



201209270140  
Skagit County Auditor

9/27/2012 Page 1 of 14 3:46PM

201112300058  
Skagit County Auditor

12/30/2011 Page 1 of 6 11:58AM

Re-record  
with will  
attached

RETURN TO:

Patrick M. Hayden  
P.O.Box 454  
Sedro-Woolley, WA 98284

DOCUMENT TITLE(S) (or transactions contained herein):

NO PROBATE AFFIDAVIT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S) (Last name, first name and initials):

1. Eaton, Raymond E.
- 2.

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
20123051  
SEP 27 2012

GRANTEE(S) (Last name, first name and initials):

1. Davis, Marjorie K.
2. Public

Amount Paid \$  
Skagit Co. Treasurer  
By *mm* Deputy

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

Lots 3 and 4, Block 109, "PLAT OF THE TOWN OF SEDRO, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 1 of Plats, at page 18, in the records of Skagit County, State of Washington.

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

Tax Parcel No. 4152-109-004-0003 / P76255

**"NO PROBATE" AFFIDAVIT**

STATE OF WASHINGTON )  
 : ss.  
COUNTY OF SKAGIT )

MARJORIE K. DAVIS, being first duly sworn, declares as follows:

1. Status. I am the only child of Raymond E. Eaton, who died on November 18, 2011, then a resident of Skagit County, Washington. A certified copy of his Death Certificate is attached to this Affidavit. My mother, Barbara J. Eaton, died on October 28, 1995, and was married to my father at the time of her death. My father did not remarry after her death. A No Probate Affidavit is recorded in Skagit County Auditor's File No. 9512110019, for their benefit. Their Community Property Agreement is recorded in Skagit County Auditor's File No. 703183

2. Real and Personal Property. Decedent left an interest in the real property and vehicles described in the attachment to this Affidavit and acquired as his real property by Deed dated June 26, 1991, and recorded in the Office of the County Auditor of Skagit County, Washington, on June 26, 1991, under Recording No. 9106280109.

3. Decedent's Heirs-at-Law. Decedent's only heir-at-law and her respective address, relationship to Decedent, and age are as follows:

Name	Address	Relationship	Age
Marjorie K. Davis	24656 Orchard Lane Sedro Woolley, WA 98284	Daughter	Legal

4. Decedent's Will & Probate. Decedent left a Will which was filed as a No-Probate Will under Skagit County Superior Court Cause No. 11-4-00405-8. Said Will and Codicil provide that all property of Raymond E. Eaton goes to Marjorie K. Davis on his death.

5. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of any marital community have been paid in full.

6. Federal Estate Tax. Decedent's estate was not liable for federal estate tax.

7. Washington Estate Tax. Decedent's estate was not liable for Washington estate tax.



201209270140  
Skagit County Auditor

8. Washington Assistance. Decedent was not liable for repayment for subsistence or medical care to the state of Washington.

9. Purpose of Affidavit. I am making this Affidavit to induce a title insurance company, in reliance on the representations made in this Affidavit, to issue one or more policies of title insurance on the real property passing to Decedent's heirs.

Dated: 12/27/2011

Marjorie K. Davis  
Marjorie K. Davis

SUBSCRIBED & SWORN TO before me on: December 27, 2011

**Notary Public  
State of Washington  
Donna M Schopf  
Commission Expires 11-01-14**

Donna M Schopf  
Signature of Notary

Donna M. Schopf  
Printed Name of Notary

NOTARY PUBLIC in and for the State of  
Washington, residing at: Skagit County  
My appointment expires on: November 1, 2014



201209270140  
Skagit County Auditor

Attachment to  
NO PROBATE AFFIDAVIT

\*\*\*\*\*

Description of Real Property

Legal Description of Real Property:

Residence at 829 Jennings, Sedro Woolley, Washington, described as follows:

Lots 3 and 4, Block 109, "PLAT OF THE TOWN OF SEDRO, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 1 of Plats, at page 18, in the records of Skagit County, State of Washington.

Including 1991 Golden West Mobile Home situated thereon, I.D. No. BD10103.

