



201705310048

Skagit County Auditor

\$84.00

5/31/2017 Page

1 of

12 10:59AM

After Recording Return To:

Barron Smith Daugert, PLLC
300 North Commercial Street
Bellingham, Washington 98225

DOCUMENT TITLE:

AFFIDAVIT OF NON-PROBATE

GRANTOR:

CHRISTINE B. FARROW, surviving
spouse of DAVID M. FARROW,
Deceased

GRANTEE:

CHRISTINE B. FARROW

ABBREVIATED LEGAL DESCRIPTION:

Parcel A: Q SW, S 23, T 34, R 4E: SE
1/4 SW 1/4 AKA S/P 79-79 REVISED
AF#8106080006

Parcel B: Q NW, S 26 T 34 R 4E: C/U
AF779474 LOT 2 S/P #93-64 REC
AF#9308110107 FORMERLY AKA
LOT 2 S/P #91-74 AF#9112310030
BEING PTN N 1/2 NE 1/4 NW 1/4 SEC
26

Parcel C: Q SW, S 23, T 34, R 4E:
THAT PORTION TRACT 1 OF
REVISED SHORT PLAT #79-79
AF#8106080006 LOCATED IN SW 1/4
DESCRIBED AS FOLLOWS...

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20172364
MAY 31 2017

Amount Paid \$
Skagit Co. Treasurer
By *HL* Deputy

ADDITIONAL LEGAL DESCRIPTION ON:

PAGE(S) 2 OF DOCUMENT

ASSESSOR'S TAX PARCEL NUMBER:

A): 340423-3-012-0009 (P27682)
B): 340426-2-001-0400 (P99836)
C): 340423-3-012-0400 (P128625)

AFFIDAVIT OF NON-PROBATE
ESTATE OF DAVID M. FARROW, DECEASED

STATE OF WASHINGTON)
) ss.
COUNTY OF WHATCOM)

CHRISTINE B. FARROW states on oath under penalty of perjury of the laws of the State of Washington the following:

1. The undersigned is the surviving spouse of DAVID M. FARROW, who died on March 27, 2017, then a resident of Mount Vernon, Skagit County, State of Washington. A certified copy of the Certificate of Death is attached hereto.

2. DAVID M. FARROW left a Last Will and Testament which has not been probated, and which was never revoked. A true copy of that Will is attached to this Affidavit.

3. The heirs at law of DAVID M. FARROW and their relationship to DAVID M. FARROW are as follows:

<u>NAME</u>	<u>RELATIONSHIP</u>
CHRISTINE B. FARROW	SURVIVING SPOUSE

4. All of the debts of DAVID M. FARROW and/or Decedent's marital community, including but not limited to all expenses of Decedent's last illness, funeral and burial expenses, and all applicable federal and state succession or inheritance taxes, have been fully paid or provided for.

5. At the time of DAVID M. FARROW's death, the Decedent owned a community property interest with the undersigned in the following real property located in Skagit County, Washington:

Parcel A): TRACT 2 OF REVISED SKAGIT COUNTY SHORT PLAT NO. 79-79, APPROVED JUNE 5, 1981 AND RECORDED JUNE 8, 1981, UNDER AUDITOR'S FILE NO. 8106080006 IN VOLUME 5 OF SHORT PLATS, PAGE 78, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 23, AND OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 26; ALL BEING IN TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M..

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS AND UTILITIES OVER AND UPON A TRACT OF LAND 20 FEET IN WIDTH, 10 FEET ON EACH SIDE OF THE FOLLOWING DESCRIBED CENTERLINE, ALL BEING IN THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 23, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M., AND THE NORTHEAST 1/4 OF THE

