

UNWITNESSED
residents of Mount Vernon, Skagit County, Washington. That certified copy of Certificate of Death issued by the Washington State Department of Health is attached hereto, marked Exhibit "A" and by reference made a part hereof.

2. **EXECUTION OF AGREEMENT.** That on March 30, 1961, and while husband and wife, the affiant and the said PHYLLIS POWERS executed an agreement entitled "Community Property Agreement." That since the execution thereof, the said agreement has not been altered, modified, revoked, renounced or abandoned in any way, nor has any instrument inconsistent therewith or contradictory thereto been executed. That the said Community Property Agreement is attached hereto, marked Exhibit "B" and by reference made a part hereof.

3. **PAYMENT OF DEBTS.** That all expenses of last illness, burial and funeral and costs of administration have been paid or provided for.

4. **STATUS OF PROPERTY.** That as of the time as a result of the execution of said agreement, and at all times subsequent thereto, all property, real and personal, owned by them, or in which they had any interest, became and remained community property.

5. **INHERITANCE AND ESTATE TAXES.** That said estate is not subject to state inheritance taxes or Federal estate tax, being below current exemptions in effect as of the date of death.

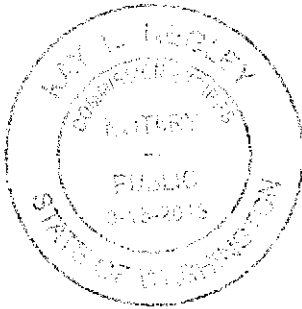
6. **REAL ESTATE.** That all of the real estate listed and described on Exhibit "C," attached hereto and by reference made a part hereof, was at the time of death the community property of the decedent and has now passed to the affiant, as her surviving spouse.



7. **PURPOSES OF AFFIDAVIT.** This affidavit is made to induce all title insurance companies dealing with said real property to issue policies of title insurance upon real estate passing to the surviving spouse, and all companies or entities dealing with any property to transfer such property to the surviving spouse, and affiant herein, by virtue of said community property survivorship agreement, and in reliance upon the representations of fact herein above set forth. This affidavit is further executed for the purpose of giving notice of the existence and effectiveness of the Community Property Agreement.

Evan A. Powers
EVAN A. POWERS

SIGNED AND SWORN to before me November 18, 2013, by Evan A. Powers.



Kay L. Negley
Printed name: KAY L. NEGLEY
Notary Public in and for the State of
Washington, residing at: Mount Vernon.
My appointment expires: 3-15-2016.

EXHIBIT "C"

PROPERTY ADDRESS: 1701 Grand Ave
Mount Vernon WA 98274

PARCEL NO: P126017/4922-000-034-0000

Lot 34, BIG FIR NORTH P.U.D. PHASE 1, according to the Plat thereof recorded March 23, 2007 under Auditor's File No. 200703230073, records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.



201311190082

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-020835

DATE ISSUED: 11/14/2013

FEE NUMBER: 000000029

GIVEN NAMES: PHYLLIS
LAST NAME: POWERS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 05, 2013
HOUR OF DEATH: 08:00 P.M.
SEX: FEMALE
AGE: 90 YEARS

SOCIAL SECURITY NUMBER: 532-14-6188

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MARCH 17, 1923
BIRTHPLACE: PORTLAND, MULTNOMAH CNTY, OREGON

MARITAL STATUS: MARRIED
SPOUSE: EVAN ALLAN POWERS

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: EVAN POWERS
RELATIONSHIP: HUSBAND
ADDRESS: 1701 GRAND AVE MT VERNON WA 98274

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1701 GRAND AVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: FREDRICK PHILIP PARCHER
MOTHER: ETTA ROSE WOODPELL

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES
CITY, STATE: KENT, WA
DISPOSITION DATE: NOVEMBER 08, 2013

FUNERAL FACILITY: SMART CREMATION
ADDRESS: 2528 S 38TH ST SUITE B
CITY, STATE, ZIP: TACOMA WA 98409
FUNERAL DIRECTOR: SUSAN PENNINGTON THOMAS

- CAUSE OF DEATH:
- A. CARCINOGENIC SHOCK
INTERVAL: HOURS
 - B. GASTROINTESTINAL BLEED
INTERVAL: HOURS
 - C. ANTICOAGULANT
INTERVAL: HOURS
 - D. _____
INTERVAL: _____



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Skagit County Auditor \$78.00
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OTHER CONDITIONS CONTRIBUTING TO DEATH:
MITRAL VALVE REGURGITATION, CHRONIC DIASTOLIC DYSFUNCTION, CHRONIC KIDNEY DISEASE, HYPERTENSION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: HA TA, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: NOVEMBER 08, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
HA TA MD

ITEM(S) AMENDED: LNTH RES

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: NOVEMBER 08, 2013

NUMBER(S): 2013066144
DATE(S): 11/13/2013

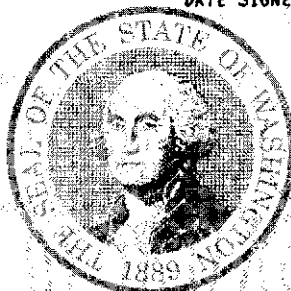


EXHIBIT "A" - page 1

Affidavit for Correction

Center for Health Statistics,
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

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 for Birth	Death	Marriage	<input type="checkbox"/> Dissolution
1. Name of person	2. Date of Event	3. Place of Event: (City or County)	

4. Next person (Full Name of Spouse A/Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (For Birth); Spouse B/Wife for Marriage or Dissolution
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The Record is Proof of or Incomplete as follows:

6. The Record is Proof of:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. Informant of person is:	Parent	Guardian	<input type="checkbox"/> Informant	Telephone Number:
	Informal Witness	Other capacity		

I declare under penalty of perjury that the foregoing is true and correct.

