

When Recorded Return to:
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201302250128
Skagit County Auditor

2/25/2013 Page 1 of 13 2:27PM

Document Title: Quit CLAIM DEED

Reference Number :

Grantor(s):

☐ additional grantor names on page ____

1. Klope, Carolyn J. surviving spouse of Klope, Dallas S., Deceased
- 2.

Grantee(s):

☐ additional grantee names on page ____

1. Klope, Carolyn J., Widow
- 2.

Abbreviated legal description:

☒ full legal on page(s) 2.

Lots 16 and 17, the S 2/3 of lot 15 and the N 1/3 of lot 18 Blk 2,
Brown's 2nd Addition to Anacortes, WA, Rec. in Vol. 2, Pg. 42, Skagit Co.,
WA.

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

37790020180009

I, JAVIER LOCARPO, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$72.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed

Dated

2/22/2013

Prepared By: *Nebbie Lang*
Curphey & Badger Law
Aaron Curry
28100 US Highway 19 North, Suite 300
Clearwater, Florida 33761

Return to and mail tax statements to:
Carolyn J Kloke
4012 M Avenue
Anacortes, WA 98221

Property Tax ID#: 37790020180009
Order #: 15861337 *AF*

QUIT CLAIM DEED *458-61A-211*

Exempt from Real Estate Excise Tax per WAC ~~468-61A-202(2)(b)~~ Conveyance by way of Devise

Made this 22nd day of January, 2013 by and between CAROLYN J KLOKE, surviving spouse of DALLAS S KLOKE, deceased, whose post office address is 4012 M Avenue, Anacortes, WA 98221, first party, Grantor; and CAROLYN J KLOKE, a widow, whose post office address is 4012 M Avenue, Anacortes, WA 98221, second party, Grantee;

Witnesseth, that said first party for in consideration of the sum of ZERO (\$0.00) DOLLARS, and other good and valuable considerations in hand paid by second party the receipt whereof is hereby acknowledged, do hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in Skagit County, Washington to-wit:

IN THE COUNTY OF SKAGIT, WASHINGTON:

LOTS SIXTEEN(06) AND SEVENTEEN (17), THE SOUTH 2/3 OF LOT ~~EL F~~ TEEN (15) AND THE NORTH 1/3 OF LOT EIGHTEEN (18) BLOCK TWO (2), BROWNRIG'S SECOND ADDITION TO ANACORTES, WASHINGTON, AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 42, RECORDS OF SKAGIT COUNTY.

**Fifteen*

APN #: 37790020180009

Commonly known as: 4012 M Avenue, Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2013618
FEB 25 2013



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Amount Paid \$ *0*
Skagit Co. Treasurer
By *mm* Deputy

To have and to hold the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or in equity, to the only proper use, benefit and behalf of the said second party forever.

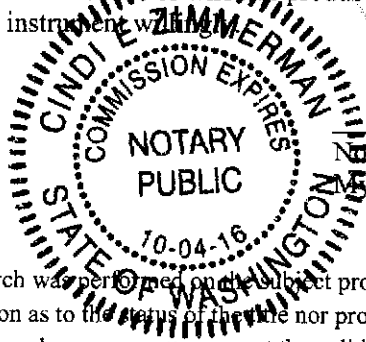
IN WITNESS WHEREOF, first party has hereunto set a hand and seal the day and year first written above.

Carolyn J. Kloke
CAROLYN J KLOKE

STATE OF Washington)

COUNTY OF Skagit)

The foregoing instrument was hereby acknowledged before me this 22 day of January, 2013 by CAROLYN J KLOKE, surviving spouse of DALLAS S KLOKE, deceased, whose name is personally known to me, and who has produced WA Drivers License as identification, and who has signed this instrument with me.



Cindie E. Zimmerman
Notary Public
My commission expires: 10-04-16

No title search was performed on the subject property by the preparer. The preparer of this deed makes neither representation as to the status of the title nor property use or any zoning regulations concerning described property herein conveyed nor any matter except the validity of the form of this instrument. Information herein was provided to preparer by Grantor/Grantee and /or their agents; no boundary survey was made at the time of this conveyance.





**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of

Skagit

Name of deceased

Dallas S. Kloke

I, (survivor's name)

Carolyn J. Kloke

affirm that I am the

sole and rightful heir to the property described as:

Parcel number(s)

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this

22nd

day of

January
(month)

2013
(year)

at

Anacortes
(city)

WA
(state)

Carolyn J. Kloke

(Signature of surviving spouse or registered domestic partner)

Carolyn J. Kloke

(Printed name of surviving spouse or registered domestic partner)

4012 M Ave.

(Address of surviving spouse or domestic partner)

Anacortes
(City)

WA
(State)

98221
(Zip)

Note: A certified copy of the death certificate must be presented with this affidavit when transferring real property and filing the Real Estate Excise Tax Affidavit Form.

