200212020259
Skagit County Auditor
12/2/2002 Page 1 of 5 11:48AM

NO PROBATE AFFIDAVIT

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

NELLIE B. MANI, being first duly sworn on oath, deposes and says:

FIRST: That this affidavit is for the purpose of supplying information pertaining to the estate of Ernest W. Mani, 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:

1. See attached tax statements #P41009 and #P41010 for my home and adjoining land valued at . . . $146,000.00.

2. See attached tax statements #P73190 and #P73911 for house and adjoining lots in Hamilton valued at . $92,000.00.

SECOND: That said decedent died on or about the 10th day of November, 2001, in Mt. Vernon, County of Skagit, State of Washington, and a true and correct copy of the death certificate is attached hereto.

THIRD: That said decedent executed no wills, agreements to convey, community property agreements, 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

ORIGINAL

Auditor of said county except as follows: Community Property Agreement, recorded under Auditor's file No. 200112030007.

FOURTH: That the said real property at the date of decedent's death had an approximate value of $238,000.00. That the value of decedent's estate at the time of death was within the exemptions allowed under federal estate tax regulations.

FIFTH: 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 illness and for funeral services have been paid, except as follows: (enumerate if any, or indicate NONE).

None.

SIXTH: That the following list comprises all of the heirs at law by whom said decedent was survived: (If any heirs are under 18, this affidavit is not applicable). Nellie B. Mani, of legal age, his surviving spouse.

Nellie B Mani
(Affiant)

SUBSCRIBED AND SWORN to before me this 19th day of ~~October~~ Nov, 2002.

E Eileen Hartshorn
Notary Public in and for the State of Washington, residing at Sedro Woolley
Commission expires: 10-1-2005

2000 REAL ESTATE TAX STATEMENT

SKAGIT COUNTY TREASURER
P.O. BOX 518, MOUNT VERNON, WA 98273

ACCOUNT NUMBER
4121-001-004-0000
P73910

2000

KEEP THIS PORTION

Property Description: SHEA'S TO HAMILTON LESS HWY LOTS 1 TO 4 BLK 1

0008547 AV **AUTO T0 0 4005 98284-80462934
00100100008547

MANI ERNEST W
33829 STATE ROUTE 20
SEDRO WOOLLEY WA 98284-8046

23577

CURRENT TAX DISTRIBUTION		
State Levy		66.07
Local School	SD101	93.47
County		39.10
City or Road		56.14
Port Dist.	P02	3.85
Fire Dist.		
Hospital	H304	9.44
Other		
Cemetery		
Forest Fire		
Dike		
Drainage		
Conservation Futures		1.28
TOTAL CURRENT TAX		271.35

CURRENT TAX INFORMATION	
Land Value	20,400
Improvements/Buildings	
TOTAL VALUE	20,400
Levy Code	0915
Levy Rate	13.30150
Voter Approved Tax	98.57
Non Voter Approved Tax	172.78
General Tax	271.35
Exemption (if any)	
Special Assessment	
TOTAL CURRENT TAX	271.35

First half tax paid after April 30th requires interest plus penalty on full amount.

Second half tax becomes delinquent after OCTOBER 31st.

TAX OF LESS THAN $50.00 MUST BE PAID IN FULL

SEE REVERSE SIDE FOR OTHER INFORMATION

OTHER TAX INFORMATION		
YEAR	INT./PEN. 04/00	TAX

BRING ALL PARTS WHEN PAYING IN PERSON

2000 REAL ESTATE TAX STATEMENT

SKAGIT COUNTY TREASURER
P.O. BOX 518, MOUNT VERNON, WA 98273

ACCOUNT NUMBER
350610-4-015-0006
P41009

2000

KEEP THIS PORTION

roperty Description: (0.93 AC) S 187FT OF E 216FT OF W1/2 SE1/4 SE1/4 N OF 17A

0026316 AV **AUTO T2 0 4006 98284-80462934
00200300032402

MANI ERNEST W
33829 STATE ROUTE 20
SEDRO WOOLLEY WA 98284-8046

23577

CURRENT TAX DISTRIBUTION		
State Levy		251.33
Local School	SD101	
County		148.74
City or Road		158.32
Port Dist	P02	14.65
Fire Dist.	F08	91.51
Hospital	H304	16.51
Other		
Cemetery		
Forest Fire		
Dike		
Drainage	CODU	26.08
Conservation Futures		
TOTAL CURRENT TAX		707.14

CURRENT TAX INFORMATION	
Land Value	38,700
Improvements/Buildings	64,800
TOTAL VALUE	77,600
Levy Code	1335
Levy Rate	8.77660
Voter Approved Tax	
Non Voter Approved Tax	681.06
General Tax	1,060.88
Exemption (if any) C	379.82
Special Assessment	26.08
TOTAL CURRENT TAX	707.14

First half tax paid after April 30th requires interest plus penalty on full amount.

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SEE REVERSE SIDE FOR OTHER INFORMATION.

OTHER TAX INFORMATION		
YEAR	INT./PEN. 04/00	TAX

BRING ALL PARTS WHEN PAYING IN PERSON

2000 REAL ESTATE TAX STATEMENT

SKAGIT COUNTY TREASURER
P.O. BOX 518, MOUNT VERNON, WA 98273

ACCOUNT NUMBER

4121-001-006-0008

P73911

2000

KEEP THIS PORTION

Property Description: SHEA'S TO HAMILTON LESS HWY LOTS 5 & 6 BLK 1

0026316 AV - **AUTO T2 0 4006 98284-80462934
00100300032403

MANI ERNEST W
33829 STATE ROUTE 20
SEDRO WOOLLEY WA 98284-8046

23577

CURRENT TAX DISTRIBUTION		
State Levy		136.03
Local School	SD101	192.45
County		80.50
City or Road		119.69
Port Dist.	P02	7.93
Fire Dist.		
Hospital	H304	19.43
Other		
Cemetery		
Forest Fire		
Dike		
Drainage		
Conservation Futures		2.63
TOTAL CURRENT TAX		558.66

CURRENT TAX INFORMATION	
Land Value	23,500
Improvements/Buildings	18,500
TOTAL VALUE	42,000
Levy Code	0915
Levy Rate	13.30150
Voter Approved Tax	202.95
Non Voter Approved Tax	355.71
General Tax	558.66
Exemption (if any)	
Special Assessment	
TOTAL CURRENT TAX	558.66

First half tax paid after April 30th requires interest plus penalty on full amount.