Tax Parcel No.: P76255

Tax Account No.: 4152-109-004-0003

Description of Vehicles:

1. 1991 Ford Taurus 4D, License No. 042EHM, VIN No. 1FACP52U3MG117693.
2. 2000 Ford Truck, License No. A54281I, VIN No. 1FTYR14VXYPA96159.
3. 1984 Ford Truck, License No. UY7234, VIN No. 2FTEF1569ECB49801.



201209270140

Skagit County Auditor

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: <b>956-11</b>		Washington State Certificate of Death				State File Number			
1. Legal Name (Include AKA's if any): First Middle LAST Suffix <b>RAYMOND EVERETT EATON</b>					2. Death Date <b>Nov 18, 2011</b>				
3. Sex (M/F) <b>Male</b>		4a. Age - Last Birthday <b>86</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <b>537-20-8807</b>		6. County of Death <b>Skagit</b>		
7. Birthdate <b>Oct 17, 1925</b>		8a. Birthplace (City, Town, or County) <b>Winona</b>		8b. (State or Foreign Country) <b>Kansas</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>Caucasian</b>			12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>		
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>829 Jennings</b>					13b. City or Town <b>Sedro-Woolley</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>98284</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
14. Estimated length of time at residence. <b>20 yrs</b>		15. Marital Status at Time of Death <b>Widowed</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)					
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE). <b>Dairy Farmer</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Agriculture</b>					
19. Father's Name (First, Middle, Last, Suffix) <b>Joseph T. Eaton</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Frederica A. Holdforth</b>					
21. Informant's Name <b>Marjorie Davis</b>		22. Relationship to Decedent <b>Daughter</b>		23. Mailing Address: Number and Street or RFD No. City or Town, State, Zip <b>24656 Orchard Lane Sedro-Woolley, WA 98284</b>					
24. Place of Death, if Death Occurred in a Hospital: <b>Long Term Care Facility</b>								Place of Death, if Death Occurred Somewhere Other than a Hospital:	
25. Facility Name (If not a facility, give number & street or location) <b>Burtons Care Center</b>					26a. City, Town, or Location of Death <b>Burlington</b>		26b. State <b>WA</b>	27. Zip Code <b>98233</b>	
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Union Cemetery</b>			30. Location-City/Town, and State <b>Sedro-Woolley, WA</b>				
31. Name and Complete Address of Funeral Facility <b>Lemley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284</b>							32. Date of Disposition <b>Nov 28, 2011</b>		
33. Funeral Director Signature <i>Douglas Hutter #1857</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. <b>MEASLES</b>				Interval between Onset & Death <b>1 MONTH</b>		
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. Due to (or as a consequence of):				Interval between Onset & Death		
			c. Due to (or as a consequence of):				Interval between Onset & Death		
			d. 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 <b>ASHD, ATROPHIC FIB</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 type="checkbox"/> No		
38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <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: _____					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									
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.					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) <b>Denis Harlock MD 830 Ball St Sedro-Woolley, WA 98284</b>					50. Hour of Death (24hrs) <b>2015</b>				
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (MM/DD/YYYY) <b>11/21/11</b>				
53. Title of Certifier <b>Physician</b>		54. License Number <b>41814</b>		55. ME/Coroner File Number <b>WA-617</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature <i>Marie L. Vivanco, Deputy Registrar</i>					58. Date Received (MM/DD/YYYY) <b>NOV 22 2011</b>				
59. Amendments									



201209270140  
Skagit County Auditor

DOHCHS 003 Rev 07/09/07



Application for Certificate

Department of Health Statistics  
200 West 12th  
Olympia, WA 98501-7414  
360-226-4300

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

STATE OF WASHINGTON

State File Number: \_\_\_\_\_ File Number: \_\_\_\_\_ Index: \_\_\_\_\_ Date: \_\_\_\_\_ Affidavit Number: \_\_\_\_\_

Discontinue entries below to avoid any changes on the record.

Record Type: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Dissolution: \_\_\_\_\_

1. Name on record: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Place of Event: \_\_\_\_\_ (City or County)

4. Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_ (State, WA or Marriage or Dissolution)

6. \_\_\_\_\_

8. \_\_\_\_\_

10. \_\_\_\_\_

12. \_\_\_\_\_

14. I represent the person as: \_\_\_\_\_ (Self, Parent, Grandparent, Other) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Occupation Number)

I declare under penalty of perjury that the information on this form is true and correct.

