## WHEN RECORDED RETURN TO:

Name: Skagit State Bank ATTN KANDY Address: P 0 Box 36 City, State, Zip <u>Anacortes</u> 98221-0036

Kathy Hill, Skagit County Auditor 3/16/2000 Page 1 of 6 11:35:23AM

## (2) Chicago Title Insurance Company

SEPTEK S ASSIGNMENT	OF CONTRACT AND DEED
THE GRANTOR(s) Mary L. McCormack, as	her separate estate
for value received convey and Mary L. McCormack trustee of the Mar	warrant y McCormack 2000 Living Trust
the following described real estate, situated in the Coun together with all after acquired title of the grantor(s) the	, the grantec(s), ty of Skagit , State of Washington,
	DDITION TO THE CITY OF ANACORTES, er plat recorded in Volume 1 of
together with all and singular tappurtenances thereunto belongin	
Tax acct 3788-010-009-	0002 P57229
and do nereby assign, transfer and set over to the grant	ee that certain real estate contract dated the 9, and recorded on 10-24, 1989
under recording number 8910240035  McCormack as seller and Earl and Colleen R. Zumwal	, between Jerry C and Mary L
as purchaser for the sale and purchase of the above descri	124/89#5171 \$34/00
This is a name change, not a new	Real Estate Excise Tax #
Mary L. M. Cornack (Individual)	Amount Paid \$3060,00 College; County Treasurer
(Individual) STATE OF WASHINGTON )ss.	7 (Corporate
COUNTY OF Skagit	STATE OF ON )ss:  COUNTY OF
On this day personally appeared before me Mary L McCormack	before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared
to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that She signed the	and to me known to be the President and Secretary, respectfully, of
same as <u>Vey</u> free and voluntary act and deed, for the uses and purposes therein mentioned.	the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said
of march 19 2000.	stated that authorized to avoid
Notary Public in and for the State of Washington,	the said instrument and that the seal affixed is the corporate seal of said corporation.  Witness my hand and official seal hereto affixed the day and year first above weither.
residing at Ana co-tes	Notary Public in and for the State of Washington,
	raviding at

Order	No.:	:
County	7:	

## LACK OF PROBATE AFFIDAVIT

STATE OF Crizona ) SS.:
COUNTY OF Mahave )
Mary & M Cormack , being first duly
sworn, deposes and says:
That affiant is the lawful surviving spouse surviving
child other (identify) Carlo D. Rullo / Pieinis, of
Jerry C. McCarmack, who died on
June 18, 19 96, at Havagu Reg. Hosp. County of Makane,
State of Arezona. A copy of the death certificate is
attached.

That affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to his/her children, adopted children, and the issue of any predeceased child or adopted child. If decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent. (Need be completed only if affiant is other than surviving spouse.)

Lack of Probate Affidavit Page 1.

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Kathy Hill, Skagit County Auditor

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	FULL NAME		AG	E:	RELATIONSHI DECEDENT:	P TC
1.	Valerie	J. Dijon - Ne	von 5	18	daughter	-
	Address:	16707	oth are	. Cou	L E.	
	,	Spanaw		983		-
2.	Carla D. C	Sullo-Pice			Step-dans	glites
	Address:	14247	1432D (	_	,	<u> </u>
		Renton	Wa 98	059		

That affiant knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of said decedent (including, but not limited to: all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full, except as follows (use reverse side if necessary):

Affiant states that the total value of the decedent's estate at date of death, including all real and personal property, was approximately \$ \( \lambda \sum\_{\text{o}} \) 000 \( \frac{\circ}{\circ} \) including community property of decedent and decedent's surviving spouse of approximately \$ \_\_\_\_\_\_, and including decedent's separate property of approximately \$ \_\_\_\_\_\_.