NORTHWEST 1/4 OF SECTION 26, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M., THE CENTERLINE OF SAID TRACT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTH 1/4 CORNER OF SAID SECTION 23; THENCE SOUTH 89°47'10" NORTH, ALONG THE SOUTH LINE OF THE SOUTHWEST 1/4 OF SAID SECTION 23, A DISTANCE OF 331.34 FEET; THENCE NORTH 00°29'23" EAST, A DISTANCE OF 210 FEET, MORE OR LESS, TO THE CENTERLINE OF AN EXISTING DRIVEWAY AND TO THE TRUE POINT OF BEGINNING; THENCE SOUTH 35°47'22" WEST ALONG THE CENTERLINE OF SAID EXISTING DRIVEWAY, A DISTANCE OF 90 FEET; THENCE SOUTH 31°02'06" WEST, A DISTANCE OF 139.0 FEET; THENCE SOUTH 82°00'23" WEST, A DISTANCE OF 235.0 FEET; THENCE SOUTH 04°22'40" EAST, A DISTANCE OF 167.0 FEET; THENCE SOUTH 00°57'04" WEST, A DISTANCE OF 1150 FEET, MORE OR LESS, TO THE NORTH END OF THAT COUNTY ROAD KNOWN AS THE ANDAL ROAD AND TO THE TERMINUS OF SAID DESCRIBED CENTERLINE.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

SUBJECT TO: Grants, restrictions, covenants, conditions, declaration, easement, limited access area and by-laws of record.

Parcel B): LOT 2, SKAGIT COUNTY SHORT PLAT NO. 93-064, APPROVED AUGUST 11, 1993, AND RECORDED AUGUST 11, 1993, IN VOLUME 10 OF SHORT PLATS, PAGE 222, UNDER AUDITOR'S FILE NO.9308110107, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4, SECTION 26, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

SUBJECT TO: Grants, restrictions, covenants, conditions, declaration, easement, limited access area and by-laws of record.

Parcel C): THAT PORTION TRACT 1 OF REVISED SHORT PLAT #79-79 AF#8106080006 LOCATED IN SW1/4 DESCRIBED AS FOLLOWS. BEGINNING AT THE SE CORNER OF SAID TRACT 1; THENCE NORTH 88 DEGREES 42'30" WEST, 127.98 FEET ALONG THE SOUTH LINE OF TRACT 1 AND THENCE NORTH 16-01-42 EAST, 527.95 FEET TO THE EAST LINE OF SAID TRACT 1; THENCE SOUTH 01-59-42 WEST, 510.64 FEET TO THE POINT OF BEGINNING.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

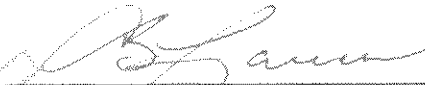
SUBJECT TO: Grants, restrictions, covenants, conditions, declaration, easement, limited access area and by-laws of record.

6. The DAVID M. FARROW did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services

(DSHS), including nursing facility services, home or community-based services, hospital, prescription drugs, or any other services.

7. This Affidavit is made to provide information sufficient to induce the issuance of title insurance for real property in which DAVID M. FARROW had an interest at the time of DAVID M. FARROW's death. The undersigned intends that a title insurance company may issue its policy or policies in full reliance upon the representations made herein. The undersigned makes this Affidavit intending to avoid the necessity of a probate proceeding to prove the insurability of title. The undersigned recognizes that individuals who may induce the reliance of a title insurance company upon this Affidavit may be required to indemnify and hold harmless a title insurance company issuing a title insurance policy in reliance upon these representations.

Signed at Bellingham, Washington, this 9th day of May, 2017.


CHRISTINE B. FARROW

Address: 16054 Andal Lane
Mt. Vernon, WA 98274

SUBSCRIBED AND SWORN TO before me this 9th day of May, 2017.

