

2. The total value of all assets in the estate of DAVID W. COOK is less than the minimum value which requires the filing of a State or Federal Estate Tax Return under the State and/or Federal laws applicable as of the date of death.

Among other items of community property was the following described real estate: RECREATIONAL PROPERTY located at: 6810 34th NE, Seattle, Washington

Legally described as follows:

Tract 12, SHOREWOOD, according to the plat thereof recorded in Volume 9, pages 82 and 83, records of and situate in Skagit County, Washington.

SUBJECT TO all easements, reservations, and restrictions of record.

Parcel No. P69171 and 4000-000-012-0008

3. It is intended that statements set forth in this Affidavit shall be considered representations of fact which may be relied upon by all parties dealing with said real estate and Community Property Agreement herein above described.

4. DAVID W. COOK died FEBRUARY 15, 2014, in King County, Washington. Attached hereto is a copy of death certificate, being Exhibit "B".

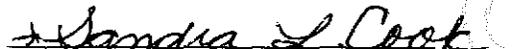
5. The parties to the Community Property Agreement referred to above entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement.

6. The decedent left no separate property.

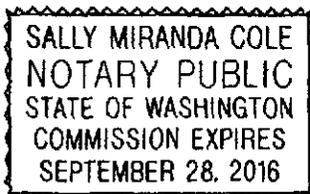
7. All obligations of the community owing at the date of death of decedent, including all expenses of last illness and funeral and burial services, have been paid in full or otherwise provided for; and affiant agrees to indemnify any party relying on this affidavit against any of said obligations or expenses.

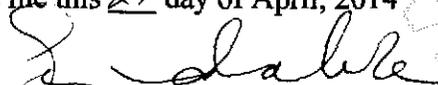
8. The decedent was survived by the following persons:
SANDRA L. COOK, 6810 34th NE, Seattle, WA 98115

DATED this 24 day of April, 2014


SANDRA L. COOK, Surviving Spouse

SUBSCRIBED AND SWORN TO before me this 24 day of April, 2014




NOTARY PUBLIC in and for the State
of Washington, residing at Seattle
Commission Expires: 9/28/16
Printed Name: Sally Miranda Cole



201404290004

AFTER RECORDING RETURN TO:

Edwin Emerick, Jr.

McCUNE, GODFREY & EMERICK, INC., P.S.

1107 NE 45th St. #330

Seattle, WA 98105

COMMUNITY PROPERTY AGREEMENT

This agreement is made in Seattle, Washington, on the date noted by the signatures below, between DAVID W. COOK ("Husband") and SANDRA L. COOK ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property Covered. This agreement shall apply to all property now owned or hereafter acquired by husband and wife, even though some items may have been or may be purchased or acquired by one or the other or both, or may have been or may be registered in the name of one or the other or both. All such property shall be community property and is referred to in this agreement as the "described community property".

2. Vesting at Death of Spouse. If husband dies and wife survives him by thirty (30) days, all of the described community property shall vest in wife as of the moment of husband's death. If wife dies and husband survives her by thirty (30) days, all of the described community property shall vest in husband as of the moment of wife's death.

3. Disclaimer. Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this agreement in whole or in part, or with reference to specific parts, portions, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest, with the surviving spouse entitled to the benefits provided, if any, by any alternate disposition by Will or according to law.



Exh A

4. Automatic Revocation. The provisions of paragraph 2 shall be automatically revoked:

- (a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or
- (b) Upon the establishment of a separate domicile out of the State of Washington by either party; or
- (c) Immediately prior to death, if neither party survives the other by thirty (30) days.

5. Optional Revocation by One Party—Power of Attorney. If either party becomes disabled, the other party, or any attorney-in-fact for the disabled party, shall have the power on behalf of the disabled party to agree to revoke this agreement and/or terminate the provisions of paragraph 2, and each party designates the other as his or her attorney-in-fact, to become effective upon and to continue notwithstanding and during any such disability, to exercise this power. Such power of attorney is coupled with an interest and is generally irrevocable, but may be revoked by a guardian upon court order. The termination of this agreement 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 spouse.

