

200001240110

Kathy Hill, Skagit County Auditor

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RETURN TO:

Alan R. Souders
P.O. Box 1950
Anacortes, WA 98221

DOCUMENT TITLE(S) (or transactions contained herein): Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

[] ADDITIONAL REFERENCE NUMBERS ON PAGE ____ OF DOCUMENT.

GRANTOR(S) (Last name, first name and initials):

1. Conrad C. Leveson
- 2.
- 3.
- 4.

[] ADDITIONAL NAMES ON PAGE ____ OF DOCUMENT.

GRANTEE(S) (Last name, first name and initials):

1. public
- 2.
- 3.
- 4.

[] ADDITIONAL NAMES ON PAGE ____ OF DOCUMENT.

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range):

Portion of S 1/2 of SW 1/4, Sec 25, Twp 35 N
R 1 E W. M.

[] ADDITIONAL LEGAL(S) ON PAGE 3 OF DOCUMENT.

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

NA P32130

[] TAX PARCEL NUMBER(S) FOR ADDITIONAL LEGAL(S) ON PAGE ____ OF DOCUMENT.

LACK OF PROBATE AFFIDAVIT

STATE OF Washington)
COUNTY OF Skagit) SS:

Conrad C. Levesen, being first duly sworn, deposes and says:

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

SECOND, that said Decedent died on the 20th day of September, 1983 in Anacortes County of Skagit, State of Washington.

THIRD, that said Decedent executed no Wills, agreements to convey, 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: see attachment

FOURTH, that the Estate of said Decedent at the date of death was of the approximate value of \$ 0, including real property above described, which had an approximate market value of \$ 0.



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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 sickness and for funeral services have been paid.

SIXTH, that the following list comprises all of the heirs at law by whom said decedent was survived.

- (1) Conrad C. Levesen - majority
- (2) Eleanor Levesen - majority

Dated this 21st day of January, 2000.

Conrad C. Levesen
Conrad C. Levesen

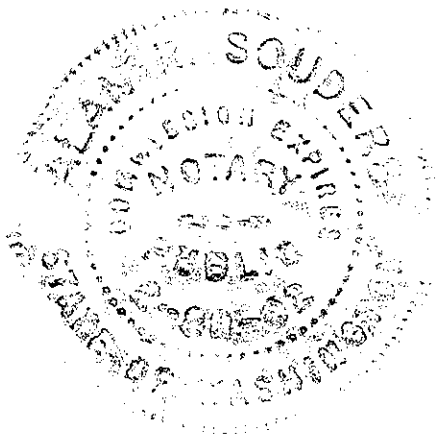
STATE OF Washington)
COUNTY OF Skagit) SS.:

I hereby certify that I know or have satisfactory evidence that Conrad C. Levesen signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated this 21st day of January, 2000.

Alan R. Souders
Signature of notary public

Alan R. Souders
Print name
Notary Public in and for the State of
Washington, residing at Mt. Vernon
My Commission expires: 28 Feb 2002



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LEGAL DESCRIPTION OF REAL PROPERTY:

That portion of the South 1/2 of the Southwest 1/4 of Section 25, Township 35 North, Range 1 East, W.M., described as follows:

Beginning at a point on the North line of said South 1/2 of the Southwest 1/4, which point is 36 and 4/7ths rods West (as measured on a line parallel to the South line of said Section) of the line dividing the East and West halves of the Southeast 1/4 of the Southwest 1/4 of said Section 25;

thence South, parallel to said dividing line 70 rods, more or less, to a line running East and West which line bounds the North side of a strip 10 rods wide lying immediately North of the South line of said Section;

thence West along the North line of said strip and parallel to the South line of said Section, 22 and 6/7ths rods;

thence North, parallel to the line on the East side of the tract now conveyed, 70 rods, more or less, to the North line of said South 1/2 of the Southwest 1/4;

thence East along the North line of said South 1/2, 22 and 6/7ths rods to the point of beginning,

EXCEPT that portion described as follows:

Beginning at the Northeast corner of the Southeast 1/4 of the Southwest 1/4 of said Section 25;

thence West 77 and 4/7ths rods to the true point of beginning;

thence West 21 and 6/7ths rods;

thence South 70 rods;

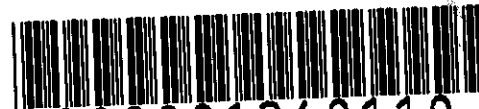
thence East 21 and 6/7ths rods;

thence North 70 rods to the true point of beginning.

