



200005050053

Kathy Hill, Skagit County Auditor

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RETURN TO:  
JOHN W. HICKS  
SCHACHT & HICKS  
PO BOX 1165  
MOUNT VERNON WA 98273

DOCUMENT TITLE: LACK OF PROBATE AFFIDAVIT  
GRANTOR: PHILLIPS, HOWARD  
GRANTEE: THE PUBLIC  
ABBREVIATED LEGAL DESCRIPTION:  
Lots 13 and 14 and E 1/2 of Lot 15, Block 27,  
Plat of Town of Sedro  
ADDITIONAL LEGAL DESCRIPTION ON: Page 1  
ASSESSOR'S TAX PARCEL NUMBER: 4149-027-015-0000/P75593

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

HOWARD PHILLIPS, being first duly sworn on oath deposes and says:

1. This Affidavit is for the purpose of supplying information pertaining to the estate of BEVERLY JUNE PHILLIPS also known as BEVERLY J. PHILLIPS, deceased, and it is intended that the statements set forth herein and attached hereto shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property situate in Skagit County, Washington:

Lots 13 and 14 and the East 1/2 of Lot 15, Block 27, "PLAT OF TOWN OF SEDRO", as per plat recorded in Volume 1 of Plats, page 176, records of Skagit County.

2. The undersigned affiant is the son of BEVERLY JUNE PHILLIPS also known as BEVERLY J. PHILLIPS, who died, October 28, 1983, at Skagit County, Washington, then being a legal resident of Skagit, County, Washington. A certified copy of the death certificate of decedent is attached hereto marked Exhibit "A" and by reference made a part hereof.

3. 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 Skagit County.

4. That the estate of said Decedent as of the date of death was of the approximate value of \$60,000, including real property above described which had an approximate market value of less than \$60,000.

5. All debts of the decedent and/or the marital community, including but not limited to, all expenses of decedent's last illness, funeral and burial, and costs of administration have been paid or provided for.

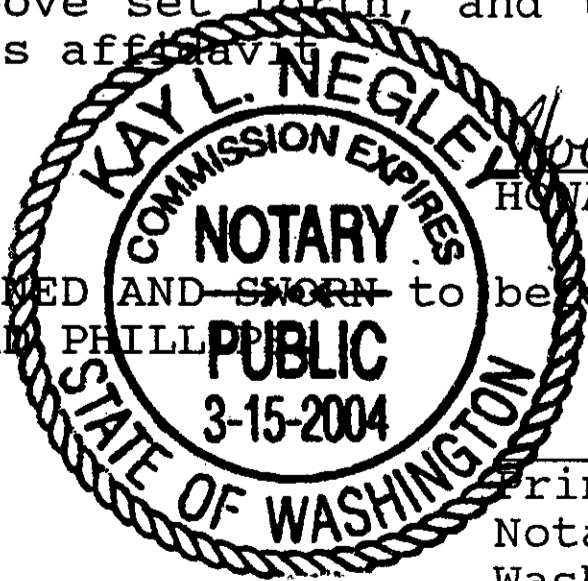
6. The heirs at law of decedent, and their ages, relationship to decedent and current address are as follows:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
JOHNNIE L. PHILLIPS a/k/a JOHNNIE LENDELL PHILLIPS 530 Alexander Street Sedro Woolley WA 98284	surviving spouse	L

7. That all property owned by the decedent was the community property of decedent and JOHNNIE LENDELL PHILLIPS also known as JOHNNIE L. PHILLIPS who died on December 12, 1999, at Skagit County, Washington, then being a legal resident of Skagit County, Washington. A certified copy of the death certificate of decedent is attached hereto marked Exhibit "B" and by reference made a part hereof. Affiant is the Personal Representative of the estate of JOHNNIE L. PHILLIPS, Skagit County Probate No. 00 4 00087 1.

8. No federal or state succession or inheritance taxes are due or payable.

9. This affidavit is made to induce all title companies dealing with real estate owned by decedent and affiant herein to issue policies of title insurance upon real property passing to the surviving spouse, and in reliance upon the representations of fact hereinabove set forth, and to indemnify any other party relying upon this affidavit.



