



200303240297

Skagit County Auditor

3/24/2003 Page 1 of 5 2:33PM

When Recorded, Return To:

Michael L. Lewis
506 Main
Mount Vernon, WA 98273

AFFIDAVIT RE: LACK OF PROBATE

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

MARGARET D. SCHAFER, being first duly sworn, deposes and says:

THAT affiant is the lawful surviving spouse of RANDAL D. SCHAFER, who died on February 24, 2003, at Mount Vernon, Washington, then being a resident of LaConner, Skagit County, Washington (certified copy of death certificate attached as Exhibit A).

THAT all of the property of decedent's estate was the community property of decedent and affiant. Affiant states that the total community property of decedent and affiant was approximately \$600,000 in current market value. There was no separate property of said decedent as of the date of death.

THAT there are no unpaid creditors of said decedent or of the former marital community, nor unpaid funeral expenses or expenses of last illness. No federal estate taxes or Washington state inheritance taxes are owing in connection with decedent's estate.

THAT decedent left no Will, nor during his lifetime did decedent execute, with affiant, a Community Property survivorship Agreement.

Among other items of property was the following described real estate located at 16928 View Lane, LaConner, Skagit County, Washington:

**LOT 42, "SHOREWOOD", AS PER PLAT RECORDED IN VOLUME 9 OF
PLATS, PAGES 82 AND 83, RECORDS OF SKAGIT COUNTY,
WASHINGTON.**

(P69205, Tax Parcel No. 4000-000-042-0002)

Among other items of property was the following described real estate located at 735 E. Whitmarsh Road, Burlington, Skagit County, Washington:

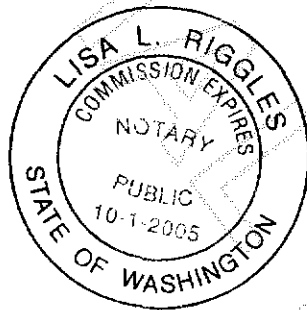
SEE ATTACHED SCHEDULE "A-1" FOR LEGAL DESCRIPTION.
(P24148, Tax Parcel No. 340408-0-026-0008)

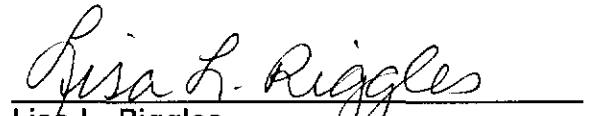
THAT this affidavit is made solely to induce any title insurance company to insure title to real property in which decedent held an interest at the time of his death. Affiant urges the title company to issue its policy of title insurance in full reliance upon the herein representations.

DATED this 24th day of March, 2003.


MARGARET D. SCHAFER

SUBSCRIBED AND SWORN to before me this 24th day of March, 2003, by Margaret D. Schafer.




Lisa L. Riggles
Notary Public in and for the State of
Washington. My commission expires:
10/1/2005.