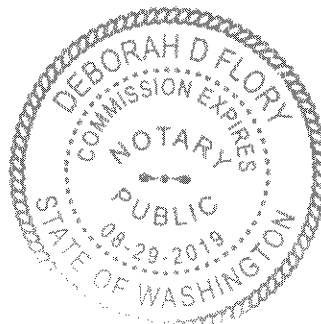
[SEAL]




NOTARY PUBLIC

Residing in Bellingham

My Commission Expires: 08-29-2019



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-014637

DATE ISSUED: 03/30/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID MARCUS
LAST NAME(S): FARROW

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 27, 2017
HOUR OF DEATH: 07:04 PM
SEX: MALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: ROSALIA, WHITMAN COUNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: CHRISTINE MAE BECKWITH

OCCUPATION: FILM DIRECTOR
INDUSTRY: MOVIE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: CHRISTINE FARROW
RELATIONSHIP: WIFE
ADDRESS: 16054 ANDAL LANE MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: PROSTATE CANCER
INTERVAL: 3 YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTATIC DISEASE TO BONE
AND OBSTRUCTIVE UROPATHY, ANEMIA, ASCITES

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 16054 ANDAL LANE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 16054 ANDAL LANE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: EUGENE OREGON FARROW
MOTHER/PARENT: IONE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 28, 2017

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MARCH 28, 2017

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: MARCH 28, 2017



Affidavit for Correction

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Required information must match current information on record				
Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)				
1. Name on Record		2. Date of Event		3. Place of Event
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
6. Name of Person Requesting Correction		Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify)		
7. Return Mailing Address				
Telephone Number		Email Address		

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record now shows:	9. The true fact is:
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature	16b. Signature of 2 nd parent (if required):
Printed name	Printed name
Date	Date

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
2. **The proof(s) must match the asserted fact(s).** For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name
- To correct parent's information, one documentary proof is required
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult 18 years or older

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. 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 a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

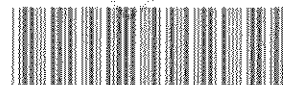
DOH 422-034 October 2015

CERTIFIED

MAR 30 2017

Howard Leibrand

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



0 1 4 3 8 2 5 7

WILL
OF
DAVID M. FARROW

I, DAVID M. FARROW, of Skagit County, Washington, state that this is my Will and revoke all former Wills and Codicils.

ARTICLE 1: IDENTIFICATION OF FAMILY

I am married, and my spouse is CHRISTINE BECKWITH FARROW ("Christine"). I have never had children.

ARTICLE 2: GIFT TO CHRISTINE

If Christine survives, I give to her all of my estate.

ARTICLE 3: CONTINGENT SPECIFIC GIFTS

3.1 **Contingent.** The dispositions directed below are to be made if Christine does not survive.

3.2 **Statement Regarding Gifts of Tangible Personal Property:** I direct my Personal Representative to distribute my tangible personal property to the recipients designated on a written statement I may have signed listing items of my tangible personal property and the names of individuals or organizations to receive such property. I intend that any such writing qualify as a disposition under RCW 11.12.260. This provision shall have no effect if such statement is not located within sixty days of the appointment of the Personal Representative of my estate. Any of my tangible personal property items not given pursuant to such a writing shall be sold or otherwise properly disposed of by my Personal Representative, and the proceeds distributed as part of the residue of my estate.

3.3 **Skagit County Residence.** I give any real property in Skagit County, Washington, used as my residence, along with all contiguous real property thereto, to WILLIAM and VICKY YARCHO, Mt. Vernon, Washington, or the survivor of them, provided that one of them survives.

3.4 **Pets.** I give any domestic pets to LANCE CAMPBELL, our veterinarian at Mt. Vernon, Washington, with the request that he find them suitable homes. I also give to him the sum of \$20,000.00, and request that he use such of those funds as he deems

BARRON | SMITH | DAUBERT
ATTORNEYS AT LAW
300 NORTH COMMERCIAL ♦ P.O. BOX 5008
BELLINGHAM, WA 98227-5008
TELEPHONE: (360) 733-0212 ♦ FAX: (360) 738-2341
www.barronsmithlaw.com

appropriate to provide for the support and health of those pets, and that the remainder of such funds shall be donated to the SKAGIT VALLEY HUMANE SOCIETY. This monetary gift shall be reduced by any similar gift under Christine's will, as we intend only a single gift in that amount.