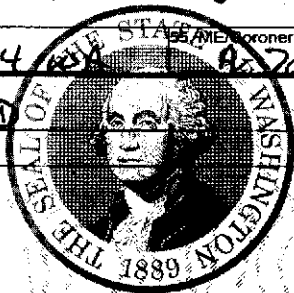
For tax assistance, visit <http://dor.wa.gov> or call 1-800-647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.



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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1084		Washington State Certificate of Death			State File Number	
1. Legal Name (Include AKA's if any): First Dallas Middle Steven LAST KLOKE Suffix				2. Death Date 09/25/2010		
3. Sex (M/F) Male	4a. Age - Last Birthday 71	4b. Under 1 Year Months 09 Days 14	4c. Under 1 Day Hours 09 Minutes 25	5. Social Security Number 534 36 7981	6. County of Death Whatcom	
7. Birthdate 09/14/1939		8a. Birthplace (City, Town, or County) Burlington		8b. (State or Foreign Country) Washington		9. Decedent's Education Master's Degree
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., 824 SE 5th St.) (Include Apt. No.) 4012 M Avenue					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	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 41 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Carolyn Jean Stone		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Teacher				18. Kind of Business/Industry (Do not use Company Name) Public Schools		
19. Father's Name (First, Middle, Last, Suffix) Loren Gustav Kloke				20. Mother's Name Before First Marriage (First, Middle, Last) Anne Rose Connelly		
21. Informant's Name Carolyn J. Kloke		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFO No. 4012 M Avenue City or Town Anacortes, WA State WA Zip Code 98221		
24. Place of Death, if Death Occurred in a Hospital: Mountain Trail				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) Pliades Peak - Mt. Baker Area				26a. City, Town, or Location of Death Bellingham	26b. State WA	27. Zip Code 98226
28. Method of Disposition Burial		29. Place of Final Disposition: (Name of cemetery, crematory, other place) Grand View Cemetery		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, WA				32. Date of Disposition October 8, 2010		
33. Funeral Director Signature X <i>Joseph J. Waham</i> Joseph J. Waham						
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. blunt neck, thoracic & extremity trauma Due to (or as a consequence of): b. Fall from height (~800 ft) Due to (or as a consequence of): c. Mountain climbing accident. Due to (or as a consequence of): d. Interval between Onset & Death: minutes Interval between Onset & Death: minutes Interval between Onset & Death: minutes Interval between Onset & Death: minutes						
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" 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"/> 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) 09-25-2010		42. Hour of Injury (24hrs) ~1900		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Mountain trail Mt Baker Area		
44. Date of Injury (MM/DD/YYYY) 09-25-2010		45. Location of Injury: Number & Street: Pliades Peak		Apt. No. NA		
City or Town: Bellingham		County: Whatcom		State: WA		Zip Code + 4: NA
46. Describe how injury occurred lost footing / handhold while climbing & fell ~800ft to rocks below				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.				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) Larry Bradford, MD, 1500 N. State, Bellingham, WA 98225				50. Hour of Death (24hrs) ~1900		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 10-01-2010		
53. Title of Certifier WCME		54. License Number WA 23314		55. ME/Coroner File Number Ac 72-10		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>Guy Stone MD</i>				58. Date Received (MM/DD/YYYY) OCT -5 2010		
59. Amendments						