15. Signature: \_\_\_\_\_

All vital records are registered as received.  
**All changes must be established by documentary proof submitted with this affidavit.**  
Examples of documentary proof: Certificate of Naturalization, Marriage License, Hospital Records, Medical Records, School Transcripts, Driver's License, U.S. Census (8 years or effective date), Birth Certificate, Social Security card or a foreign birth certificate.

- Birth Certificates:
1. Only a parent, legal guardian if the child is under 18, or the adult (18 years of age or older) may change the birth certificate.
2. The proof(s) must match exactly the record to be changed. For example, if 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
- This is a one-time only change. Subsequent changes will require a certified copy of a court ordered name change.
- The new last name may be the mother's maiden name or father's name (if present) 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 filing an affidavit for correction of the child's 18th birthday.
6. This affidavit cannot be used to change the child's birth date, time of birth, or place of birth.

- Death Certificates:
1. Only the wife, male, female, director, executor or administrator (when a continuing such person is appointed) may change the non-medical information.
2. The medical information (cause of death) may be changed only by a qualifying physician or the coroner/medical examiner.
3. If it is less than fifty days from date of death please contact the county health department where the death occurred to make changes.

- Marriage/Dissolution (Divorce) Certificates:
1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiating clergy or district court (dissolution) must sign the affidavit.

DO: DHS 020a 2/14



201209270140  
Skagit County Auditor

\*CERTIFIED\*

NOV 29 2011

Handwritten signature

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

VV00086688

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IN THE SUPERIOR COURT OF WASHINGTON FOR SKAGIT COUNTY

In RE the Estate of:  
  
RAYMOND E. EATON,  
  
Defendant.

**11-4 00405 8**  
Case No.:  
LAST WILL AND TESTAMENT,  
AND CODICIL

See attached.

Last Will and Testament dated April 28, 1976.

Codicil to Last Will and Testament dated December 21, 1995.

Submitted by:



Patrick M. Hayden, WSBA #11061  
Attorney for PR



201209270140  
Skagit County Auditor

9/27/2012 Page 7 of 14 3:46PM

LAST WILL AND TESTAMENT  
AND CODICIL - 1

PATRICK M. HAYDEN, LAWYER  
Post Office Box 454 / 109 Warner St  
Sedro-Woolley, Washington 98284  
Telephone: (360) 855-1811

CODICIL TO  
**Last Will and Testament**

BE IT KNOWN That I, RAYMOND E. EATON, of Sedro Woolley, Skagit County, State of Washington, being of legal age, and being of sound and disposing mind and memory, and not acting under duress, menace, fraud, or the undue influence of any person or persons whomsoever, do hereby make, publish and declare this Codicil to my Last Will and Testament, which was published at Sedro Woolley, Washington, on April 28, 1976.

ARTICLE I: I declare that my beloved wife, Barbara Jean Eaton, has predeceased me on October 28, 1995, and therefore, the bequest to her in my said Will is hereby deleted.

ARTICLE II: I further declare that our beloved daughter, Marjorie K. Davis, is now over the age of 25 years, and therefore, the trust provisions in my said Will for her are hereby deleted, and if she survives me, I give, devise and bequeath all of my property and estate directly to her.

ARTICLE III: If the said Marjorie K. Davis does not survive me, then I give, devise and bequeath all of my property and estate in equal shares unto my beloved grandchildren, namely; Brian Davis and Beth Davis, or entirely to the one of them if the other of them has predeceased me.

ARTICLE IV: I nominate and appoint the said Marjorie K. Davis as personal representative of this, my Last Will and Testament, and Codicil thereto. If she is unable or unwilling to act, then I nominate and appoint the said Brian Davis and Beth Davis as co-personal representatives. I direct that none of said persons shall be required to furnish any bond or security whatsoever in order to accept the said appointment.

ARTICLE V: In all other respects, my said Last Will and Testament shall remain in full force and effect as written.

*Raymond E. Eaton*

(SE)



201209270140  
Skagit County Auditor

UNOFFICIAL COPY

IN WITNESS WHEREOF, I, the said RAYMOND E. EATON, have to this Codicil to my Last Will and Testament subscribed my name and affixed my seal at Sedro Woolley, Washington, this 21 day of December, 1995.

