

When Recorded Please Return To:
LAWRENCE A. PIRKLE
321 W. Washington, Suite 300
Mount Vernon, WA 98273
(360) 336-6587



201207190053
Skagit County Auditor

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DOCUMENT TITLE: AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER:

GRANTOR: NANCY L. BURRESS

GRANTEE: PUBLIC

LEGAL DESCRIPTIONS:

Property 1.

Lot 2, Short Plat No. PL06-0114, approved February 13, 2007, recorded February 13, 2007 under Auditor's File No. 200702130074, records of Skagit County, being a portion of the Northwest 1/4 of Section 36, Township 34 North, Range 4 East, W.M. Situate in the County of Skagit, State of Washington.

Property 2.

Abbreviated Legal: Tract 48, 49 & ptns of Tract 47 & 50, Plat 1, Lakeview Tracts, Big Lake. Situate in the County of Skagit, State of Washington.

ASSESSOR PARCEL / TAX ID NUMBERS:

Property 1. TPN: 340436-0-006-1000 (P125906)

Property 2. TPN: 3941-000-047-1001 (P67115) TPN: 3941-000-048-0000 (P67116)

TPN: 3941-000-048-0109 (P67117) TPN: 3941-000-049-0009 (P67118)

TPN: 3941-000-050-0104 (P67120)

**AFFIDAVIT IN SUPPORT
OF
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

NANCY L. BURRESS, 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 17th day of October, 2008, executed by PHILLIP L. BURRESS and NANCY L. BURRESS, 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 property located in both Skagit County and King County Washington, which are more fully described on attached Exhibit "B" and Exhibit "B-1".

2. PHILLIP L. BURRESS (the "Decedent") was one of the parties to the Agreement and died on April 1, 2012 in Skagit County, Washington. The Decedent's Death Certificate is attached as Exhibit "C" 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 are legally described on Exhibit "B" and Exhibit "B-1".

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.



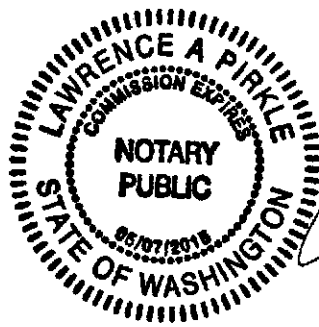
7. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
NANCY L. BURRESS 17088 Lake View Blvd. Mount Vernon, WA 98274	Spouse	Legal
DONALD P. BURRESS 8543 Dayton Ave. N. Seattle, WA 98103	Son	Legal
SUZETTE C. BURRESS 2515 Rainier Ave. Everett, WA 98201	Daughter	Legal
THOMAS L. BURRESS 1838 N.E. Perkins Place Shoreline, WA 98155	Son	Legal
ROBERT E. MINER 18202 W. Big Lake Blvd. Mount Vernon, WA 98274	Step-Son	Legal

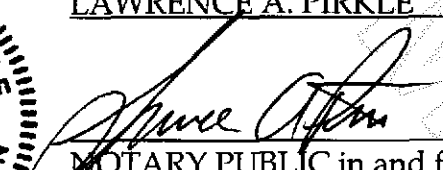
DATED this 18th day of July, 2012.


NANCY L. BURRESS

SIGNED AND SWORN to before me this 18th day of July, 2012.



LAWRENCE A. PIRKLE


NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/15



COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 17th day of Oct., between PHILLIP L. BURRESS and NANCY L. BURRESS, 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.

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

Community Property Agreement



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Skagit County Auditor

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

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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.

Phillip L. Burress

PHILLIP L. BURRESS

Nancy L. Burress

NANCY L. BURRESS

STATE OF WASHINGTON)

COUNTY OF SKAGIT)

ss

On this day personally appeared before me, PHILLIP L. BURRESS and NANCY L. BURRESS, 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 17th day of October, 2008.

D. Jackie Frazier

(Notary's printed name)

D. Jackie Frazier

NOTARY PUBLIC in and for the
State of Washington

Residing at Bow

My Commission Expires: 3-15-2010

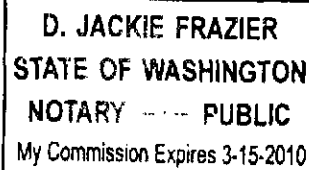


EXHIBIT "B"

King County Property:

TPN: 397290-0560-01 (241327 A)

North 95 feet of Lots 9 and 10, Block 8, LAGO VISTA NO. 3, according to the plat thereof recorded in Volume 32 of Plats, page 50, in King County, Washington.

Skagit County Properties:

Property 1.

TPN: 340436-0-006-1000 (P125906)

Lot 2, Short Plat No. PL06-0114, approved February 13, 2007, recorded February 13, 2007 under Auditor's File No. 200702130074, records of Skagit County, being a portion of the Northwest 1/4 of Section 36, Township 34 North, Range 4 East, W.M.

Situate in the County of Skagit, State of Washington.

Property 2.

TPN: 3941-000-047-1001 (P67115)

TPN: 3941-000-048-0000 (P67116)

TPN: 3941-000-048-0109 (P67117)

TPN: 3941-000-049-0009 (P67118)

TPN: 3941-000-050-0104 (P67120)

Abbreviated Legal: Tract 48, 49 & ptns of Tract 47 & 50, Plat 1, Lakeview Tracts, Big Lake.

Situate in the County of Skagit, State of Washington.

(Complete legal descriptions for Property 2 attached hereto on Exhibit "B-1", incorporated herein by this reference.)