STATE OF WASHINGTON DEPARTMENT OF HEALTH



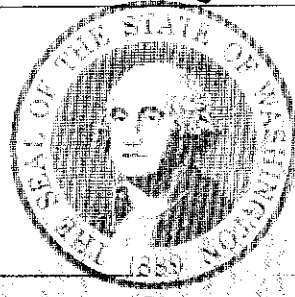
160-03
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Randal Middle: Dean Last: Schafer				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) 02/24/2003	
4. AGE LAST BIRTHDAY (Yrs) 50		5. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____		7. BIRTHDATE (Mo, Day, Yr) 05/21/1952		8. BIRTHPLACE (City, State or Foreign Country) Calgary, Alberta, Canada	
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Skagit Valley 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) Margaret Diane Knotts		16. SOCIAL SECURITY NO. 539-56-0708		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): _____ College (1-4 or 5+): 4	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner		19. KIND OF BUSINESS OR INDUSTRY Light Manufacturing Co.		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 503 Rainier Street		23. CITY/TOWN, OR LOCATION La Conner		24. INSIDE CITY LIMITS? (Yes / No) Yes		25. COUNTY Skagit	
26. FATHER'S NAME — FIRST, MIDDLE, LAST Tom Sandvig		27. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Helen King		28. LENGTH OF RES. IN CO. 12 Years		29. STATE WA	
30. INFORMANT — NAME Peggy Schafer		31. MAILING ADDRESS 16928 View Lane La Conner, WA 98257		32. ZIP CODE 98257		33. DATE (Mo, Day, Yr) 03/03/2003	
34. CEMETERY/CREMATORY — NAME Mount Vernon Cemetery		35. LOCATION — CITY/TOWN, STATE Mount Vernon, WA		36. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Hulbush Funeral Home	
38. ADDRESS OF FACILITY 281 S. Burlington Blvd. Burlington, WA 98233		39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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> Wayne Martin M.D., 1030 East Fairhaven Avenue, Burlington, WA 98233		40. DATE SIGNED (Mo., Day, Yr) 2-25-03		41. HOUR OF DEATH (24 Hrs.) 0910	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Wayne Martin M.D., 1030 East Fairhaven Avenue, Burlington, WA 98233		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> Case 024-03		44. DATE SIGNED (Mo., Day, Yr) No		45. HOUR OF DEATH (24 Hrs.) Yes	
46. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Wayne Martin M.D., 1030 East Fairhaven Avenue, Burlington, WA 98233		47. HOUR PRONOUNCED DEAD (24 Hrs.) UNCERTAIN		48. ME/CORONER FILE NUMBER Case 024-03		49. INTERVAL BETWEEN ONSET AND DEATH ONE HOUR	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death): A. MYOCARDIAL RUPTURE DUE TO, OR AS A CONSEQUENCE OF: B. MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF: C. CORONARY ARTERY DISEASE DUE TO, OR AS A CONSEQUENCE OF: D. UNCERTAIN		51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: No		52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) No		55. INJURY DATE (Mo, Day, Yr) No		56. HOUR OF INJURY (24 Hrs.) No		57. DESCRIBE HOW INJURY OCCURRED: No	
58. INJURY AT WORK? (Yes / No) No		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify) No		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE No		61. RECORD AMENDMENT (Registrar use only) ITEM: _____ DOCUMENTARY EVIDENCE: _____ REVIEWED BY: _____ DATE: _____	
62. REGISTRAR SIGNATURE <i>[Signature]</i> x Dorothy Epps, deputy		63. DATE RECEIVED (Mo., Day, Yr) FEB 26 2003		64. DATE RECEIVED (Mo., Day, Yr) FEB 26 2003		65. DATE RECEIVED (Mo., Day, Yr) FEB 26 2003	



200303240297
Skagit County Auditor

3/24/2003 Page 3 of 5 2:33PM

DOH.D1-003 (5/99)



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:

The True fact is:

6.
8.
10.
12.

7.
9.
11.
13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: 16. Date: 17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- 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 have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name 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/CHS 021)**

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 certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

FEB 27 2003



200303240297

Skagit County Auditor

3/24/2003 Page

4 of

5 2:33PM

Howard Leibrand KK00057887
Skagit County Health Department
Howard Leibrand M.D. Health Officer

Schedule "A-1"

M-1094-327364

S-100588-S

DESCRIPTION:

That portion of the following described tract lying Northerly of the Northerly margin of Dike District No. 12 right of way described in Skagit County Superior Court Cause No. 2865, said tract being more particularly described as follows:

That portion of Government Lots 6 and 12 in Section 8, Township 34 North, Range 4 East, W.M., described as follows:

Beginning at the Northeast corner of said Government Lot 12; thence South $1^{\circ}03'16''$ East along the East line of said Government Lot 12, a distance of 709.77 feet to the true point of beginning; thence North $89^{\circ}11'45''$ West, a distance of 353.40 feet; thence South $1^{\circ}19'45''$ West, a distance of 317.01 feet to the Northerly margin of Dike District No. 12 right of way; thence North $69^{\circ}29'$ East along the Northerly margin of said dike right of way, a distance of 38.23 feet to the West line of the East $\frac{1}{2}$ of the East $\frac{1}{2}$ of said Government Lot 12; thence South along the West line to the Northerly margin of the County road; thence Northeasterly along the North line of the road to the Westerly margin of the Burlington Northern Railroad right of way; thence Northeasterly along said West margin to a point South $89^{\circ}11'45''$ East a distance of 9.05 feet from the point of beginning; thence North $89^{\circ}11'45''$ West, a distance of 9.05 feet to the true point of beginning.

EXCEPT Dike District No. 12 right of way, as condemned in Skagit County Superior Court Cause No. 2865.

Situate in the County of Skagit, State of Washington.



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