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Return To: Rosemary Kamb
Attorney At Law
702 Main Street
Mount Vernon, WA 98273

200012120058
, Skagit County Auditor
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NO PROBATE AFFIDAVIT

STATE OF WASHINGTON }
} SS.
COUNTY OF SKAGIT }

I, Juanita F. Manes, being first duly sworn, deposed and says:

FIRST: That this affidavit is for the purpose of supplying information pertaining to the estate of Ruel Manes, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

The North 50 feet of Lots 10 and 11, Block 14, "Calhoun Addition to the Town of La Conner", as per plat recorded in Volume 1 of Plats, page 14, records of Skagit County, Washington.

Tax Parcel #4124-014-011-0019 P74171

SECOND: That said decedent died on or about the 26th day of October, 2000, in the City of La Conner, County of Skagit, State of Washington.

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THIRD: That said decedent executed no wills, agreements to convey community property agreements, conveyances, mortgages, deeds of trust, lien agreements, or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor of said county, except as follows: (enumerate if any, or indicate NONE).

1) **Community Property Agreement**

FOURTH: That the said assets at the date of decedent's death had an approximate market value of less than $440,000.00. That the value of decedent's estate at the date of death was within the exemptions allowed under federal and Washington estate tax regulations, so no estate taxes are owing by decedent's estate.

FIFTH: That all obligations of the Estate owing at the date of death of said decedent have been paid in full, and all expenses of last illness and for funeral services have been paid, except as follows: (enumerate if any, of indicate NONE).

1) **NONE**

SIXTH: That the following list comprises all of the heirs at law by whom said decedent was survived: (Show age of each heir opposite name. If any heirs are under 18, this affidavit is not applicable).

1) **Juanita F. Manes, of legal age.**

Juanita F. Manes

Juanita F. Manes

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SUBSCRIBED AND SWORN to before me this 4th day of December, 2000.

NOTARY PUBLIC in and for the
State of Washington,
Residing at: Mount Vernon
My Commission Expires: 8-1-04



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

USE OF BLUE OR PERMANENT BLACK INK

Center for Health Statistics

CERTIFICATE OF DEATH

768 LOCAL FILE NUMBER — 146 STATE FILE NUMBER

DECEDENT

1. NAME First	Middle	Last	2. SEX (M. / F)	3. DEATH DATE (Mo, Day, Yr)
Ruel	NMI	Manes	Male	Oct. 26, 2000

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS / DAYS	6. UNDER 1 DAY HOURS / MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
88			[redacted]	St. Joe, AR	No	Skagit

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH—☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 ☒ HOME 2 ☐ IN TRANSPORT 3. ☐ EMERG. RM/OUT PTN 4 ☐ HOSP. 5 ☐ NUR HOME 6 ☐ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
La Conner	522 Centre Street	No

14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
			Elementary/Secondary (0-12)	College (1-4 or 5+)
Married	Juanita F. Burpee	[redacted]	12	

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)	21. RACE (Specify)
Electrician	Union Local #46	(Yes / No) Specify: No	Caucasian

22. RESIDENCE—NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
522 Centre Street	La Conner	Yes	Skagit	30 Yrs.	WA	98257

PARENTS

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Jesse Manes	Cara [redacted]

30. INFORMANT—NAME	31. MAILING ADDRESS STREET OR RFD NO	CITY OR TOWN	STATE	ZIP
Juanita F. Manes	P.O. Box 868	La Conner,	WA	98257

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Cremation	10-27-00	Mount Vernon Crematory	Mount Vernon, Wash. 98273

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X [signature]	Kern Funeral Home	1122 S. 3rd St. Mount Vernon, Wash. 98273

CERTIFIER

TO BE COMPLETED ONLY BY **CERTIFYING PHYSICIAN**

39. **TO THE BEST OF MY KNOWLEDGE**, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE
X [signature] Robert Slind, MD

40. DATE SIGNED (Mo., Day, Yr)	41. HOUR OF DEATH (24 Hrs.)
10/27/00	0400

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY **MEDICAL EXAMINER OR CORONER**

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE
X

44. DATE SIGNED (Mo., Day, Yr)	45. HOUR OF DEATH (24 Hrs)

46. PRONOUNCED DEAD (Mo., Day, Yr)	47. HOUR PRONOUNCED DEAD (24 Hrs.)

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Robert O. Slind, MD 1400 E. Kincaid St. Mount Vernon, WA 98274

49. ME/CORONER FILE NUMBER
NJA-207

CAUSE OF DEATH

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death).

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

		INTERVAL BETWEEN ONSET AND DEATH
A.	Alzheimer's Type Dementia	7 yrs
DUE TO, OR AS A CONSEQUENCE OF: B.		INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: C.		INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: D.		INTERVAL BETWEEN ONSET AND DEATH

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:	52. AUTOPSY? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
	No	Yes

54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:

58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only) ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE	62. REGISTRAR SIGNATURE	63. DATE RECEIVED (Mo., Day, Yr.)
				X Sandra Gerlits, Deputy	OCT 27 2000

STATE OF WASHINGTON 1889

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DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

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COMMUNITY AGREEMENT

OF

RUEL MANES and JUANITA FAY MANES

THIS AGREEMENT, made and entered into this 13th day of April, 1984, by and between RUEL MANES and JUANITA FAY MANES, his wife,

WITNESSETH:

THAT WHEREAS, the said parties, as husband and wife, desire to arrange and determine concerning the status and disposition of their community property, both real and personal, under and by virtue of and in accordance with the provisions of Section 26.16.120 of the Revised Code of Washington.

NOW, THEREFORE, I, the said RUEL MANES, in consideration of the promises and agreements of my wife, JUANITA FAY MANES, hereinafter contained, do hereby agree to and with my said wife that all my property, including any separate property as well as community property, both real and personal, of every name, nature, description or kind, and wheresoever situated, together with all property, funds, securities or other things of value that shall hereafter be acquired by me, including all inheritances, legacies and bequests, shall, in the event of and at the time of my death, immediately revert and be conveyed to and become the sole, separate and individual property of my said wife, to be by her disposed of in such manner and at such time or times and for her own use and benefit, or otherwise, as she may elect.

AND I, JUANITA FAY MANES, in consideration of the promises and agreements of my husband, RUEL MANES, hereinbefore contained, do hereby agree to and with my said husband that all my property, including any separate property as well as community property, both real and personal, of every name, nature, description or kind, and wheresoever situated, together with all property, funds, securities or other things of value that shall hereafter be acquired by me, including all inheritances, legacies and bequests, shall, in the event of and at the time of my death, immediately revert and be conveyed to and become the sole, separate and

CHESTER R. BENNETT
ATTORNEY AT LAW
400 DAYTON / SUITE A
EDMONDS, WASHINGTON 98020

individual property of my husband, to be by him disposed of in such manner and at such time or times and for his own use and benefit, or otherwise, as he may elect.

AND, in consideration of mutual benefits, each party hereto does hereby transfer and convey to the survivor immediately upon the death of one, all of his or her interest in all property, community or separate, owned by the parties at the time of such decease.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands in duplicate on the day and year first above written.

Witness

RUEL MANES

Witness

JUANITA FAY MANES

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

On this 13th day of April, 1984, before me personally appeared RUEL MANES and JUANITA FAY MANES, to me known to be the individuals described in and who executed the foregoing instrument and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

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

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