

RETURN TO:

Zanna S Martin



200008280077
Kathy Hill, Skagit County Auditor
8/28/2000 Page 1 of 6 2:05:03PM

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. Martin, Zanna S.
- 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):

Estate of John A Martin
Lts 48 & 49 Potlatch Beach

add pg 5

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

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

P68070

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

LACK OF PROBATE AFFIDAVIT
(Community Property)

STATE OF Washington

Order No.: _____

COUNTY OF Skagit

SS

County: _____

Janna Martin, being first duly sworn, on oath deposes and says:

That affiant is the surviving spouse of John A Martin who died at seven fifteen pm on the twentieth day of April, 2000 in Skagit County, State of Washington. (A copy of the death certificate is attached hereto.)

That among items of community property was real estate described as follows:

[CHECK THE FOLLOWING ITEMS WHICH APPLY:]



That affiant and the deceased acquired said property as community property under deed dated Sept 1, 1994 and recorded under Skagit County Recording No. 9409010106.

OR



That affiant and the deceased provided for the conversion of separate property to community property by deed dated _____, 19____ and recorded under _____ County Recording No. _____;

OR



That affiant and the deceased provided for the conversion of separate property to community property and for the disposition of all community property by Community Property Agreement (a copy of which is attached hereto). dated _____, 1995 and recorded under _____ County Recording No. _____.



That there are no unpaid creditors (including claims of the State of Washington for assistance pursuant to the provisions of RCW 43.20B.080) of said decedent or of the former marital community nor unpaid funeral expense, or expenses, of last illness, except as follows:



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[CHECK THE FOLLOWING ITEMS WHICH APPLY:]

- ☐ That the decedent left a Will, a copy of which is attached hereto.
- ☒ That the decedent left no Will.
- ☒ That the decedent's estate is not being probated.
- ☐ That the decedent's estate is subject to probate proceedings in _____
County, State of _____ under No. _____.
- ☐ That the value of the decedent's estate as of the date of death, including all real and personal property, was approximately \$ _____ including the value of all separate property of said decedent of approximately \$ _____, and including the value of the decedent's community estate of approximately \$ _____.

This affidavit is made to induce Island TITLE INSURANCE COMPANY (the Company) to issue its policy or policies of title insurance on the real property, covered by the Company's order number set forth above, passing to the surviving spouse because it was community property or passing to the surviving spouse because it was separate property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

DATED: July 14, 2000

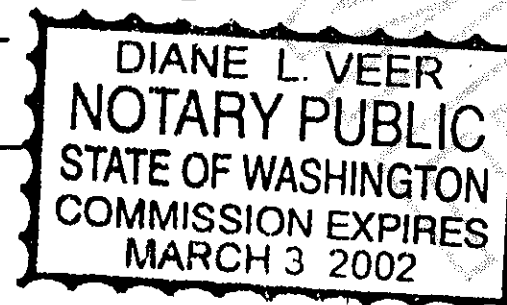
Hanna Susan Martin
(Affiant's full name))

5398 West Shore Rd
(Full address and telephone number)

Anacortes, WA 98221

SUBSCRIBED and SWORN TO before me this 14th day of July, 2000

Diane L Veer
Notary Public in and for the State of
Washington, residing at Anacortes



FILED FOR RECORD AT REQUEST OF

Island Title Company
P. O. BOX 1228
ANACORTES, WA. 98221

INTERWEST SAVINGS BANK
PO BOX 1649
OAK HARBOR, WA 98277
Order No. SA-13465

AFTER RECORDING MAIL TO:

INTERWEST SAVINGS BANK
PO BOX 1649
OAK HARBOR WA 98277

Escrow No.

THIS SPACE PROVIDED FOR RECORDER'S USE:

JERRY MCINTURE
SKAGIT COUNTY AUDITOR

'94 SEP -1 P4:07

RECORDED _____
REQUEST OF _____

9409010106

QUIT CLAIM DEED

THE GRANTOR JOHN A. MARTIN, husband of Zanna S. Martin, as his separate estate
for and in consideration of love and affection
conveys and quit claims to JOHN A. MARTIN and ZANNA S. MARTIN, husband and wife
the following described real estate, situated in the County of Skagit, State of Washington,
together with all after acquired title of the grantor(s) therein:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

4317
SKAGIT COUNTY WASHINGTON
Real Estate Excise Tax

SEP - 1 1994

Amount Paid \$ - 5
By Skagit Co. Treasurer
In Dep't

DATED: February 17, 1994

STATE OF WASHINGTON)

COUNTY OF Skagit) ss.

On this day personally appeared before me JOHN A. MARTIN known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 18 day of September 1994.

