



200001240111

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. Levesen
- 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 35N
R1E W.M.

[] ADDITIONAL LEGAL(S) ON PAGE ____ 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 Eleanor M. Levesen, 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 24th day of May, 1998 in Anacortes, Skagit County, Washington. A copy of the death certificate is attached.

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 statement on attachment.*



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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.

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

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.

Subscribed to and sworn before me 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
on 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 Eleanor M. Levesen, my mother, did leave a Will executed in August 1996, but that Will, naming me as executor, was never probated because at the time of her death my mother left nothing of value in her estate.



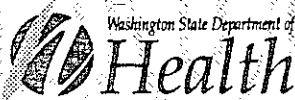
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ATTACHMENT

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146 8 20924

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

378

LOCAL FILE NUMBER

OFFICE
USE
ONLY

COPIES

HOSPITAL

CERTIFICATE

RESIDENCE

OCCUPATION

1. NAME First: ELEANOR Middle: MARIE Last: LEVESEN				2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) 05/24/1998	
4. AGE LAST BIRTHDAY (Yrs) 79		5. UNDER 1 YEAR MOS: 1 DAYS: 1 HOURS: 1 MINS: 1		7. BIRTHDATE (Mo, Day, Yr) 07/21/1918		8. BIRTHPLACE (City, State or Foreign Country) Everett, WA	
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No				10. COUNTY OF DEATH Skagit			
11. CITY, TOWN OR LOCATION OF DEATH Anacortes				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <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 checked="" type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Anacortes Convalescent Center			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (if wife, give maiden name)		16. SOCIAL SECURITY NO. 538-38-7719		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Home Maker		19. KIND OF BUSINESS OR INDUSTRY Own Home		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 1306 - 17th Street		23. CITY/TOWN, OR LOCATION Anacortes		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Skagit	
25B. LENGTH OF RES. IN CO. 79 Yrs		26. STATE WA		27. ZIP CODE 98221			
28. FATHER'S NAME—FIRST, MIDDLE, LAST Clyde B. Thurston				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Anna Amanda Erikson			
30. INFORMANT—NAME Conrad Levesen		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 2001 - 41st Street, Anacortes, WA 98221					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 05/26/1998		34. CEMETERY/CREMATORY—NAME Northwest Crematory		35. LOCATION—CITY/TOWN, STATE Anacortes, WA	
36. FUNERAL DIRECTOR SIGNATURE X [Signature]		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 1105 32nd St., Anacortes, WA, 98221			
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]				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 [Signature]			
40. DATE SIGNED (Mo., Day, Yr) 05/26/1998		41. HOUR OF DEATH (24 Hrs.) 1120		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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) Harold R. Clure MD, 1213 24th Street, Anacortes, WA 98221						49. ME/CORONER FILE NUMBER NJA 218	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. Blonchogenic Ca & Sequelae				INTERVAL BETWEEN ONSET AND DEATH 1 yr	
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.		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Hypertension, Organic Brain Syndrome						52. AUTOPSY? (Yes / No) No	
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / 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	
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE X [Signature]		5/26/98			



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FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (DOH 01-003 (5/99))

THIS IS A CERTIFIED COPY FOR THE RECORDS OF THE WASHINGTON STATE DEPARTMENT OF HEALTH. CERTIFIED COPIES MUST BE USED FOR ALL LEGAL PURPOSES.

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

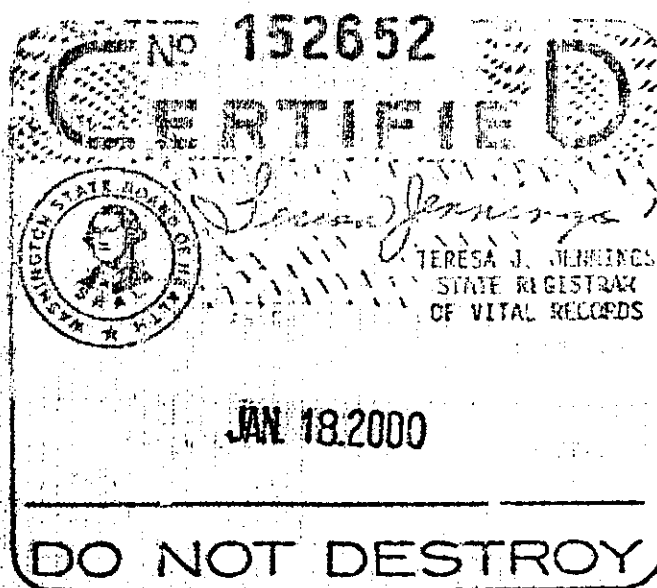
This is a legal document.
Complete in ink and do not alter.



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