201302250128
Skagit County Auditor

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709 •
(360) 236-4300

STATE OFFICE USE ONLY

Birth Record Number		Last Name		Initials	Date	Affidavit Number	
<p><input type="checkbox"/> Fill in the section below for requesting any changes on the record.</p>							
<p>1. Name of Person: <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution</p>				2. Date of Event:		3. Place of Event: (City or County)	
4. Father's Full Name (For Birth, Marriage or Dissolution)				5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)			
<p>6. How record is incorrect or incomplete as follows:</p>							
<p>7. The True fact is:</p>							
8.							
9.							
10.							
11.							
12.							
13.							
14. How record is incorrect:		<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Director <input type="checkbox"/> Other (Specify)		Telephone Number:			
<p>I declare under penalty of perjury that I am a resident of the State of Washington that the foregoing is true and correct.</p>							
15. Signature:		16. Address:					
<p>All Washington birth records are public. An error may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect birth record will be replaced with the correct one at the date it was issued to receive a replacement copy free of charge.</p>							
<p>Additional proof of identity may be required with the affidavit:</p>							
<input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Social Security Records		<input type="checkbox"/> Medical Record <input type="checkbox"/> Military Record (DD 214) <input type="checkbox"/> Birth Record <input type="checkbox"/> Passport		<input type="checkbox"/> School Record <input type="checkbox"/> Voter's Registration Card (if it bears an effective date) <input type="checkbox"/> Alien Registration Card (front and back)			
<p>Birth: A parent, guardian, or the child (if under 18), or the adult themselves (if 18 or older) may change the birth certificate.</p>							
<p>1. The proof must clearly identify the person(s) for example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name is Mary Ann Doe or like. This does not prove the name is Mary Ann Doe.</p>							
<p>2. The proof must be dated and have been established within five years of birth.</p>							
<p>3. A parent, guardian, or the adult themselves may change the child's last name with an affidavit for correction, provided:</p>							
<p>1. The change is a correction of a subsequent change will require a certified copy of a court ordered name change.</p>							
<p>2. The change is a correction of a mother's, father's name (if present on the certificate) or any combination of the two.</p>							
<p>3. The change is a correction of a child's name (if present on the certificate) or any combination of the two. Minor spelling changes may be made with an affidavit and proof of identity.</p>							
<p>4. A parent, guardian, or the adult themselves may change a name by completing and signing an affidavit for correction (until their child's 18th birthday).</p>							
<p>5. If the change is a correction of a child's name on a birth certificate, (Use the paternity affidavit, form DOH/CHS 021)</p>							
<p>Death:</p>							
<p>1. A parent, guardian, or the adult themselves may change the non-medical cause of death.</p>							
<p>2. A parent, guardian, or the adult themselves may change the medical cause of death only by the certifying physician or the coroner/medical examiner.</p>							
<p>3. If the change is a correction of a death, please contact the county health department where the death occurred to make changes.</p>							
<p>Marriage/Dissolution:</p>							
<p>1. A parent, guardian, or the adult themselves may change the name, date or place of birth or residence may be changed by affidavit (with proof) by the person.</p>							
<p>2. If the change is a correction of a marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.</p>							

CERTIFIED

OCT 08 2010

Greg Stein MD
Whatcom County Health Department
Greg Stein M.D., Health Officer

TT00248424



201302250128
Skagit County Auditor

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LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No.: _____, County: _____

STATE OF Washington

SS:

COUNTY OF Skagit

The undersigned, Carolyn J. Kloe, executes this affidavit relating to the estate of Dallas S Kloe (herein "Decedent"), who died on 9-25-2010, in the County of Whatcom, State of Washington, then being a resident of the City of Anacortes, County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
☐ Surviving child of the Decedent
☐ Registered domestic partner of the Decedent
☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington,
☐ other (identify): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); **and**
3. **all parties 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 Carolyn J Kloe spouse
Address: 4012 M Ave Anacortes WA 98221
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____



That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☒ Community property
☐ Separate property
☐ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
☒ married to Dallas S Klokke.
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
☒ married to Dallas S Klokke.
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____
3. ☒ That the decedent left a Will, *a copy of which is attached hereto*.
☐ That the decedent left no Will.
☐ That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. (if unrecorded, attach a copy)
4. ☒ That the decedent's estate is not being probated.
☐ That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____
5. ☒ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
☐ That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
6. ☒ That the decedent has not received assistance from the State of Washington for medical care.
☐ That the decedent has received assistance from the State of Washington for medical care.
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered 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 the joint tenancy continued in full force until the death of the Decedent and, if there are two or



more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the 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): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 600,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ _____, and including the value of Decedent's separate property, if any, of approximately \$ _____, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ _____.

This affidavit is made to induce LSI TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: January 22, 2013

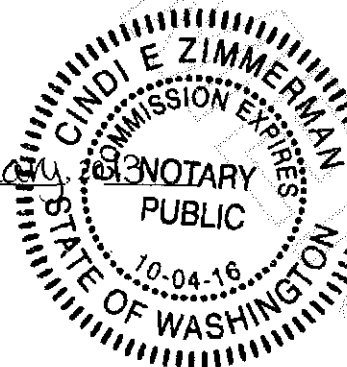
Carolyn J. Kloke
(Signature)

Carolyn J Kloke
(Print or type full name)

4012 M Ave Anacortes WA 98221
(Full address and telephone number)
360-293-2904

SUBSCRIBED and SWORN to before me this 22 day of January, 2013

Cindi E. Zimmerman
Notary Public in and for the State of
Washington, residing at Cock Harbor
10-04-116



LAST WILL AND TESTAMENT

of

DALLAS STEVEN KLOKE

BE IT KNOWN that I, DALLAS S. KLOKE, a resident of Anacortes, Washington, County of Skagit, in the State of Washington, being of sound mind, do make and declare this to be my Last Will and Testament expressly revoking all my prior Wills and Codicils at any time made.