Lack of Probate Affidavit Page 2.



and which the contract of the property of the contract of the

CHECK	WHICH APPLIES:	w= * #* */
	That the decedent left no Will.	
<u>X</u>	That the decedent left a Will, a copy of which is	
	attached hereto.	
<del></del>	That the decedent's estate is not being probated.	
	That State and/or Federal succession or inheritance	taxes
	are not payable.	
	That State and/or Federal succession or inheritance	taxes
	in the amount of \$ have been paid. Copie	s of
	the release/discharge is attached hereto.	
	That State and/or Federal succession or inheritance to	tavos

That this affidavit is made solely to induce ISLAND TITLE COMPANY AND ITS UNDERWRITER to insure title to real property covered by the Company's order number set forth above, in which decedent held an interest at the time of his/her death. Affiant urges Company to issue its policy of title insurance in full reliance upon the herein representations.

are due, but have not been paid.

Lack of Probate Affidavit Page 3.



DATED: 3/6/2000	
Mary L. M. Carn	rack
(Affiant's full name)	
(Full address and telephone number)	
SUBSCRIBED and SWORN TO before me	
this leth day of March, 19 2000	•
Handis & Dulye	
Notary Public in and for the State of Washington atAnaloxes	residing
Name printed: Kandis L Dubuque	
My commission expires: $1-21-01$	
	ř.

Lack of Probate Affidavit

Page 4.

200003160060 Kathy Hill, Skagit County Auditor 3/16/2000 Page 5 of 6 11:35:23AM

i emen	DEPA	ST RTMENT OF HEALTH	ATE OF ARIZONA SERVICES - OFF		CORDS DEATH	NO.	2	
STATE	A. FIRST		FICATE OF DE		D 102	•	DAY DAY	YEAR
PECEASED	JERRY	CARL	McCORMA	2.	Male	3. June	17th, 199	6
PECIFY:	White	(SPECIFY YES OR NO) B. NO		CUBAN, ETC.	XICAN, SPANISH, PUERT	(SPECIFY Y	No	ED FORCES?
PLACE OF DEATH 5	A COUNTY Mohave	Lake Hava	su City	INSTITUTION	vasu Samar			A EMER. PATIENT
DATE OF BIRTH	MONTH DAY YEAR IST 10th, 1928		DAYS HRS. MIN.	WIDOWED, DIVORCE	RRIED, S	SURVIVING (IF	WIFE, GIVE MAIDEN NA	ME)
STATE AND	(if not in USA, name country)	CITIZEN OF WHAT SO	Contract - English or a land to the second	Marriec	USUAL OCCUPATIO	O. Mary La ON (Give kind of work if (e. even # retired)	KIND OF BUSINESS OF	INDUSTRY
USUAL RESIDENCE	A STATE B. COUNTY	I <sub>12</sub> U.S.A.	13 576	-22-2382 7-	14X OWITE	r NA?	B. HOME CE	
<sub>s.</sub> Ari	zona Moha	Ve La La	Ake Havasu	<b>≟86403</b> ﷺ	4 Year	5 - 17-3	IGHEST GRADE COMPL	- 643g <sup>-1</sup>
5E. 2641	Paseo Dorado	(SPECIFY Yes or No)	(SPECIFY Yes of No)	OF RESIDENCE.	ington	ELEMENTARY- (0-1)		COLLEGE 1-4 or 5+)
NAME	Carl	Ezra Mo	Cormack	MOTHER'S MAIDEN NAME	A FIRST Henrie		Corte	:
NFORMANTS:	y McCormack	Rossia	RELATIONSHIP TO	ADDRESS	STREET NO.	CITY AND S	TATE 86403	OP CODE
BURIAL CREMA								3 · ·
	IER (Specify)	CEMETERY OR CRE	Mife Wife	∏≈2641 Pas M≲ Arizona	EMBATMENSS	Lake Hav	asu City,	CERT. NO.
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CERTIFIED COPY OF VITAL RECORDS

ss DATE ISSUED JUN 2 0 1996

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

MOHAVE COUNTY HEALTH DEPARTMENT

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFIC

STATE OF ARIZONA

200003160060 Kathy Hill, Skagit County Auditor 3/16/2000 Page 6 of 6 11:35:23AM