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TAX OF LESS THAN $50.00 MUST BE PAID IN FULL

SEE REVERSE SIDE FOR OTHER INFORMATION.

OTHER TAX INFORMATION		
YEAR	INT./PEN. 04/00	TAX

BRING ALL PARTS WHEN PAYING IN PERSON

2000 REAL ESTATE TAX STATEMENT

SKAGIT COUNTY TREASURER
P.O. BOX 518, MOUNT VERNON, WA 98273

ACCOUNT NUMBER

[illegible]10-4-020-0009

0

2000

KEEP THIS PORTION

Description: (3.8 AC) S 557FT OF E 346FT OF W1/2 S
[illegible] SE1/4 LESS S 187FT OF E 215FT LESS PTN TO HWY

0026316 AV **AUTO T2 0 4005 98284-80462934
00300300032401

MANI ERNEST W
33829 STATE ROUTE 20
SEDRO WOOLLEY WA 98284-8046

23577

CURRENT TAX DISTRIBUTION		
State Levy		55.38
Local School	SD101	78.35
County		32.78
City or Road		34.89
Port Dist.	P02	3.23
Fire Dist.	F08	20.17
Hospital	H304	7.91
Other		
Cemetery		
Forest Fire		
Dike		
Drainage	C0D0	1.14
Conservation Futures		1.07
TOTAL CURRENT TAX		234.92

CURRENT TAX INFORMATION	
Land Value	17,100
Improvements/Buildings	
TOTAL VALUE	17,100
Levy Code	1335
Levy Rate	13.67120
Voter Approved Tax	82.63
Non Voter Approved Tax	151.15
General Tax	233.78
Exemption (if any)	
Special Assessment	1.14
TOTAL CURRENT TAX	234.92

First half tax paid after April 30th requires interest plus penalty on full amount.

Second half tax becomes delinquent after OCTOBER 31st.

TAX OF LESS THAN $50.00 MUST BE PAID IN FULL

SEE REVERSE SIDE FOR OTHER INFORMATION.

OTHER TAX INFORMATION		
YEAR	INT./PEN. 04/00	TAX

BRING ALL PARTS WHEN PAYING IN PERSON

837
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

DECEDENT

1. NAME First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
ERNEST	WESLEY	MANI	Male	November 10,2001

4. AGE-Last Birthday (Years)	5. UNDER 1 YEAR Mos. / Days	6. UNDER 1 DAY Hours / Min.	7. DATE OF BIRTH (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
70			May 31,1931	Hamilton, WA	Yes	Skagit

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1 DOA 2 ER/OUTPT 3 EMERG RM/OUT PTN 4 HOSP 5 NURSING HOME 6 OTHER PLACE)	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Mount Vernon	X Skagit Valley Hospital	Yes

14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)	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+)
Married	Nellie Moody	516-3[illegible]-8609	11	

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.)	21. RACE (Specify)
Truck Driver	Logging Industry	(Yes / No) specify: No	White

22. RESIDENCE — NUMBER AND STREET	23. CITY, TOWN, OR LOCATION	24. WITHIN CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
33829 St. RT. 20	Sedro-Woolley	No	Skagit	50 yrs	WA	98284

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Ernest J. Mani	Freda Lowman

30. INFORMANT — NAME	31. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Nellie Mani	33829 St. Rt. 20	Sedro-Woolley,	Wa	98284

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY OR CREMATORY — NAME	35. LOCATION — CITY/TOWN, STATE
Cremation	Nov 13, 2001	Mount Vernon Crematory	Mount Vernon, WA

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X [signature]	Lemley Chapel Inc	1008 Third St. Sedro-Woolley, WA 98284

CERTIFIER

TO BE COMPLETED ONLY BY **CERTIFYING PHYSICIAN**

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: X Edwin Stickle MD

40. DATE SIGNED (Mo, Day, Yr): 11/12/1

41. HOUR OF DEATH (24 Hrs): 0815

42. NAME AND TITLE OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (Type or Print)

TO BE COMPLETED ONLY BY **MEDICAL EXAMINER OR CORONER**

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

44. DATE SIGNED (Mo, Day, Yr)

45. HOUR OF DEATH (24 Hrs)

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): Edwin Stickle 1952 Hospital Dr., Sedro-Woolley, WA 98284

49. ME/CORONER FILE NUMBER

CAUSE OF DEATH

50. 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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A Esophageal Rupture	2 weeks
DUE TO, OR AS A CONSEQUENCE OF	B Lung Cancer	6 months
DUE TO, OR AS A CONSEQUENCE OF	C Nicotine Addiction	Unknown
DUE TO, OR AS A CONSEQUENCE OF	D	

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	52. AUTOPSY? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
Severe COPD, Pneumonia	No	No

54. ACC, SUIC, DE HOM, UNDET OR PENDING INVEST. (Specify)	55. INJURY (DATE AND TIME)	56. INJURY (PLACE)	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	63. DATE RECEIVED (Mo, Day, Yr)
				X Dorothy Epp, deputy	NOV 13 2001