

EXHIBIT A

That portion of the Southwest Quarter of the Northeast Quarter and of Government Lot 2, of Section 30, Township 35 North, Range 10 East, W. M., described as follows:

Starting at the 1/16th corner of the Northeast Quarter of Section 30, between Section 30 and Section 29; Thence North 89°57' West along the 1/16th line, 2640 feet to the centerline of Section 30; Thence South 1182.5 feet along the centerline of Section 30 to the south side of the Old State Highway; Thence North 87°30' East 531.5 feet along said Old State Highway to the true point of beginning of the tract herein described; Thence South 14°15' East 250 feet, more or less, to the North line of the New State Highway; Thence easterly along said North line 350 feet; Thence North 14°15' West 440 feet, more or less to the south line of the Old State Highway; Thence westerly along said south line to the true point of beginning.

Situate in the County of Skagit, State of Washington.

Assessor's Tax Parcel No. P45666 / 351030-1-020-0007

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made in Skagit County, Washington, this 6th day of November 2008, between GENE F. SHEPARD ("Husband") and SHIRLEY B. SHEPARD ("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 community property now owned or hereafter acquired by Husband and Wife, except for property for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved in writing by the other spouse. 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 is referred to in this Agreement as the "described community property."

2. Vesting at Death of a Spouse. If Husband dies and Wife survives him, 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, 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, shares,

or property, in which event the interest disclaimed shall pass as if the provisions of section 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition, applicable to the disclaimed interest.

4. Automatic Revocation. The provisions of section 2 above 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 domicile out of the State of Washington by either party; or
- c. Immediately prior to death, if the order of death cannot be ascertained.

5. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of section 2 above, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

6. Powers of Appointment. This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-021719

DATE ISSUED: 11/21/2013

FEE NUMBER: 000000029

GIVEN NAMES: GENE FRANKLIN
LAST NAME: SHEPARD

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 16, 2013
HOUR OF DEATH: 03:10 P.M.
SEX: MALE
AGE: 89 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: PIONEERVILLE, IDAHO

MARITAL STATUS: MARRIED
SPOUSE: SHIRLEY BETH OWEN

OCCUPATION: SENIOR WAREHOUSEMAN
INDUSTRY: POWER
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? YES

INFORMANT: SHIRLEY B. SHEPARD
RELATIONSHIP: SPOUSE
ADDRESS: PO BOX 156, ROCKPORT, WA 98283

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 54632 CONRAD ROAD
CITY, STATE, ZIP: ROCKPORT, WASHINGTON 98283

RESIDENCE STREET: 54632 CONRAD ROAD
CITY, STATE, ZIP: ROCKPORT, WASHINGTON 98283
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: WILLIAM BENJAMIN SHEPARD
MOTHER: CATHRINE P [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATOR
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: NOVEMBER 20, 2013

FUNERAL FACILITY: NEPTUNE SOCIETY
ADDRESS: 19324 - 40TH AVE W, STE A
CITY, STATE, ZIP: LYNNWOOD WA 98036
FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

- CAUSE OF DEATH:
- A. CONGESTIVE HEART FAILURE
INTERVAL: YEARS
 - B. ATRIAL FIBRILLATION
INTERVAL: YEARS
 - C. CORONARY ARTERY DISEASE
INTERVAL: YEARS
 - D. HYPERLIPIDEMIA
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:
HYPERTENSION, CEREBRAL VASCULAR DISEASE, TRANSITIONAL CELL BLADDER CANCER, RENAL INSUFFICIENCY

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? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DAVID D. SHILLING, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 712 S. BURLINGTON BLVD.
CITY, STATE, ZIP: BURLINGTON WA 98233
DATE SIGNED: NOVEMBER 18, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: NOVEMBER 20, 2013

Affidavit for Correction

Center for Health Statistics
P.O. Box 47674
Olympia, WA 98504-7814
(360) 236-4300

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

STATE OFFICE USE ONLY

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

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

4. Mother's Name (For Birth) Spouse or Husband for Marriage or Dissolution	5. Mother's Full Maiden Name (For Birth); Spouse or Wife for Marriage or Dissolution
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The Record is incorrect or incomplete as follows:

1. <input type="checkbox"/>	The true fact is:
2. <input type="checkbox"/>	
3. <input type="checkbox"/>	
4. <input type="checkbox"/>	
5. <input type="checkbox"/>	

14. Signature of person for: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Telephone Number:
<input type="checkbox"/> Full legal Director <input type="checkbox"/> Other capacity:

I declare on oath that all of the above information is true and correct.

15. Signature:	17. Address:
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18. Proof items are requested as follows:

1. Certificate of Naturalization	2. NumIdent Report (Social Security Administration)	3. School Transcripts (Official)
4. Hospital/Medical Record	5. Military Record (DD-203)	6. Voter's Registration Card (if it bears an effective date)
7. Life Insurance Policy	8. Birth Record	9. Alien Registration Card (front and back)
10. Marriage/Divorce Record	11. 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(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.
 - Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Court order must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit in correction. No proof is needed.
 - To correct 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.
 - 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.
 - If 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.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)

- Death Certificate**
- Only the informant, the funeral director, or executors/administrators (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 facts (minor spelling changes to 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/CHS 023a January 2013

CERTIFIED

NOV 21 2013

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

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