3.5 **Remainder.** I give the remainder in equal shares as follows:

3.5.1 One share to GARRET HAMM, 201 Wittrock Court, Taylors, SC 29687, provided that he survives.

3.5.2 One share to KRISTINE UPESLEJA-HOHEISEL, 2140 Lemoyne Street, Los Angeles, CA 90026, provided that she survives.

3.5.3 One share to DAVID and INA GRIBBLE, 15593 State Route 9, Mt. Vernon WA, 98274, or the survivor of them, provided that one survives.

3.5.4 One share to KARIN GRIBBLE, 15748 State Route 9, Mt. Vernon WA, 98274, provided that she survives.

3.5.5 One share to MADLYN YARCHO, 16253 Andal Lane, Mt. Vernon WA 98274, provided that she survives.

3.5.6 One share to DARYLS YEAGER, 16176 Andal Lane, Mt. Vernon WA 98274, provided that she survives.

3.5.7 One share to DELORES PERRY, 1354 Rollins St., Grand Banc MI 48439, provided that she survives.

3.5.8 One share to LOUISE BRISSEY, currently residing in Anacortes, Washington, provided that she survives.

ARTICLE 4: APPOINTMENT OF PERSONAL REPRESENTATIVE

I appoint Christine to serve as Personal Representative of my estate. In the event that she is unable or unwilling to act as Personal Representative, then I appoint KEVIN STOUFFER SMITH, Los Angeles, California as Personal Representative.

ARTICLE 5: ESTATE ADMINISTRATION

5.1 **Administration.** No bond shall be required of the Personal Representative, and to the extent permitted by law, my estate shall be managed, administered, distributed, and settled in the manner provided herein and specifically without the intervention of any court.

5.2 **Powers.** The Personal Representative shall have all powers granted by law, as well as those conferred in this instrument, including:

5.2.1 Power to mortgage, encumber, lease, sell, exchange, and convey any assets of my estate, real or personal, without approval, notice, or confirmation;

5.2.2 Power to advance funds and borrow money, secured or unsecured, from any source;

5.2.3 Power to appoint an ancillary personal representative or agent if such should become necessary or advisable in the judgment of the Personal Representative;

5.2.4 Power to make distributions (including the satisfaction of any pecuniary bequest) in cash or in kind, including undivided interests therein, and to do so without regard to the income tax basis of specific property allocated to any beneficiary, including any trust.

5.2.5 Power to make such elections under the tax laws as the Personal Representative deems advisable without regard to the relative interests of the beneficiaries, and no adjustment shall be made between principal and income or in the relative interests of the beneficiaries to compensate for the effect of such elections;

5.2.6 Power to disclaim, in whole or in part, any interest in property, whether outright, in trust, or otherwise, established for my benefit under the Will of any person or under any trust instrument, or otherwise, so long as in the discretion of the Personal Representative such disclaimer would not be fundamentally inconsistent with my overall estate plan.

5.2.7 Powers and Authorizations Regarding Digital Property. My Personal Representative may exercise all powers that an absolute owner would have and any other powers appropriate to achieve the proper investment, management and distribution of: (1) any computing device of mine; (2) any data storage device or medium of mine; (3) any electronically stored information of mine; (4) any user account of mine; and (5) any domain name of mine. My Personal Representative may obtain copies of any electronically stored information of mine from any person or entity that possesses or controls that information. I hereby authorize any person or entity that possesses or controls any electronically stored information of mine or that provides me an electronic communication service or remote computing service, whether public or private, to divulge to my Personal Representative: (1) any electronically stored information of mine; (2) the contents of any communication that is in electronic storage by that service or that is carried or maintained on that service; and (3) any record or other information pertaining to me with respect to that service. This authorization is my consent under the Electronic Communications Privacy Act of 1986, as amended; the Computer Fraud and Abuse Act of 1986, as amended; and any other applicable federal or state data privacy law or criminal law. I hereby authorize my Personal Representative to utilize any of my passwords, user identification names or other types of authentication or authorization in order to obtain or access any information described in this section. My Personal Representative may employ consultants or agents to advise or assist the Personal Representative in decrypting any encrypted electronically stored information of mine or in bypassing, resetting or recovering any password or other kind of authentication or

authorization. I hereby authorize my Personal Representative to take any of these actions to access: (1) any computing device of mine; (2) any data storage device or medium of mine; (3) any electronically stored information of mine; and (4) any user account of mine. The terms used in this paragraph are to be construed as broadly as possible, and the term "user account" includes, without limitation, an established relationship between a user and a computing device or between a user and a provider of Internet or other network access, electronic communication services or remote computing services, whether public or private.