Howard L. Phillips  
HOWARD PHILLIPS

SIGNED AND ~~SWORN~~ to before me this 28th day of April, 2000,  
by HOWARD PHILLIPS

Kay L. Negley  
Printed name: KAY L. NEGLEY  
Notary Public in and for the State of  
Washington, residing at Mount Vernon.  
My appointment expires: 3-15-2004



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Kathy Hill, Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
VITAL RECORDS

EXHIBIT "A"

539-83  
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146-83 23786

STATE FILE NUMBER

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

1. NAME - FIRST, MIDDLE, LAST BEVERLY JUNE PHILLIPS			2. SEX F.	3. DEATH DATE (MO DAY YR) Oct 28, 1983	
4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY) white		5. AGE - LAST BIRTHDAY (YRS) 56	6. UNDER 1 YEAR MOS.	7. UNDER 1 DAY DAYS HOURS MINS.	8. BIRTHDATE (MO DAY YR)
10. CITY, TOWN OR LOCATION OF DEATH Sedro Woolley			11. PLACE OF DEATH - <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG RM/OUT PTN <input type="checkbox"/> HOSP <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE at home 530 Alexander Street		12. RECEIVED EMERGENCY CARE AMBULANCE, FIREFTR, PARAMED? yes YES/NO
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) Oregon	14. CITIZEN OF WHAT COUNTRY U.S.A.	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		16. SPOUSE (IF WIFE GIVE MAIDEN NAME) Johnnie Phillips	
18. SOCIAL SECURITY NO.		19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.) Homemaker		20. KIND OF BUSINESS OR INDUSTRY Homemaking	
21. RESIDENCE - NUMBER AND STREET 530 Alexander St.		22. CITY/TOWN OR LOCATION Sedro Woolley		23. INSIDE CITY LIMITS?(YES/NO) Yes	24. COUNTY Skagit
26. FATHER - NAME FIRST, MIDDLE, LAST Martin Spargo, Sr.		27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST Neita (unk)		25. STATE Washington	

28. INFORMANT - NAME Johnnie Phillips		29. MAILING ADDRESS 530 Alexander Street		30. BIRTH STATE Skagit		31. ZIP WA98284	
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) Burial		31. DATE (MO DAY YR) Nov. 1, 1983		32. CEMETERY/CREMATORY - NAME Union Cemetery		33. LOCATION - CITY/TOWN, STATE Sedro Woolley, Wa. 98284	
34. FUNERAL DIRECTOR Lemley Chapel		35. NAME OF FACILITY Lemley Chapel		36. ADDRESS OF FACILITY 1008 3rd St. Sedro Woolley, WA98284		37. SIGNATURE AND TITLE Ed Hoyt Deputy Coroner	

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 <i>Stevan W. Luther</i> 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 <i>Ed Hoyt</i> Deputy Coroner			
38. DATE SIGNED (MO DAY YR) October 28, 1983		39. HOUR OF DEATH (24 HRS) 0830 hrs		42. DATE SIGNED (MO DAY YR) October 28, 1983		43. HOUR OF DEATH (24 HRS) 0830 hrs	
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr Stevan W. Luther M.D.				44. PRONOUNCED DEAD (MO DAY YR) October 28, 1983		45. HOUR PRONOUNCED DEAD (24 HRS) 0930 hrs	
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) Dr Stevan W. Luther M.D. 830 Ball Avenue Sedro Woolley, WA98284							

47. IMMEDIATE CAUSE (A) <i>Cerebral anoxia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 minutes</i>	
(B) <i>Ruptured abdominal aortic aneurysm</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 min.</i>	
(C) <i>Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>years</i>	
48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE <i>Polycythemia</i>			
49. AUTOPSY? (YES/NO) no		50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) yes	
51. ACC. SUICIDE, ROAD UNDER, 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 <i>Nancy R. Gilbert</i>		59. DATE RECEIVED (MO DAY YR) 10-31-83	
ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY:	DATE:

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

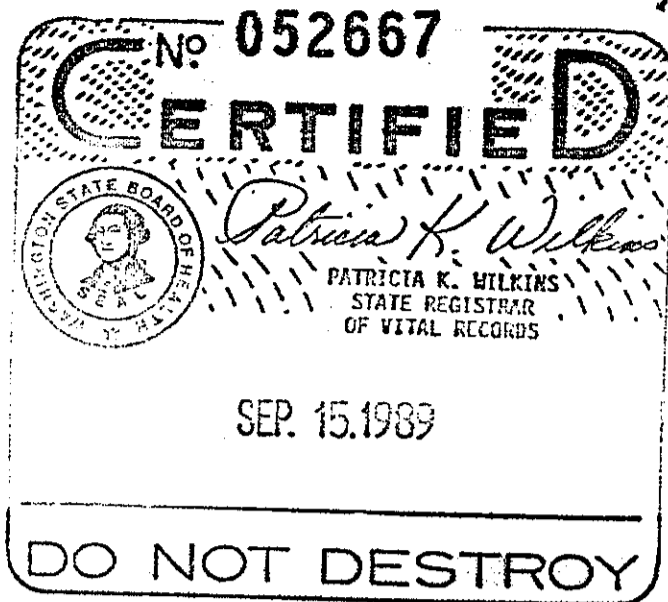
DSHS 9-150 (REV. 1-82)



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DSHS 9-641A (11/85)

UNOFFICIAL DOCUMENT



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223810 D

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Health  
CERTIFICATE OF DEATH

847  
LOCAL FILE NUMBER

146

STATE FILE NUMBER  
EXHIBIT "B"

1. NAME First Middle Last <b>JOHNNIE LENDELL PHILLIPS</b>				2. SEX (M / F) <b>Male</b>		3. DEATH DATE (Mo. Day, Yr) <b>December 12, 1999</b>	
4. AGE LAST BIRTH DAY (Yrs) <b>72</b>		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY		7. BIRTHDATE (Mo. Day, Yr)	
8. BIRTHPLACE (City, State or Foreign Country) <b>Buck Hill, NC</b>				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>		10. COUNTY OF DEATH <b>Skagit</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Mount Vernon</b>				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. ROOM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>Skagit Valley Hospital</b>			
13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>		14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Widowed</b>		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) <b>8</b> College (1-4 or 5+)				18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Foundryman</b>			
19. KIND OF BUSINESS OR INDUSTRY <b>Steel Manufacturing</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		21. RACE (Specify) <b>White</b>			
22. RESIDENCE — NUMBER AND STREET <b>530 Alexander Street</b>		23. CITY/TOWN, OR LOCATION <b>Sedro-Woolley</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>		25A. COUNTY <b>Skagit</b>	
25B. LENGTH OF RES. IN CO. <b>52 yrs</b>		26. STATE <b>WA</b>		27. ZIP CODE <b>98284</b>			
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Unknown</b>				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Sodie</b>			
30. INFORMANT — NAME <b>Howard Phillips</b>		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>21975 Grip Road Sedro-Woolley, WA 98284</b>					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Burial</b>		33. DATE (Mo. Day, Yr) <b>Dec 17, 1999</b>		34. CEMETERY/CREMATORY — NAME <b>Union Cemetery</b>		35. LOCATION — CITY/TOWN, STATE <b>Sedro-Woolley, Washington</b>	
36. FUNERAL DIRECTOR SIGNATURE <i>x Richard Lemley</i>		37. NAME OF FACILITY <b>Lemley Chapel</b>		38. ADDRESS OF FACILITY <b>1008 3rd St Sedro-Woolley, WA 98284</b>			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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 <i>x M. Russo</i>				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 <b>X</b>			
40. DATE SIGNED (Mo., Day, Yr) <b>December 14, 1999</b>		41. HOUR OF DEATH (24 Hrs.) <b>1140 hrs</b>		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) <b>Margaret A. Russo, MD 1400 E Kincaid Mount Vernon, WA 98273</b>						49. ME/CORONER FILE NUMBER	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. <b>Anoxic encephalopathy</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
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. <b>Cardiopulmonary arrest</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVE ABOVE: <b>hypertension, diabetes mellitus</b>						52. AUTOPSY? (Yes / No) <b>No</b>	
54. ACC. SUICIDE, HOM., UNDET., OR RENDING 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 <i>x Sandra Serlits, Deputy</i>		63. DATE RECEIVED (Mo., Day, Yr) <b>12-14-99</b>	



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Date **DEC 17 1999**



Howard Leibrand M.D.  
Health Officer

Signed *Sandra Serlits*  
(Skagit County Deputy Registrar)