15. Signature	16. Date	17. Address
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Admitted records are restricted to records:

Examples of documentary proof: Private License, Social Security card, or Hospital record of decorative birth certificate.

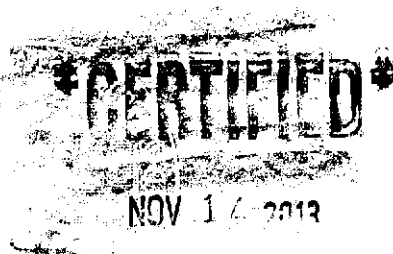
Certificate of Naturalization	Night Report (Social Security Administration)	School transcripts (Official)
Hospital/Medical Record	Military Record (DD 214)	Voter's Registration Card (if it bears an effective date)
Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Record	Passport	

- Birth Certificate:**
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
 - The proof must be written upon the same two foot (10") x 5 1/2" card. For example, if the affidavit was filed on a name of Mary A. in Doe, then the proof must show the name to be Mary A. in Doe. A name of A. B. C. does not work if the name is Mary A. in Doe.
 - Child under 18
 - Only parent (or legal guardian) can change the birth certificate.
 - Guardian must be named and listed on the birth certificate. The guardian is not a birth certificate informant.
 - Up to age 18, a parent or legal guardian can be changed on the birth certificate if the mother is present or the father is present on the birth certificate and both parents are present. For legal and court ordered changes, no change is required.
 - Parent must be 18 or older and file on a legal name. To complete the affidavit, the parent must be present.
 - To correct a name, the parent must be present and file a court order. Proof must be five (or more) years old or have been established within five years of birth.
 - Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)**
- Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/GHS 021)

- Death Certificate:**
- Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by someone other than the informant listed on the certificate. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
 - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
 - 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:**
- Personal info(s) (name, spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
 - To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/GHS 023a January 2013



Agreement as to Status of Community Property

After Death of One of the Spouses

Know All Men by These Presents:

That this agreement, made and entered into this 30th day of March, 1961,
 by and between EVAN ALLAN POWERS
 and PHYLLIS POWERS, husband and wife,
 residing in King County, State of Washington.

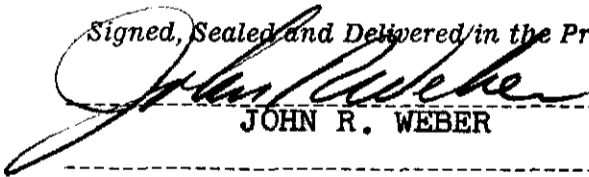
WITNESSETH, That whereas the said parties hereto are owners of certain community property, and are desirous that said property, together with all other community property, either real or personal, that may hereafter be acquired, shall pass, without delay or expense, upon the death of either, to the survivor.


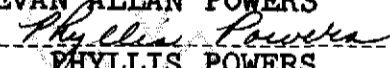
NOW, THEREFORE, for and in consideration of the sum of One (\$1.00) Dollar, the receipt of which is hereby acknowledged by each party hereto, and, also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of said EVAN ALLAN POWERS while said PHYLLIS POWERS survives then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said

PHYLLIS POWERS in fee simple; and in the event of the death of said PHYLLIS POWERS while the said EVAN ALLAN POWERS survives then the whole of said community property now owned together with all other community property, real and personal, that may hereafter be acquired, shall at once vest in said EVAN ALLAN POWERS in fee simple.

IN WITNESS WHEREOF, the said EVAN ALLAN POWERS
 and PHYLLIS POWERS have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered in the Presence of


 JOHN R. WEBER

 (SEAL)
 EVAN ALLAN POWERS
 (SEAL)
 PHYLLIS POWERS

STATE OF WASHINGTON,

County of KING

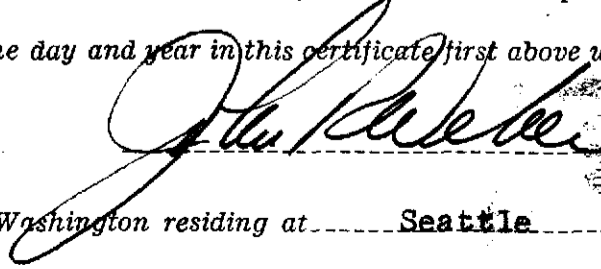

SS.

This is to certify that on this 30th day of March, 1961, before me JOHN R. WEBER a Notary Public in and for the State of Washington duly commissioned and sworn, personally came EVAN ALLAN POWERS

and PHYLLIS POWERS husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Notary Public in and for the State of Washington residing at Seattle

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