Raymond E. Eaton

(SE)

WE HEREBY CERTIFY that the foregoing instrument consisting of one typewritten page besides this one, each signed by the testator, was, on the 21 day of December, 1995, signed, sealed and published by the above named testator and declared by him to be his Codicil to his Last Will and Testament in the presence of us, the undersigned, who at his request and in his presence, and in the presence of each other, have hereunto subscribed our names as witnesses thereto.

John H. Ward  
Residing at Sedro Woolley, Washington

Carol Mayer  
Residing at Sedro Woolley, Washington



201209270140  
Skagit County Auditor

AFFIDAVIT OF ATTESTING WITNESSES

I hereby request the attesting witnesses to the attached <sup>Codicil to</sup> Will to make the following affidavit.

Raymond E. Eaton (SEAL)

STATE OF WASHINGTON )  
                                  ) SS  
COUNTY OF SKAGIT   )

The undersigned being first duly sworn on oath, deposes and says, each for himself: That he is a competent witness, knows the above named and is one of the subscribing witnesses to the attached <sup>Codicil to</sup> Will. The <sup>Codicil to</sup> said Will was signed on the date it bears in the presence of the undersigned and was published and declared to be the same, and the testator requested us in attestation thereof to subscribe our names as witnesses thereto. The undersigned in the presence of the testator, and in the presence of each other, subscribed their names as witnesses to said <sup>Codicil to</sup> Will.

At the time of execution of said instrument, the said testator was over the age of 18 years, was of sound and disposing mind and not acting under duress, menace, fraud or the undue influence of anyone.

John H. Wald  
Carol Mayer

SUBSCRIBED AND SWORN to before me this 21 day of December, 1995.

Mary E. Sloan  
Notary Public in and for the State of  
Washington, residing in Mount Vernon  
My Commission expires: 11/6/98



201209270140  
Skagit County Auditor

# Last Will and Testament

BE IT KNOWN That I, RAYMOND E. EATON, of 2533 Burmaster Road, Sedro Woolley, Skagit County, State of Washington, being of legal age and being of sound and disposing mind and memory and not acting under duress, menace, fraud or the undue influence of any person or persons whomsoever do hereby make, publish and declare this my Last Will and Testament:

ARTICLE I. If my beloved wife, Barbara Jean Eaton, survives me I give, devise and bequeath unto her all of my property and estate real, personal and mixed of every kind and nature whatsoever and where-soever the same may be situated.

ARTICLE II. If my said wife does not survive me or if we should die at the same or approximately at the same time either as the result of accident or otherwise and if our beloved daughter, Marjorie K. Davis is then over the age of twenty-five years, I give, devise and bequeath all of my said property and estate unto our said daughter, Marjorie K. Davis.

ARTICLE III. If my said wife does not survive me or if we should die at the same or approximately at the same time either as the result of accident or otherwise and our said daughter is not then over the age of twenty-five years, then I give, devise and bequeath all of my said property and estate unto Ralph Eaton and Phyllis Eaton as co-trustees to hold, manage and distribute my said property and estate under the following terms and conditions:

- A. My said property and estate which passes to the said trustees is referred to herein as the "trust estate". My primary concern with the creation of this trust is the proper care, maintenance, health and education of our said daughter until she attains the age of twenty-five years and any child or children of our said daughter. Said trustee shall pay to or apply for the benefit of our said daughter as much of the net income from the trust estate, in convenient installments as is necessary to accomplish the foregoing purposes, taking into account their income or support available to our said daughter. In the event, in the sole discretion of my trustees, the net income is inadequate for said purposes then the trustees are also authorized to distribute such portion of the

Raymond E. Eaton (SEAL)



201209270140  
Skagit County Auditor

principal of the trust estate as the trustee believes to be necessary for said purposes.