Article I. Family Information

I declare that I am the spouse of CAROLYN J. KLOKE. Our union had the following naturally born children, namely, STEVE D. KLOKE who currently resides in Longview, Washington; KRISTI L. KLOKE who currently resides in Bothell, Washington and NEAL A. KLOKE who currently resides in Bellingham, Washington.

I hereby declare that no other children have been born as issue of my body nor have I adopted any other children. I hereby leave nothing under this Will to any child or person not named herein.

Article II. Personal Representative

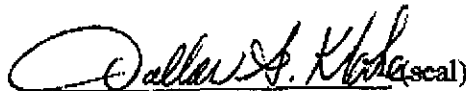
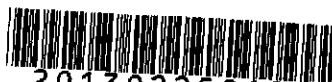
I appoint my wife, CAROLYN J. KLOKE of Anacortes, Washington to serve as Personal Representative of this my Last Will and Testament and provide if this Personal Representative is unable or unwilling to serve then I appoint my beloved children - STEVE D. KLOKE, KRISTI L. KLOKE and NEAL A. KLOKE to serve as joint Personal Representative(s) of this my Last Will and Testament (that is, each child is to share 33% in the overall duties of the Personal Representative).

My Personal Representative shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses. I further provide my Personal Representative shall not be required to post surety bond in this or any other jurisdiction, and direct that no expert appraisal be made of my estate unless required by law.

Article III. Distribution of Estate

All of my property of whatever kind and character, real, personal, or mixed, wheresoever situated, I give, devise, and bequeath unto my beloved wife, CAROLYN J. KLOKE if she survives me.

Last Will and Testament - page 1

 (seal)201302250128
Skagit County Auditor**ORIGINAL**

In the event my wife shall have predeceased me, or if the two of us shall have died as a result of a common disaster, I give, devise and bequeath my entire estate in equal shares, to my children, STEVE D. KLOKE, KRISTI L. KLOKE and NEAL A. KLOKE, per stirpes. That is, each of the above named children shall receive 33 1/3% of my estate.

I hereby reserve the right to draft a specific personal property memorandum that outlines who is to receive certain pieces of my personal property. I hereby incorporate into this will any list which is now existing or which may hereafter be prepared by me pursuant to RCW 11.12.260 and any other applicable law.

If my wife does predecease me or if we die as a result of a common disaster - the rest, residue, and remainder of my estate shall be distributed in equal shares, to my children, STEVE D. KLOKE, KRISTI L. KLOKE and NEAL A. KLOKE, per stirpes.

IV. Duties of Personal Representative

I direct that this, my Last Will and Testament, may be administered without the intervention of any court or courts whatsoever, except to do those things which are required by the laws of the State of Washington in the administration of a nonintervention will. I specifically direct that my said personal representative shall have the right to continue any business in which I may be engaged at the time of my death, without any order of court and without any liability for loss as a result thereof.

I further direct that my personal representative shall have the right to sell, convey or in any manner dispose of the property of my estate, real or personal, without order of court and without confirmation of sale, upon such terms as is deemed advisable, irrespective of whether or not a sale may be necessary for any purpose. My personal representative shall have the right with respect to the property of my estate and the sale, management and disposition thereof that I could exercise if living and acting in person.

IN WITNESS WHEREOF, I, the said DALLAS S. KLOKE, have to this, my Last Will and Testament, subscribed my name and affixed my seal at Sedro-Woolley, Washington, this 26th day of February, 2004.


DALLAS S. KLOKE



201302250128
Skagit County Auditor

The foregoing instrument was on the date thereof published by DALLAS SREVEN KLOKE who at said time appeared to be of sound mind and memory and acting on his own free will, and by his declared this to be his Last Will and Testament, in the presence of us, who at his request and in his presence and in the presence of each other, have hereunto set out hands this 20 day of February, 2004.

Dan D. Swell, residing at Mt. Vernon, WA

[Signature], residing at Bellingham, WA



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Skagit County Auditor

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STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

The undersigned, being first duly sworn on oath, deposes and says:

The document to which this affidavit is attached, fixed and annexed was on the 26th day of February, 2004, published by DALLAS STEVEN KLOKE who

A. was over the age of 18 years of age and appeared to be of sound mind and memory and to be acting freely and without any duress, fraud or undue influence.

B. signed the document in our presence and declared it to be his Last Will and Testament;

C. requested us to sign the document as witnesses, which we then and there did in his presence and in the presence of each other.

D. requested us to make this affidavit in accordance with the applicable laws of the State of Washington.

David D. Lowell
(signature of witness)

Ken Davis
(signature of witness)

Signed, sworn to (or affirmed) and attested by David Lowell and Ken Davis on the 26th day of February, 2004.

Lori J. Andrews

Notary Public in and for the State of Washington,
residing at Sedro Woolley

My appointment expires: 7/18/06

Lori J. Andrews
(printed name)



201302250128
Skagit County Auditor