



200011030029

, Skagit County Auditor

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Return Address:

Lawrence A. Pirkle  
321 W. Washington, #300  
Mt. Vernon, WA. 98273  
(360) 336-6587

Please print or type information WASHINGTON STATE RECORDER'S Cover Sheet (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document must be filled in)

1. Lack of Probate Affidavit
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

Additional reference #'s on page \_\_\_\_\_ of document

Grantor(s) (Last name first, then first name and initials)

1. melvin c. Peterson, (Deceased)
- 2.
- 3.
- 4.

Additional names on page \_\_\_\_\_ of document.

Grantee(s) (Last name first, then first name and initials)

1. Violet A. Peterson
- 2.
- 3.
- 4.

Additional names on page \_\_\_\_\_ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

LOTS 11 & 12, Block 97 "City of Anacortes"

Additional legal is on page \_\_\_\_\_ of document. Vol. 2 of Plat, pg. 4

Assessor's Property Tax Parcel/Account Number

Assessor Tax # not yet assigned  
3772-097-012-0010

P55601

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

**LACK OF PROBATE AFFIDAVIT**

STATE OF WASHINGTON )  
 )                    )            ss.  
COUNTY OF SKAGIT    )

VIOLET A. PETERSON, being first duly sworn, deposes and says:

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

LOTS 11 AND 12, BLOCK 97, "CITY OF ANACORTES" ACCORDING TO THE RECORDED PLAT THEREOF IN THE OFFICE OF THE AUDITOR OF SKAGIT COUNTY, WASHINGTON, IN VOLUME 2 OF PLATS, PAGE 4.

SECOND, that said Decedent died on the 23rd day of October, 1989 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 of 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's of said County.

FOURTH, 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.

Lawrence A. Pirkle  
Attorney at Law  
(360) 336-6587



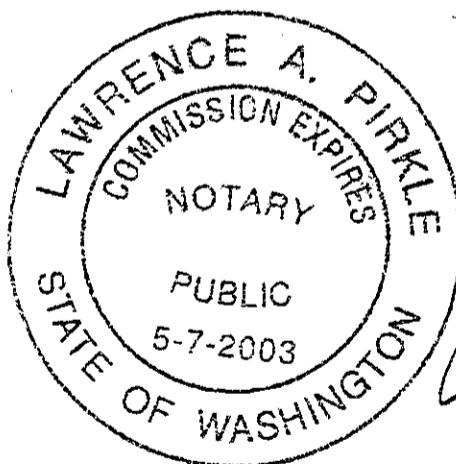
FIFTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
Violet A. Peterson 1013 L Avenue Anacortes, WA 98221	Spouse	Legal
Mavis Ann Peterson 1013 L Avenue Anacortes, WA 98221	Daughter	Legal
Duane C. Peterson 1013 L Avenue Anacortes, WA 98221	Son	Legal
Ronald A. Peterson 810 Cultus Mtn. Dr. Sedro Woolley, WA 98284	Son	Legal
Dwight W. Peterson P.O. Box 79 Homewood, CA 95718	Son	Legal

DATED this 2nd day of November, 2000.

Violet A. Peterson  
Violet A. Peterson

SUBSCRIBED AND SWORN TO before me this 2nd day of November, 2000.



Lawrence A. Pirkle

Lawrence A. Pirkle  
NOTARY PUBLIC in and for the  
State of Washington  
Residing in Mount Vernon  
My Commission Expires 5/7/03



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



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628  
LOCAL FILE NUMBER

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
VITAL RECORDS  
CERTIFICATE OF DEATH

1. NAME—FIRST, MIDDLE, LAST Melvin C. Peterson			2. SEX M		3. DEATH DATE (Mo., Day, Yr.) Oct. 23, 1989		146 STATE FILE NUMBER		
4. AGE LAST BIRTH-DAY (Yrs) 69		5. UNDER 1 YEAR MOS. DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo., Day, Yr.)		8. BIRTH STATE (if not in USA give country) North Dakota	
9. CITIZEN OF WHAT COUNTRY? USA			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 checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR. HOME 6. <input type="checkbox"/> OTHER PLACE Island Hospital			13. SMOKING IN LAST 15 YEARS? (Yes/No) Yes			14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married			
15. SURVIVING SPOUSE (if wife, give maiden name) Violet Burtness			16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes		17. SOCIAL SECURITY NO.		18. HIGH SCHOOL GRADUATE? (Yes/No) No		
19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Pulp Operator			20. KIND OF BUSINESS OR INDUSTRY Scott Paper Company			21. Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		22. RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc. (Specify)) White	
23. RESIDENCE - NUMBER AND STREET 1013 L Avenue			24. CITY/TOWN, OR LOCATION Anacortes		25. INSIDE CITY LIMITS? (Yes/No) Yes		26. COUNTY Skagit		
27. STATE Washington			28. ZIP CODE 98221			29. FATHER'S NAME—FIRST, MIDDLE, LAST Alfred (nmi) Peterson			
30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Martha (nmi)			31. INFORMANT—NAME Violet A. Peterson			32. MAILING ADDRESS 1013 L Avenue Anacortes, Washington 98221			
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		34. DATE (Mo., Day, Yr.) Oct. 26, 1989		35. CEMETERY/CREMATORY—NAME Fern Hill Cemetery		36. LOCATION—CITY/TOWN, STATE Anacortes, Washington			
37. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		38. NAME OF FACILITY Evans Funeral Chapel		39. ADDRESS OF FACILITY 1105 32nd Street Anacortes, Washington 98221					
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN					TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
40. 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>[Signature]</i>					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>[Signature]</i>				
42. DATE SIGNED (Mo., Day, Yr.) October 23, 1989			43. HOUR OF DEATH (24 Hrs.) 0916		44. DATE SIGNED (Mo., Day, Yr.)		45. HOUR OF DEATH (24 Hrs.)		
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Frank E. Thomas					47. PRONOUNCED DEAD (Mo., Day, Yr.)		48. HOUR PRONOUNCED DEAD (24 Hrs.)		
49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Frank E. Thomas 24th & M Avenue Anacortes, Washington 98221									
50. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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.									
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		(A) Acute Myocardial Infarct		INTERVAL BETWEEN ONSET AND DEATH 2 hours		(B) Coronary Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH years	
		(C)		INTERVAL BETWEEN ONSET AND DEATH		51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			
52. AUTOPSY? (Yes, No) Yes		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No			54. ACC. SUICIDE, HO., 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. REGISTRAR SIGNATURE X <i>[Signature]</i>			
62. DATE RECEIVED (Mo., Day, Yr.) 10/26/89						63. SIGNATURE AND TITLE <i>[Signature]</i> Howard Leibrand, M.D. Health Officer			
Signed <i>[Signature]</i> Skagit County Deputy Registrar						Date OCT 30 1989			