- B. At such time as our said daughter attains the age of twenty-five years, the trustee shall distribute to her all assets that remain on hand as part of the trust estate.
- C. While this trust is in effect, if a child or children of our said daughter are in need for proper care, maintenance, health and education, in the sole discretion of the trustees and taking into consideration other support and income available to them, then the trustees are authorized to distribute to or on behalf of said child or children income or principal of the trust estate as may be distributed under the foregoing provisions to our daughter.
- D. If our said daughter dies before attaining the age of twenty-five years, the trust shall remain in effect until her youngest child or children attains the age of majority under the laws of the State of Washington at which time the remaining trust estate shall be distributed to her child or equally among her surviving children, as the case may be.
- E. In addition to the duties, powers and rights imposed and granted by law under the Washington Trust Act, my trustees shall have the power and exercise the discretion to:
1. Determine what is principal or income and to make any adjustments between principal or income for premiums, discounts, depreciation or depletion.
  2. Rely with acquittance on advice of counsel on questions of law.
  3. Exercise voting rights for any stocks held as part of the trust estate.
  4. To reimburse themselves for any and all costs and expenses incurred as trustees and to pay themselves a reasonable trustees fee annually which is commensurate with the services they render as trustees and the size of the trust estate.
- F. Neither the income nor the principal of the trust created herein shall be alienable by any beneficiary, either by assignment or by any other method and the same shall not be subject to taking by any beneficiary's creditors by garnishment or any other process whatsoever.

ARTICLE IV. If either of the individual trustees above named dies or is unable or unwilling to act or resigns or dies while acting, the other individually named trustee may act alone. If both individually named trustees die or are unable or unwilling to act or dies or resign while acting, then I nominate and appoint the Seattle First National Bank as trustee with all of the powers, duties and

Raymond E. Eaton (SEAL)



201209270140  
Skagit County Auditor

authorities above specified.

ARTICLE V. I nominate and appoint my said wife, Barbara Jean Eaton, as executrix of this my Last Will and Testament. If she does not survive me or is unable or unwilling to act and if our said daughter is over twenty-five years of age I nominate and appoint our said daughter as executrix, and if she is under twenty-five years of age then I nominate and appoint either or both of the individuals above named as trustees to act as executor. Any of said persons may act without bond and without intervention of any court except as may be required under the laws of the State of Washington in the case of a non-intervention will. My executor shall have full power to sell, convey, encumber without notice or confirmation any assets of my estate real or personal at such prices and terms as to the executor may seem proper and to exercise all of the management and distributive powers and discretions provided hereinabove and by law to my trustees in respect to the trust estate.

ARTICLE VI. I revoke any and all former wills heretofore at any time by me made.

IN WITNESS WHEREOF I the said RAYMOND E. EATON, have to this my Last Will and Testament subscribed my name and affixed my seal at Sedro Woolley, Washington, this <sup>th</sup> 28 day of April, 1976.

Raymond E. Eaton (SEAL)

We hereby Certify that the foregoing instrument, consisting of two typewritten pages besides this one, each signed by the testator, was on the 28<sup>th</sup> day of April, 1976, signed, sealed and declared by him to be his Last Will and Testament, and published in the presence of us, the undersigned, who at his request and in his presence, and in the presence of each other, have hereunto subscribed our names as witnesses thereto.

Margie Coulter  
Residing at Sedro Woolley, Washington

James M. Jones  
Residing at Sedro Woolley, Washington



201209270140  
Skagit County Auditor

AFFIDAVIT OF ATTESTING WITNESS

I hereby request the attesting witnesses to the attached will to make the following affidavit.

Raymond E. Eaton (SEAL)

STATE OF WASHINGTON )  
: SS  
COUNTY OF SKAGIT )

The undersigned being first duly sworn on oath deposes and says, each for himself: That he is a competent witness, knows the above named and is one of the subscribing witnesses to the attached will. The said will was signed on the date it bears in the presence of the undersigned and was published and declared to be the same and the testator requested us in attestation thereof to subscribe our names as witnesses thereto. The undersigned in the presence of the testator and in the presence of each other subscribed their names as witnesses to said will.

At the time of execution of said instrument the said testator was over the age of 18 years, was of sound and disposing mind and not acting under duress, menace, fraud or the undue influence of anyone.

Margorie Coulter  
James M. Jones

SUBSCRIBED and sworn to before me this 28 day of April, 1976.

John H. Ward  
Notary Public in and for the State of Washington, residing at Sedro-Woolley.



201209270140  
Skagit County Auditor