



200502070182

Skagit County Auditor

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**LACK OF PROBATE AFFIDAVIT
(SEPARATE PROPERTY)**

STATE OF WASHINGTON)

:SS

COUNTY OF SKAGIT)

JOHN YANDLE, being first duly sworn, on oath deposes and says:

Affiant is the lawful surviving spouse [] surviving child [X] other [] (identify:) of JEAN GRADIE YANDLE who died on May 24, 1998 at Skagit County, State of Washington being a resident of Skagit County, State of Washington. (A copy of the death certificate is attached hereto.)

That among items of property was real estate located in Skagit County, Washington, described as follows:

RESERVE TO MONTBORNE LOTS 6 & 7 INCLUDES MOBILE 10423 LAMPL 69 60X12 PC 19 TGW PTN 100 FT WIDE ABND NP RLY/W ELY C/L SD R/W & BTW SWLY EXT NWLY & SELY LI SD LT 7, Tax ID # P74730/4136-007-0007

That affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to his/her spouse, children, adopted children, and the issue of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers, and sisters of decedent).

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That the heirs at law of the decedent are (list all of the heirs at law, using the reverse side or attaching a list if necessary):

1. Milton T. Yandle, Deceased (Skagit County Superior Court Probate No. 04-4-00316-4)

2. John Yandle,

Address: 13242 Satterlee Road, Anacortes, WA 98221

3. Steve Yandle

Address: 13242 Satterlee Road, Anacortes, WA 98221

That affiant knows of [X] his [] her own knowledge, and so states, that each and all of the obligations against the estate of said decedent (including, but not limited to: all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial, promissory notes, installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary):

[CHECK THE FOLLOWING ITEMS WHICH APPLY:]

- [X] That the decedent was married to Milton Townsend Yandle on the date said real property was acquired.
- [] That the decedent executed a community property agreement dated _____, a copy of which is attached hereto.
- [X] That the decedent left no Will.
- [] That the decedent left a Will, a copy of which is attached.
- [X] 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 estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.

☐ That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. A copy of the release/discharge is attached hereto.

☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.

☒ That all creditor's claims against the estate of the decedent have been paid, including any claims by the State of Washington for assistance pursuant to the provisions of RCW 43.20B.080.

☒ That the value of the decedent's estate at date of death, including all real and personal property, was approximately \$80,000.00, including the value of community property of decedent and decedent's surviving spouse of approximately \$80,000.00, and including the value of decedent's separate property of approximately \$ none.

This affidavit is made to induce any and all TITLE INSURANCE COMPANY'S (the Company) to insure real property covered by the Company's order number set forth, in which decedent held an interest at the time of his/her death. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein.

DATED: 4 Feb, 2005

John E. Yandle
(Signature)

JOHN YANDLE
(Print or type Affiant's full name)

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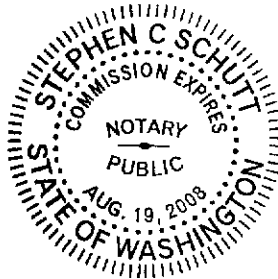
13242 Satterlee Road, Anacortes, WA 98221 (360) 293-9649

(Full address and telephone number)

Schutt 12
SUBSCRIBED and SWORN TO before me this 4 day of Feb, 2005

Stephen C. Schutt
Notary Public in and for the State of Washington
residing at Anacortes WA