5.3 **Selection of Assets**. The Personal Representative alone shall select the assets for distribution from my estate. The selection shall not be subject to question by any beneficiary and no adjustment shall be made for a disproportionate allocation of unrealized gain for federal income tax purposes. The Personal Representative's decision shall be final and conclusive.

5.4 **Debts**. The Personal Representative shall not satisfy any of my debts solely because of my death, if not otherwise due. Unless otherwise provided in this Will, my beneficiaries shall receive my property subject to any lien or encumbrance existing at my death, whether the property is a specific gift or part of my residuary estate.

5.5 **Inventory**. To the extent allowable by law, the Personal Representative is relieved from any statutory requirement to file an inventory with the Court which probates this Will. However, an inventory shall be prepared as required by law, and shall be furnished to any estate beneficiary, upon request.

ARTICLE 6: TAXES

My Personal Representative shall pay all estate, inheritance and succession taxes, interest and penalties assessed by reason of my death, whether attributable to property passing under this Will or outside it, from the remainder of the estate.

ARTICLE 7: ADMINISTRATIVE AND GENERAL PROVISIONS

7.1 **Children and Descendants**. All references to children, descendants and issue shall include legally adopted persons.

7.2 **Headings**. The headings of this instrument are inserted for the convenience of reference only, and are not to be considered in the construction of the provisions.

7.3 **Situs**. The laws of the state of Washington shall govern the validity, meaning, and legal effect of this instrument.

7.4 **Survivorship**. For all purposes hereunder a person shall be deemed to have survived me only if such person survives me for at least thirty days.

DATED this 28th day of February, 2014.

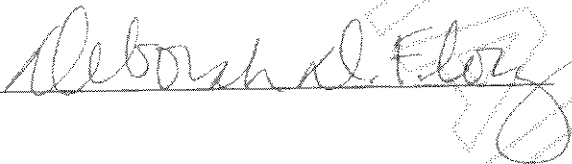


DAVID M. FARROW

WITNESSES:

At the request of DAVID M. FARROW, we met on the date inserted above to witness the signing of this Will. With all of us present at the same time, he signed it and stated it was his Will.





DECLARATION OF ATTESTING WITNESSES

(In lieu of affidavit as authorized by RCW 9A.72.085, RCW 11.20.020, Gen. Ct. R. Wash. 13, In re Estate of Starkel, No. 33275-2-II. (Wash. App. Div. 2006))

The undersigned declare under penalty of perjury of the laws of the State of Washington that the following is true and correct:

1. The Will to which this Declaration is attached was executed by DAVID M. FARROW on February 28, 2014, at Bellingham, Washington.
2. Immediately before execution, said testator declared the document to be his Will, and requested the undersigned witnesses to subscribe their names to it.
3. The testator signed the Will in the presence of all the witnesses, and the witnesses attested the execution by all subscribing their names in the presence of the testator, and of each other.
4. The testator appeared to be of sound mind, and acted freely and without any duress or undue influence. The witnesses were all competent.

The word testator is intended to include the female gender.

Signed at Bellingham, Washington, on February 28, 2014.

Signature

Printed Name: Debra Emmons

Signature

Printed Name: Deborah D. Flory

COURT'S CERTIFICATE

The foregoing Declaration in support of the documents offered as the Will of the above-named testator was filed on this date and accepted as proof of the above-mentioned Will, pursuant to authority of RCW 11.20.020.

Date: _____

Probate Judge/Commissioner