



200408020236

Skagit County Auditor

8/2/2004 Page

1 of

6 4:29PM

Document Title:

Lack of Probate Affidavit

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1.

Montanye, Leone

2.

Grantee(s):

☐ additional grantee names on page ____.

1.

Public

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

Kenneth W Montanye Estate

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P103676

L464-6 B13 Reserve add town of Montborne.

LACK OF PROBATE AFFIDAVIT
(Community Property)

STATE OF)
) SS
COUNTY OF)

Order No.: _____

County: _____

LEONE MONTANYE, being first duly sworn, on oath deposes and says:

That affiant is the surviving spouse of KENNETH W. Montanye, who died at SKAGIT Valley Hosp. on the 19th day of JUNE, 2004 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:

(See attached)

[CHECK THE FOLLOWING ITEMS WHICH APPLY:]

☒ That affiant and the deceased acquired said property as community property under deed dated 12/20 19 2002 and recorded under SKAGIT County Recording No. 200212270079

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:

LACK OF PROBATE AFFIDAVIT (COMMUNITY PROPERTY) (5/00)



200408020236
Skagit County Auditor

[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 \$ 150,000 including the value of all separate property of said decedent of approximately \$ 0, and including the value of the decedent's community estate of approximately \$ 150,000.

This affidavit is made to induce _____ 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: 8/2, 19 2004

X Leon Montaupe
(Affiant's full name))

18566 MASON COURT
(Full address and telephone number)

MOUNT VERNON, WASHINGTON 98274

SUBSCRIBED and SWORN TO before me this 2 day of August, 2004

Cheryl D. Larion

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

My Commission Expires 11-15-04

LACK OF PROBATE AFFIDAVIT (COMMUNITY PROPERTY) (5/00)



200408020236
Skagit County Auditor

the following described real estate, situated in the County of Skagit, State of Washington:

Lots 4, 5 and 6, Block 3, PLAT OF RESERVE ADDITION TO THE TOWN OF MONTBORNE, according to the plat thereof recorded in Volume 2 of Plats, page 59, records of Skagit County, Washington.

6041
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

Situated in Skagit County, Washington.

DEC 27 2002

Tax Account No. :

4136-003-006-0005 P103676

Amount Paid \$ 579.87
Skagit Co. Treasurer
By *hp* Deputy



200408020236
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 477-04		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST			2. Death Date		
Kenneth Wayne Montanye			June 19, 2004		
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
Male	74	Months Days	Hours Minutes		Skagit
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education		
	Spokane	Washington	GED completed		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes
No			Caucasian		Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town	
18566 Mason Ct.				Mount Vernon	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4
Skagit				Washington	98274
14. Estimated length of time at residence		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)	
1 Year		Married		Sharon Leone Abel	
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT USE RETIRED))			18. Kind of Business/Industry (Do not use Company Name)		
Machine Operator			Dairy		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
Edwin Montanye			Ida		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number & Street or RFD No. City or Town State Zip		
Leone Montanye		Spouse	18566 Mason Ct. Mount Vernon, WA 98274		
24. Place of Death: If Death Occurred in a Hospital:			Place of Death: If Death Occurred Somewhere Other than a Hospital:		
Inpatient					
25. Facility Name (If not a facility, give number & street)			26a. City, Town, or Location of Death		26b. State
Skagit Valley Hospital			Mount Vernon		WA
28. Method of Disposition		28. Place of Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Burial		Mount Vernon Cemetery		Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility			32. Date of Disposition		
Kern Funeral Home, 1122 3rd St., Mount Vernon, WA 98273			June 25, 2004		
33. Funeral Director Signature X <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)			a. <i>Lung cancer</i>		Interval between Onset & Death 6 months
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST			b. Due to (or as a consequence of):		Interval between Onset & Death
			c. Due to (or as a consequence of):		Interval between Onset & Death
			d. Due to (or as a consequence of):		Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street			Apt No.		
City or Town: State: Zip Code + 4:					
46. Describe how injury occurred			47. If transportation injury, specify:		
			<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.			48b. Medical Examiner/Coroner - 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) and manner stated.		
X <i>[Signature]</i>			X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)			50. Hour of Death (24hrs)		
Albert Y Cheung MD. 1400 E. Kincaid St., Mount Vernon, WA 98274			1410		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Certified (MM/DD/YYYY)		
			June 23, 2004		
53. Title of Certifier	54. License Number	55. ME/Coroner File Number		56. Was case referred to medical examiner?	
Physician	MD00037504			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X <i>Sandra Verbits, Deputy</i>			58. Date Received (MM/DD/YYYY)		
			JUN 23 2004		
59. Record Amendment	Item	Document	Reviewed by	Date	



200408020236
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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:

<p>The Record now shows:</p> <p>6. _____</p> <p>8. _____</p> <p>10. _____</p> <p>12. _____</p>	<p>The True fact is:</p> <p>7. _____</p> <p>9. _____</p> <p>11. _____</p> <p>13. _____</p>
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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

<p>Examples of documentary proof:</p> <ul style="list-style-type: none"> Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records 	<ul style="list-style-type: none"> Medical Record Military Record (DD-214) Birth Record Passport 	<ul style="list-style-type: none"> School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:

1. 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.
2. 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

JUN 23 2004



200408020236

Skagit County Auditor

8/2/2004 Page

6 of 6 4:29PM

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

LL00419129