My commission expires: Aug 08



LACK OF PROBATE AFFIDAVIT - 4



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

368

LOCAL FILE NUMBER

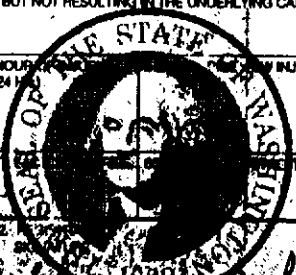


CERTIFICATE OF DEATH

146 8 20922

STATE FILE NUMBER

1. NAME First: JEAN Middle: GRADIE Last: YANDLE				2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) May 24, 1998	
4. AGE LAST BIRTHDAY (Yrs) 68		5. UNDER 1 YEAR MO: 08 DAYS: 08		6. BIRTHDATE (Mo, Day, Yr) 08/08/1929		7. BIRTHPLACE (City, State or Foreign Country) Marion, NC	
11. CITY, TOWN OR LOCATION OF DEATH Sedro-Woolley				12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 300 W Moore Street		13. SMOKING IN LAST 15 YEARS? (Yes / No) No	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Milton Yandle		16. SOCIAL SECURITY NO [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 1 College (14 or 16): 1	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Food Sorter		19. KIND OF BUSINESS OR INDUSTRY Food Cannery		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 300 W Moore Street		23. CITY/TOWN OR LOCATION Sedro-Woolley		24. INSIDE CITY LIMITS? (Yes / No) Yes		25. COUNTY Skagit	
26. FATHER'S NAME—FIRST, MIDDLE, LAST Zeb Wooten		27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Julia [REDACTED]		28. LENGTH OF RES. IN CO. 35 yrs		29. STATE WA	
30. INFORMANT—NAME John Yandle		31. MAILING ADDRESS 1369 Christensen Road		32. CITY OR TOWN Anacortes, WA		33. ZIP CODE 98221	
34. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		35. DATE (Mo, Day, Yr) May 29, 1998		36. CEMETERY/CREMATORY—NAME Hawthorne Memorial Park		37. LOCATION—CITY/TOWN, STATE Mount Vernon, Washington	
38. FUNERAL DIRECTOR SIGNATURE <i>Richard Lemley</i>		39. NAME OF FACILITY Lemley Chpael		40. ADDRESS OF FACILITY 1008 3rd St		41. CITY/TOWN, STATE, ZIP Sedro-Woolley, WA 98284	
42. 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 <i>T.W. Martin</i> T.W. Martin, MD				43. 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) May 26, 1998		45. HOUR OF DEATH (24 Hrs) Early AM hrs		46. DATE SIGNED (Mo., Day, Yr)		47. HOUR OF DEATH (24 Hrs)	
48. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) T.W. Martin, MD				49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) 1918 Hospital Drive Sedro-Woolley, WA 98284		50. ME/CORONER FILE NUMBER NJA-216	
51. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. <i>arrhythmic from cardiomyopathy</i>				INTERVAL BETWEEN ONSET AND DEATH <i>sudden</i>	
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.		B. <i>chronic atrial fibrillation</i>				INTERVAL BETWEEN ONSET AND DEATH <i>years</i>	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
52. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				53. AUTOPSY?		54. WAS CASE REFERRED TO	
55. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		56. INJURY DATE (Mo, Day, Yr)		57. HOUR OF INJURY (24 Hrs)		58. INJURY AT WORK? (Yes / No)	
59. PLACE OF INJURY—AT HOME, FARM, STREET, BLDG, ETC. (Specify)		60. INJURY AT WORK? (Yes / No)		61. RECORD AMENDMENT (Specify or use only)		62. DATE RECEIVED (Mo., Day, Yr.)	



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Sharon L. Beeson Deputy 5-27-98

DOI-001-0001

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **154** Washington State Certificate of Death State File Number

1. Legal Name (Include ALL parts) MILTON TOWNSEND YANDLE		2. Death Date January 16, 2004	
3. Sex (M/F) Male	4a. Age - Last Birthday 76	4b. Under 1 Year Months 76	4c. Under 1 Day Hours 76
5. Social Security Number 245-22-4913		6. County of Death Snohomish	
7. Birthdate Apr 4, 1927	8a. Birthplace (City, Town, or County) Gastonia	8b. (State or Foreign Country) North Carolina	8c. Decedent's Education High School Graduate
9. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No		10. Decedent's Race(s) Caucasian	
11. Was Decedent ever in U.S. Armed Forces? Yes		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 2315 Williams St		13b. City or Town Bellingham	
13c. Residence: County Whatcom	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98225
14. Estimated length of time at residence 7 yrs	15. Marital Status at Time of Death Widowed	16. Surviving Spouse's Name (Give name prior to first marriage) May Unknown	
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT use RETIRED)) Foundry Worker		18. Kind of Business/Industry (Do not use Company Name) Steel Manufacturing	
19. Father's Name (First, Middle, Last, Suffix) Unknown Yandle		20. Mother's Name Before First Marriage (First, Middle, Last) May Unknown	
21. Informant's Name John Yandle	22. Relationship to Decedent Son	23. Mailing Address: Number/Street or RFD No. City or Town State Zip 13242 Satterlee Rd Anacortes, WA 98221	
24. Place of Death, if Death Occurred in a Hospital: Lynnwood Manor Health Care Center		25. Facility Name (If not a facility, give number & street) Lynnwood	
26. Method of Disposition Cremation	27. Place of Disposition (Name of cemetery, crematory, other place) Mount Vernon Crematory	28a. City, Town, or Location of Death WA	28b. State WA
29. Name and Complete Address of Funeral Facility Lemley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284		30. Location-City/Town, and State Mount Vernon, WA	
31. Funeral Director Signature X <i>[Signature]</i>		32. Date of Disposition Jan 20, 2004	
33. Cause of Death (See instructions and examples) 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. a. ASPIRATION PNEUMONIA / OESOPHAGIA b. RECENT ONSET OESOPHAGIA - CUA? c. LARGE LEFT PLAIN MASS THOUGHT LIKELY A LIPOSARCOMA d. BIPOLAR ILLNESS - DECADES - INDETERMINATE DIFFICULT TO CORRELATE			
34. IMMEDIATE CAUSE (Final disease or condition resulting in death) 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		Interval between Onset & Death DAYS	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above LARGE LEFT PLAIN MASS THOUGHT LIKELY A LIPOSARCOMA BIPOLAR ILLNESS - DECADES - INDETERMINATE DIFFICULT TO CORRELATE		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		38. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
39. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	40. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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	41. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
42. Date of Injury (mm/dd/yyyy)	43. Hour of Injury (24hrs)	44. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
45. Location of Injury: Number & Street: 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 and belief, I certify that the cause, date, and place of death are as stated on this certificate. <i>[Signature]</i>		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. <i>[Signature]</i>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Robert G. Haining, M.D., 1570 N. 115th Street #11, Seattle WA 98133		50. Hour of Death (24hrs) 1800	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		52. Date Certified (mm/dd/yyyy) 1/20/04	
53. Title of Certifier M.D.	54. License Number	55. ME/Coroner File Number	56. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature X <i>[Signature]</i>			
58. Record Amendment			

HEALTH STATISTICS & ASSESSMENT
SNOHOMISH HEALTH DISTRICT
3020 RUCKER AVE
EVERETT, WA 98201-3900

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CERTIFICATION ON BACK (5/00)