



200105150036

Skagit County Auditor

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PROBATE AFFIDAVIT

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

ROBERT N. SCHMIDT, being first duly sworn, on oath deposes and says:

That he is a resident of Anacortes, Skagit County, Washington. That LINDA MAUREEN MICKEL was his long time friend and partner. That LINDA M. MICKEL died a resident of Anacortes, Skagit County, Washington on March 27, 2001. A copy of the death certificate is attached hereto. LINDA M. MICKEL died leaving property in Skagit County all of which was the jointly owned property of affiant and decedent, LINDA M. MICKEL. LINDA M. MICKEL bequeathed the jointly owned property to affiant free of reservation.

That there are no unpaid creditors of said decedent or unpaid funeral expenses, or last illness except as follows:

None

That the decedent left a Will, a copy of which is attached hereto.

That the decedent's estate is not being probated.

That the property owned by affiant and consisted of the following:

REAL ESTATE

- 1. STREET: 6738 Gibraltar Drive, Anacortes, Washington
TAX ID: 4101-181-019-0007/R73262
LEGAL:

Lots 1 through 13, Block 181, MAP OF FIDALGO CITY, according to the plat thereof recorded in Volume 2 of Plats, page 113, records of Skagit County, Washington

PERSONAL PROPERTY

1. Household furniture valued at \$500.00
2. Motor vehicles valued at \$500.00
3. Bank accounts and cash valued at \$500.00

That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

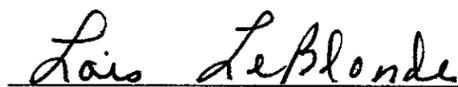
This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

Dated this 11th th day of May, 2001.


ROBERT N. SCHMIDT

SUBSCRIBED and SWORN TO before me this 11 th day of May, 2001.




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

My appointment expires: 6-25-01.



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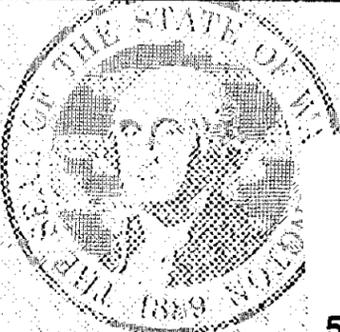
STATE OF WASHINGTON
DEPARTMENT OF HEALTH

270
LOCAL FILE NUMBER

Health
CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1. NAME First: LINDA Middle: MAUREEN Last: MICKEL			2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) March 31, 2001		
4. AGE LAST BIRTH (DAY (Yrs)) 59		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTH DATE (Mo, Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) Seattle, WA	
11. CITY, TOWN OR LOCATION OF DEATH Anacortes		12. PLACE OF DEATH — <input checked="" type="checkbox"/> HOME <input type="checkbox"/> TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 6738 Gibraltar Drive				13. COUNTY OF DEATH Skagit	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Divorced		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) College (1-4 or 5+) 5+	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Gardener/Writer		19. KIND OF BUSINESS OR INDUSTRY Gardening/Writing		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 6738 Gibraltar Drive		23. CITY/TOWN, OR LOCATION Anacortes		24. INSIDE CITY LIMITS? (Yes / No) U		25A. COUNTY Skagit	
25B. LENGTH OF RES. IN CO. 1 yr		26. STATE WA		27. ZIP CODE 98221			
28. FATHER'S NAME — FIRST, MIDDLE, LAST Donald N. Price				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Phoebe E.			
30. INFORMANT — NAME Leisa Sanders		31. MAILING ADDRESS STREET OR RFD NO. 22038 NE 73rd Street		CITY OR TOWN Redmond		STATE ZIP WA 98053	
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Apr 10, 2001		34. CEMETERY/CREMATORY — NAME Seattle Service Group Crematory		35. LOCATION — CITY/TOWN, STATE Seattle, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY 0871 Bleitz Funeral Home		38. ADDRESS OF FACILITY 316 Florentia St. Seattle, WA. 98109			
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>[Signature]</i> Julie Zamborsky MD				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 <i>[Signature]</i>			
40. DATE SIGNED (Mo, Day, Yr) 4-4-01		41. HOUR OF DEATH (24 Hrs) 1230		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) Julie Zamborsky, MD 2511 "M" Avenue Suite B, Anacortes WA 98221				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. <i>Metastatic CA</i> DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>	
		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: <i>Anemia</i>				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
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 DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <i>Sandra Berlits, Deputy</i>				63. DATE RECEIVED (Mo, Day, Yr) APR 12 2001	



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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

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or established within five years of birth.
- 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
- 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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

Skagit County Health Department
 Howard Leibrand M.D., Health Officer

Howard Leibrand

Date Issued APR 24 2001



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 , Skagit County Auditor

Last Will and Testament of

LINDA MAUREEN MICKEL

KNOW ALL PERSONS BY THESE PRESENTS:

That, I, LINDA MAUREEN MICKEL of 6208 2ND AVE N.W.,
SEATTLE, County of KING, State of WASHINGTON, of
the age of 56 years, and being of sound and disposing mind and memory, and not acting under duress,
menace, fraud or the undue influence of any person whomsoever, do make, publish and declare this my Last Will
and Testament, hereby revoking all Wills and any Codicils thereto at any time heretofore made by me.