Notary Public in and for the State of Washington, residing at

Anacortes

LPB-12

9409010106



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EXHIBIT "A"

PARCEL A:

Lots 48 and 49, PLAT OF POTLATCH BEACH, according to the plat thereof recorded in Volume 6 of Plats, page 10, records of Skagit County, Washington;

EXCEPT that portion lying below the line of extreme high tide;

PARCEL B:

An undivided 2/75 interest in Lots 19 through 56, inclusive, PLAT OF POTLATCH BEACH, according to the plat thereof recorded in Volume 6 of Plats, page 10, records of Skagit County, Washington, lying below the line of extreme high tide;

TOGETHER WITH an undivided 2/75 interest in the Second Class tidelands situated in front of, adjacent to and abutting upon Lots 19 through 56, Plat of Potlatch Beach, according to the plat thereof recorded in Volume 6 of Plats, page 10, records of Skagit County, Washington;

PARCEL C:

A non-exclusive easement for right of way over and across Lot 19 and the Westerly 20 feet of Lots 20, 21, 22 and 23, PLAT OF POTLATCH BEACH, according to the Plat thereof recorded in Volume 6 of Plats, page 10, records of Skagit County, Washington;

Situate in Skagit County, Washington.

- END OF EXHIBIT "A" -

9409010106



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

322
LOCAL FILE NUMBER

Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

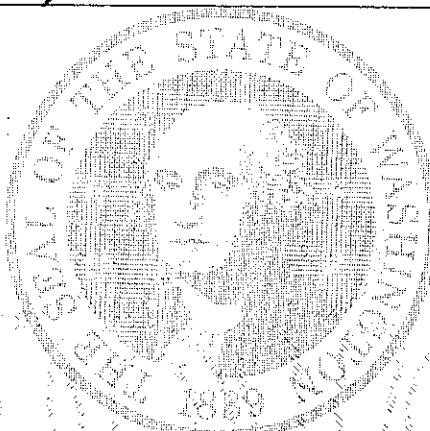
1. NAME First: John Middle: Andreas Last: Martin				2. SEX (M / F) M		3. DEATH DATE (Mo, Day, Yr) Apr 20, 2000	
4. AGE LAST BIRTHDAY (Yrs) 65		5. UNDER 1 YEAR MOS: 0 DAYS: 0 HOURS: 0 MINS: 0		7. BIRTHDATE (Mo, Day, Yr) [REDACTED]		8. BIRTHPLACE (City, State or Foreign Country) Detroit, MI	
11. CITY, TOWN OR LOCATION OF DEATH Mt Vernon				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 checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Skagit Valley Hospital		13. SMOKING IN LAST 15 YEARS? (Yes / No) No	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Zanna Suzann Dye		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 4 College (1-4 or 5+): 4	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Project Manager		19. KIND OF BUSINESS OR INDUSTRY Aircraft Industry		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 5398 W Shore Road		23. CITY/TOWN, OR LOCATION Anacortes		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skagit	
				25B. LENGTH OF RES. IN CO. 6.5yrs		26. STATE WA	
						27. ZIP CODE 98221	
28. FATHER'S NAME — FIRST, MIDDLE, LAST Johann Andreas Martin				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Jessie (unknown)			
30. INFORMANT — NAME Zanna Suzann Martin		31. MAILING ADDRESS STREET OR RFD NO.: 5398 W Shore Road, , Anacortes, WA 98221 CITY OR TOWN: ANACORTES STATE: WA ZIP: 98221					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) Apr 25, 2000		34. CEMETERY/CREMATORY — NAME Edens Cemetery		35. LOCATION — CITY/TOWN, STATE Anacortes, WA	
36. FUNERAL DIRECTOR SIGNATURE x Joseph Waham		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 1105 32nd Street 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: Robert Raish M.D.				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			
40. DATE SIGNED (Mo., Day, Yr) April 24, 2000		41. HOUR OF DEATH (24 Hrs.) 1915		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) Robert Raish M.D. 1415 E. Kincaid, Mount Vernon 98273						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). 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.		A. Respiratory failure				INTERVAL BETWEEN ONSET AND DEATH 2 wks	
		B. Chronic lymphocytic leukemia				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
		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:							
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 — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM: x DOCUMENTARY EVIDENCE: Robert W Evans REVIEWED BY: Robert W Evans DATE: 4/25/00		62. REGISTRAR SIGNATURE		63. DATE RECEIVED (Mo., Day, Yr)			



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Howard Leibrand M.D.
Health Officer

Signed **Dorothy Epps**
(Skagit County Deputy Registrar)

Date **APR 27 2000**

DOH-01-003 (5/99)