name prior to first marriage): Glen Griffith	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE)): Owner-Operator			18. Kind of Business/Industry (Do not use Company Name): Gift Shop		
19. Father's Name (First, Middle, Last, Suffix): Happy C. Northrup			20. Mother's Name Before First Marriage (First, Middle, Last): Laura May Murphy		
21. Informant's Name: Glen Griffith		22. Relationship to Decedent: Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1211 S. 11th Mount Vernon, WA 98273	
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): 1211 S. 11th			26a. City, Town, or Location of Death: Mount Vernon		26b. State: WA
28. Method of Disposition: Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place): Union Cemetery		30. Location-City/Town, and State: Sedro-Woolley, WA	
31. Name and Complete Address of Funeral Facility: Lemley Chapel Inc. 1008 Third St Sedro-Woolley, WA 98284			32. Date of Disposition: Dec 29, 2005		
33. Funeral Director Signature: <i>[Signature]</i>					
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. Quarant. Cocciemia		Interval between Onset & Death: 21 mos	
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:	
		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:				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 type="checkbox"/> No	
38. Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <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):	
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 cause(s) and manner stated: <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 cause(s) and manner stated: <i>[Signature]</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Eric Stark MD 835 E. Fairhaven Blvd Burlington, WA 98233			50. Hour of Death (24hrs): 0500		
51. Name and Title of Attending Physician if other than Certifier (Type or Print):			52. Date Signed (mm/dd/yyyy): 12/27/2005		
53. Title of Certifier: Physician		54. License Number: MD00033859		55. ME/Coroner File Number: NJA- 359	
57. Registrar Signature: <i>[Signature]</i>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		58. Date Received (mm/dd/yyyy): DEC 28 2005	
59. Amendments:					



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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, Made and entered into this day of August, 1970 by and between GLEN ELDREN GRIFFITH and CHRISTINA M. GRIFFITH, husband and wife, of Pierce 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.

WITNESSETH: That, in consideration of the love and affection that each of said parties has 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 this Agreement supersedes any other Agreement of the parties heretofore made as to the division or distribution of their property.

SECOND: That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated, now owned or hereafter acquired by them, or either of them, shall be considered and is hereby declared to be community property.

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

IN WITNESS WHEREOF, the said GLEN ELDREN GRIFFITH and CHRISTINA M. GRIFFITH, have hereunto set their hands and seals this 19th day of August, 1970.

Glen Eldren Griffith
GLEN ELDREN GRIFFITH

Christina M. Griffith
CHRISTINA M. GRIFFITH

WITNESSES:

Francis G. Lindholm
Irene Lewisley

STATE OF WASHINGTON)
County of Pierce) ss.

THIS CERTIFIES that on this 19th day of August, 1970, personally appeared before me GLEN ELDREN GRIFFITH and CHRISTINA M. GRIFFITH, husband and wife, to me known to be the individuals who executed the foregoing instrument, and acknowledged the same to be their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS MY HAND AND OFFICIAL SEAL the day and year first above written in this certificate.

Mark E. Spauld
NOTARY PUBLIC in and for the State of
Washington, residing at Gig Harbor.



BINNS, PETRICH AND MASON, ATTORNI
706 WASHINGTON BLDG., TACOMA, WASHIN



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