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EXHIBIT "B-1"

Parcel "A":

Tract 48, "PLAT 1, LAKEVIEW TRACTS, BIG LAKE, SKAGIT CO., WASH.", as per plat recorded in Volume 5 of Plats, pages 2 and 3, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Parcel "B":

Tract 47, "PLAT 1, LAKEVIEW TRACTS, BIG LAKE, SKAGIT CO., WASH.", as per plat recorded in Volume 5 of Plats, pages 2 and 3, records of Skagit County, Washington.

EXCEPT the following described portion thereof:

Beginning at the Southeast corner of Tract 47;
thence North along the East line 40 feet;
thence West at right angles to the East line of said tract to the West line of said tract;
thence South along the West line to the Southwest corner of said tract;
thence East to the point of beginning.

Situate in the County of Skagit, State of Washington.

Parcel "C":

Tract 49, "PLAT 1, LAKEVIEW TRACTS, BIG LAKE, SKAGIT CO., WASH.", as per plat recorded in Volume 5 of Plats, pages 2 and 3, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Parcel "D":

The South ½ of Tract 50 of "PLAT 1, LAKEVIEW TRACTS, BIG LAKE, SKAGIT CO., WASH.", as per plat recorded in Volume 5 of Plats, pages 2 and 3, records of Skagit County, Washington.

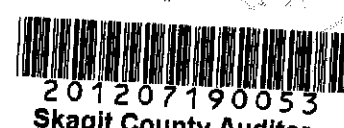
Situate in the County of Skagit, State of Washington.



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 273-12		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any): First: Phillip Middle: Burress Last: Burress Suffix:			2. Death Date: April 1, 2012		
3. Sex (M/F): Male	4a. Age - Last Birthday: 69 Years	4b. Under 1 Year: Months: 0 Days: 0	4c. Under 1 Day: Hours: 0 Minutes: 0	5. Social Security Number: [REDACTED]	6. County of Death: Skagit
7. Birthdate: [REDACTED]	8a. Birthplace (City, Town, or County): Pequot	8b. (State or Foreign Country): Minnesota	9. Decedent's Education: Some College Credit/ No Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No			11. Decedent's Race(s): White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 17088 Lake View Bld.			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: 98274	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence: 7 Years		15. Marital Status at Time of Death: Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Nancy L. Rogers	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Truck Driver			18. Kind of Business/Industry (Do not use Company Name): Construction Industry		
19. Father's Name (First, Middle, Last, Suffix): Lyle W. Burress			20. Mother's Name Before First Marriage (First, Middle, Last): Ruth G. [REDACTED]		
21. Informant's Name: Nancy Burress		22. Relationship to Decedent: Wife		23. Mailing Address: Number and Street or RFD No.: 17088 Lake View Bld., Mount Vernon, WA 98274	
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): 17088 Lake View Bld.			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): Heritage Cremation Services			30. Location-City/Town, and State: Marysville, WA		
31. Name and Complete Address of Funeral Facility: Affordable Burial & Cremation Services LLC, 108 S. Barker St., Mount Vernon, WA 98273			32. Date of Disposition: April 5, 2012		
33. Funeral Director Signature: <i>[Signature]</i>			Timothy T. Donovan		
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. Colon Cancer w/ extensive Liver metastasis			Interval between Onset & Death: 3 weeks		
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:		
Due to (or as a consequence of):			Interval between Onset & Death:		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Esophageal stenosis, My peritonitis			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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined		39. If female: <input 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 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: [REDACTED] Apt. No.: [REDACTED]					
City or Town: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code + 4: [REDACTED]			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: [REDACTED]			48a. Certifying Physician: <i>[Signature]</i>		
48b. Medical Examiner/Coroner: <i>[Signature]</i>			49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Dr. Stevan Aldrich, 1030 E. Fairhaven Ave. Burlington WA 98233		
50. Hour of Death (24hrs): 0330			51. Name and Title of Attending Physician if other than Certifier (Type or Print): [REDACTED]		
52. Date Signed (mm/dd/yyyy): 30/4/2012			53. Title of Certifier: Physician		
54. License Number: MO 00013642			55. ME/Coroner File Number: NJA # 201		
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			57. Registrar Signature: <i>[Signature]</i>		
58. Date Received (mm/dd/yyyy): APR 5 2012			59. Amendments:		



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Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 235-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	File Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution

1. Name on Record	2. Date of Event	3. Place of Event: (City or County)
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4. Father's Full Name (per Birth, Husband for Marriage or Dissolution)	5. Mother's Full Name (per Birth; Wife for Marriage or Dissolution)
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6. The Record is incorrect or incomplete as follows:	7. The True fact is:
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8.	9.
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10.	11.
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12.	13.
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14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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15. Signature	16. Date	17. Address
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.		
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All vital records are registered as received.		
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All changes must be established by documentary proof submitted with the affidavit.		
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Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Transcripts
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Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
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Insurance Records	Birth Record	Alien Registration Card (front and back)
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Marriage/Divorce Records	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.
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Birth Certificates:		
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1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (18 or older) may change the birth certificate.
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2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
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3. Proof must be five (or more) years old or have been established within five years of birth.
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4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
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- This is a one time only change. Subsequent changes will require a certified copy of a court-ordered name change.
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- The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.

- After age one, last name changes require a certified copy of a court-ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.

5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).

6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

Death Certificates:		
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1. Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.

2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
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3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:		
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1. Personal fact(s) (minor spelling changes in name, date of birth or residence) may be changed by affidavit (with proof) by the person.
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2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.
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Skagit County Auditor

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CERTIFIED

APR 10 2012

Handwritten signature

Skagit County Health Department
Howard Leibrand M.D., Health Officer

VV00263252