For the purpose of this paragraph 5, a spouse shall be deemed disabled if a person licensed to practice medicine in the State of Washington signs a writing declaring that the named person is significantly impaired respecting management of his or her affairs.

A spouse or a spouse's attorney-in-fact may use the durable power of attorney provided for herein to revoke this agreement in order to permit all property of the spouses to be transferred to one spouse, to be established in the form of an annuity, to be transferred to a trustee, or to one or more children, or others, if such transfer or arrangement will, according to law, facilitate qualification by one or both of the spouses, immediately or over time, for assistance from governmental or other assistance agencies for medical care, nursing home care,



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics
CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number: **1936** Washington State Certificate of Death State File Number

1. Legal Name (Include MA's if any): First **David** Middle **W.** LAST **Cook** Suffix

2. Death Date: **2-15-2014**

3. Sex (M/F): **Male** 4a. Age - Last Birthday: **72** 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: **King**

7. Birthdate: [Redacted] 8a. Birthplace (City, Town, or County): **Seattle** 8b. (State or Foreign Country): **WA** 9. Decedent's Education: **Trade School**

10. Ethnic Origin? (Yes or No) If yes, specify: **No** 11. Decedent's Race(s): **White** 12. Was Decedent ever in U.S. Armed Forces? **No**

13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.): **6810 34th Ave NE** 13b. City or Town: **Seattle**

13c. Residence: County: **King** 13d. Tribal Reservation Name (if applicable): 13e. State or Foreign Country: **WA** 13f. Zip Code + 4: **98115-7330** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: **41 years** 15. Marital Status at Time of Death: **Married** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): **Sandra Goett**

17. Usual Occupation (Indicate type of work done during most of working life. (Do not use retired): **Shop Operation Supervisor** 18. Kind of Business/Industry (Do not use Company Name): **Municipal Government**

19. Father's Name (First, Middle, Last, Suffix): **Harold V. Cook** 20. Mother's Name Before First Marriage (First, Middle, Last): **Marjorie**

21. Informant's Name: **Sandra Cook** 22. Relationship to Decedent: **Wife** 23. Mailing Address: Number and Street or PO Box: **6810 34th Ave NE** City or Town: **Seattle** State: **WA** Zip: **98115**

24. Place of Death, if Death Occurred in a Hospital: **Residence** 25. Facility Name (if not a facility, give number & street or location): **6810 34th Ave. NE**

26. City, Town, or Location of Death: **Seattle** 26b. State: **WA** 27. Zip Code: **98115**

28. Method of Disposition: **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place): **First Cremation Service** 30. Location-City/Town, and State: **Kent WA**

31. Name and Complete Address of Funeral Facility: **Peoples Memorial Funeral Co-op 1801 12th Ave. Ste. A Seattle WA 98112** 32. Date of Disposition: **2/24/2014**

33. Funeral Director Signature: *[Signature]*

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT abbreviate. Add additional lines if necessary.
IMMEDIATE CAUSE (Final disease or condition resulting in death): **Colon Cancer** Interval between Onset & Death: **19 months**
Due to (or as a consequence of):
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: **Long Metastases** Interval between Onset & Death: **17 months**
History of Pleurisy Embolism Interval between Onset & Death: **12 months**
Due to (or as a consequence of):

35. Other significant conditions contributing to death but not resulting in the underlying cause given above:

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending

39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes Probably No 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? Yes No Unk

45. Location of Injury: Number & Street: City or Town: State: Zip Code + 4:

46. Describe how injury occurred: 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify):

48a. Certifying Physician: *[Signature]* 48b. Medical Examiner/Coroner: *[Signature]*

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner: **Brad W. M.D. 9200 4th Ave NE WA 98145** 50. Hour of Death (24hrs): **02:09**

51. Name and Title of Attending Physician if other than Certifier (Type or M.D.): 52. Date Signed (mm/dd/yyyy): **02-18-2014**

53. Title of Certifier: **MD** 54. License Number: **WA MD 60072** 55. File Number: 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: *[Signature]* 58. Date Received (mm/dd/yyyy): **FEB 24 2014**

59. Amendments:



201404290004

Exh. B

BOH 01-003 (1/13)