Situate in the County of Skagit, State of Washington.

STATEMENT AS TO NON-PROBATE OF WILL:

The decedent Annie Brunzel, my grandmother, did leave a Will executed in May 1979, but that Will, naming me as executor, was never probated because at the time of her death my grandmother had nothing of value in her estate.



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ATTACHMENT

STATE OF WASHINGTON DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

146-8³ 23741

1. NAME - FIRST, MIDDLE, LAST Annie E. Brunzel			2. SEX Fem		3. DEATH DATE (MO DAY YR) Sept 20 1983				
4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY) White		5. AGE - LAST BIRTH DAY (YRS) 91		6. UNDER 1 YEAR MOS. 		7. UNDER 1 DAY HOURS 		8. BIRTHDATE (MO DAY YR) Oct 22 1891	
9. COUNTY OF DEATH Skagit			12. RECEIVED EMERGENCY CARE AMBULANCE, FIRETR. PARAMED? No YES/NO						
10. CITY, TOWN OR LOCATION OF DEATH Anacortes			11. PLACE OF DEATH - <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 0. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NURS HOME 1. <input type="checkbox"/> OTHER PLACE San Juan Nursing Home						
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) Washington		14. CITIZEN OF WHAT COUNTRY USA		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		16. SPOUSE (IF WIFE GIVE MAIDEN NAME) Carl Brunzel		17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) No	
18. SOCIAL SECURITY NO. 532 14 1689			19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.) Housewife			20. KIND OF BUSINESS OR INDUSTRY Homemaker			
21. RESIDENCE - NUMBER AND STREET 1917 41st St.			22. CITY/TOWN, OR LOCATION Anacortes		23. INSIDE CITY LIMITS? (YES/NO) Yes		24. COUNTY Skagit		
25. STATE Wash.									
26. FATHER - NAME FIRST, MIDDLE, LAST Ole M. Erickson					27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST Anna H. Olson				
28. INFORMANT - NAME Eleanor Levesen			29. MAILING ADDRESS STREET OR RFD NO. 1306 17th St.		CITY OR TOWN Anacortes,		STATE Wash.		
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) Burial			31. DATE (MO DAY YR) Sept 23 1983		32. CEMETERY/CREMATORY - NAME Grandview Cemetery		33. LOCATION - CITY/TOWN, STATE Anacortes, Washington		
34. FUNERAL DIRECTOR SIGNATURE John R. Engdahl			35. NAME OF FACILITY Evans & Engdahl Funeral Chapel			36. ADDRESS OF FACILITY 1105 32nd St. Anacortes Wn			
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X H.R. Clure M.D.					41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X				
38. DATE SIGNED (MO DAY YR) Sept. 21, 183			39. HOUR OF DEATH (24 HRS) 0815		42. DATE SIGNED (MO DAY YR) 		43. HOUR OF DEATH (24 HRS) 		
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Harold Clure			44. PRONOUNCED DEAD (MO DAY YR) 		45. HOUR PRONOUNCED DEAD (24 HRS) 				
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) Dr. Harold Clure 24th & M Ave. Anacortes, Wash. 98221									
47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C)) (A) pneumonia			48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE. Congestive Heart Failure			49. AUTOPSY? (YES/NO) No			
(B) Acute Stenosis			Rheumatoid Arthritis			50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) No			
51. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY) 			52. INJURY DATE (MO DAY YR) 		53. HOUR OF INJURY (24 HRS.) 		54. DESCRIBE HOW INJURY OCCURRED. 		
55. INJURY AT WORK? (YES/NO) 			56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY) 			57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE 			
58. REGISTRAR SIGNATURE X John R. Engdahl			59. DATE RECEIVED (MO DAY YR) 9-23-83						
FOR STATE REGISTRAR USE ONLY			ITEM DOCUMENTARY EVIDENCE: REVIEWED BY: DATE: ITEM			DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:			

DSHS 9-150 (REV. 1-82)



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DOH.01-003 (5/99)

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 5.

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:
 - Certificate of Naturalization
 - Marriage Record
 - School Record
 - Census Record
 - Medical Record
 - Voter's Registration Card (if it bears an effective date)
 - Hospital Records
 - Military Record (DD-214)
 - Alien Registration Card (front and back)
 - Insurance Records
 - Your Child's Birth Record
 - Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

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.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

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



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