Article I. Identification of Family.

I declare that my family consists of: TWO CHILDREN; LEISA SANDERS,
BORN 11-30-1964; AND TODD LENGACHER, BORN 4-12-1967.

SKAGIT COUNTY, WA
FILED

at the time of the execution of this Will.

Article II. Payment of Debts.

I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses
of my last illness and funeral, be paid by my executor or executor as soon after my death as is practicable and before
any division or distribution of property. Any and all property passing under this Will shall pass subject to all
encumbrances.

MAY 11 2001

Article III. Disposition of Estate.

I give, devise and bequeath unto:

- 1) MY DAUGHTER, LEISA SANDERS, THE SUM OF TWENTY THOUSAND DOLLARS (\$20,000.)
- 2) MY SON, TODD LENGACHER, THE SUM OF TWENTY THOUSAND DOLLARS (\$20,000.)
- 3) ROBERT NELSON SCHMIDT, THE REMAINDER OF MY ESTATE.

IN THE EVENT THAT ROBERT NELSON SCHMIDT DOES NOT SURVIVE ME, HIS SHARE SHALL BE EQUALLY DIVIDED AMONG MY TWO CHILDREN.

IF ONE OF MY TWO CHILDREN IS NOT LIVING AT THAT TIME, HIS OR HER 50% SHARE SHALL BE EQUALLY DIVIDED AMONG HIS OR HER CHILDREN.

IF HE OR SHE DO NOT HAVE CHILDREN, THEN THE 50% SHARE IS TO BE DIVIDED EQUALLY AMONG MY SURVIVING GRANDCHILDREN.

IN THE EVENT THAT ROBERT NELSON SCHMIDT AND MY TWO CHILDREN PRECEDE ME IN DEATH, MY ENTIRE ESTATE IS TO BE EQUALLY DIVIDED AMONG MY GRANDCHILDREN.



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Article IV. Nonintervention Clause.

I further direct that my Executor act without the intervention of any Court, except as may be required in the case of nonintervention wills. My Executor shall have full power: to sell, lease, exchange, convey and encumber, without notice or confirmation, any assets of my estate, real or personal, at such prices and terms as may seem just to HIM; to mortgage or pledge any estate property; to invest and reinvest any assets of my estate; to advance funds and borrow money, secured or unsecured, from any source; and to select any part of the estate in satisfaction of any partition or distribution thereunder, in kind, in money, or both. Such powers may be exercised whether or not necessary for the administration of my estate.

Article V. Nominations of Executor and Guardian.

I hereby nominate and appoint ROBERT NELSON SCHMIDT of SEATTLE, WASHINGTON to act as executor of this, my Last Will and Testament, to act with OUT bond. In the event that the aforementioned executor is for any reason unable or unwilling to act in such capacity, I nominate and appoint TODD L. LENGACHER OF SEATTLE, WASHINGTON to act as executor with OUT bond, and without intervention of any court as hereinafter provided.

If it be necessary to appoint a guardian for my children upon my death, I appoint _____ of _____ and I appoint _____ of _____, as an alternate guardian.

Article VI. Residuary Estate.

Should any of the bequests, gifts or devises in Article III fail due to circumstances that cannot be reconciled with the terms herein or my express wishes, I give, devise and bequeath such, in the alternative, to my residuary estate.

I give my residuary estate to: MY SISTERS: JOY CARLSEN AND MARILYN GAZIN TO SHARE EQUALLY.

IN TESTIMONY WHEREOF, I hereunto set my hand and publish and declare this as my Last Will and Testament, on this 12th day of November, 1998.

Linda Mickel

Testator/Testatrix



200105150036
, Skagit County Auditor

State of WASHINGTON)
County of SKAGIT) ss.

Each of the undersigned, being first duly sworn, on oath, states that on this 12TH day of NOVEMBER, 1998:

- (1) I am over the age of eighteen (18) years and competent to be a Witness to the Will of LINDA MICKEL (the Testat rix);
- (2) The Testat rix, in my presence and in the presence of the other Witnesses whose signatures appear below:
 - (a) Declared the foregoing instrument, consisting of 1 pages, of which this is that last to be HER Will;
 - (b) Requested me and the other Witnesses to act as Witnesses to HER Will and to make this affidavit; and
 - (c) Signed such instrument;
- (3) I believe the Testat rix to be of sound mind, and that in so declaring and signing, SHE was not acting under any duress, menace, fraud, or undue influence;
- (4) The other Witnesses and I, in the presence of the Testat rix and of each other now affix our signatures as Witnesses to the Will and make this affidavit.

VICKY M. PRIMOZICH
JAY C. BRAND

Forrest L. Miller
[Signature]

Signed and sworn to before me this



day of NOVEMBER, 1998.

Name Forrest L. Miller

Notary Public in and for the state of WA.

My appointment expires: 7-2-00.

**Last Will
and
Testament
of**

Date _____

