



2050500652

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5/04/2005 11:18 AM
AFF \$29.00
Whatcom County, WA

Request of: SPORE, JACK

AFTER RECORDING RETURN TO:

Jack Spore

1120 Shaw Road

Bellingham, WA 98229



200505040065

Skagit County Auditor

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COVER SHEET

Document Title: Lack of Probate Affidavit

Reference Number(s) of Documents Assigned or Released: N/A

Grantor(s): Spore, Jack

Grantee(s): Public
Houser, Ray

Abbreviated Legal Description:

Whatcom County

Lot 47, Block 3, PARADISE LAKES COUNTRY CLUB DIVISION 7

Skagit County

The North Half of the North Half of Northwest Quarter of Section 12, Township 36
North, Range 3 East, W.M., lying West of the Road.

Assessor's Property Tax Parcel/Account Number(s):

Whatcom County

Tax Parcel No. 400522-204403

Skagit County

Tax Parcel Nos. 360312-2-005-0002; 360312-2-002-0013; 360312-2-002-0100

LACK OF PROBATE AFFIDAVIT

JACK A. SPORE, being first duly sworn, on oath deposes and says:

That Affiant is the lawful surviving spouse of **HILDA E. SPORE**, who died at Bellingham, on the 28th day of November, 2003, in Whatcom County, State of Washington, then being a resident of Bellingham, County of Whatcom, State of Washington. A copy of the death certificate is attached hereto.

That Affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to 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).

That the heirs at law of the decedent are:

Jack Spore
1120 Shaw Road
Bellingham, WA 98229

That Affiant knows of his 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: 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 estate of the decedent is exempt from State and/or Federal succession or inheritance taxes; that all creditor's claims against the estate of the decedent have been paid.

That the value of the decedent's estate as of the date of death, including all real and personal property, was approximately \$200,000.00, all of which was community property. The decedent's estate included an interest in certain real property located in Whatcom and Skagit Counties, which is more fully described on EXHIBIT A, attached hereto.

This Affidavit is made to induce any title insurance company operating in Whatcom or Skagit County, Washington, to insure real property in which decedent held an interest at the time of her death. Affiant urges Company to issue its policy of title insurance in full reliance upon the representations set forth herein.



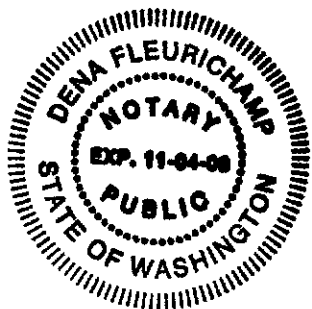
Dated: May 4, 2005

Jack A. Spore
JACK A. SPORE
1120 Shaw Road
Bellingham, WA 98229
(360)724-3709

STATE OF WASHINGTON)
: ss.
COUNTY OF WHATCOM)

I certify that I know or have satisfactory evidence that JACK A. SPORE is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: May 4, 2005



Dena Fleurichamp
Dena Fleurichamp
NOTARY PUBLIC in and for the State of
Washington, residing at Sedro Woolley.

My appointment expires: 11/4/2008



EXHIBIT A

Whatcom County

Tax Parcel No. 400522-204403

Lot 47, Block 3, PARADISE LAKES COUNTRY CLUB DIVISION 7

Situate in Whatcom County, Washington.

Skagit County

Tax Parcel Nos. 360312-2-005-0002; 360312-2-002-0013; 360312-2-002-0100

The North Half of the North Half of Northwest Quarter of Section 12, Township 36 North, Range 3 East, W.M., lying West of the Road.

Situate in Skagit County, Washington.



STATE OF WASHINGTON DEPARTMENT OF HEALTH

988-03

LOCAL FILE NUMBER

Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Hilda Middle: Emily Last: Spore				2. SEX (M/F): Female		3. DEATH DATE (Mo, Day, Yr): 11/28/2003	
4. AGE LAST BIRTHDAY (Yrs): 75		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS: 11/28/2003		6. BIRTHDATE (Mo, Day, Yr): 11/28/2003		7. BIRTHPLACE (City, State or Foreign Country): Bellingham, WA	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): No				9. COUNTY OF DEATH: Skagit			
10. CITY, TOWN OR LOCATION OF DEATH: Bellingham				11. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSIT 3. EMERG. RMOUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE 1120 Shaw Road			
12. SMOKING IN LAST 15 YEARS? (Yes/No): No				13. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify): Married			
14. SURVIVING SPOUSE (If wife, give maiden name): Jack Alvin Spore				15. SOCIAL SECURITY NO.: [REDACTED]			
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8 College (1-4 or 5+): [REDACTED]				17. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Homemaker			
18. KIND OF BUSINESS OR INDUSTRY: Family home				19. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): No			
20. RACE (Specify): White				21. RESIDENCE — NUMBER AND STREET: 1120 Shaw Road			
22. CITY/TOWN OR LOCATION: Bellingham				23. INSIDE CITY LIMITS? (Yes/No): No			
24. COUNTY: Skagit				25. LENGTH OF RES. IN CO.: 13 Years			
26. STATE: WA				27. ZIP CODE: 98229			
28. FATHER'S NAME — FIRST, MIDDLE, LAST: Calvin Thomas Marriott				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Caroline [REDACTED]			
30. INFORMANT — NAME: Jack A. Spore				31. MAILING ADDRESS — STREET OR RFD NO., CITY OR TOWN, STATE, ZIP: 1120 Shaw Road, Bellingham, WA 98229			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify): Cremation				33. DATE (Mo, Day, Yr): 12/01/2003			
34. CEMETERY/CREMATORY — NAME: Mount Vernon Cemetery				35. LOCATION — CITY/TOWN, STATE: Mount Vernon, WA			
36. FUNERAL DIRECTOR/SIGNATURE: [Signature]				37. NAME OF FACILITY: Hulbush Funeral Home & Cremation Svc.			
38. ADDRESS OF FACILITY: 281 S. Burlington Blvd., Bellingham, 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: Wayne Austin MD			
40. DATE SIGNED (Mo, Day, Yr): 12-1-03				41. HOUR OF DEATH (24 Hrs.): Early AM			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Wayne Austin MD, 610 Dupont Street, Bellingham, WA 98225				43. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 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): 12-1-03				45. HOUR OF DEATH (24 Hrs.): Early AM			
46. PRONOUNCED DEAD (Mo, Day, Yr): [REDACTED]				47. HOUR PRONOUNCED DEAD (24 Hrs.): [REDACTED]			
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Wayne Austin MD, 610 Dupont Street, Bellingham, WA 98225				49. ME/CORONER FILE NUMBER: NJA 306			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death): Acute Myocardial Infarction							
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. DUE TO, OR AS A CONSEQUENCE OF: Progressive Cardiovascular Disease							
B. DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]							
C. DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]							
D. DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]							
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: [REDACTED]							
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): [REDACTED]							
55. INJURY DATE (Mo, Day, Yr): [REDACTED]							
56. HOUR OF INJURY (24 Hrs.): [REDACTED]							
57. DESCRIBE HOW INJURY OCCURRED: [REDACTED]							
58. INJURY AT WORK? (Yes/No): [REDACTED]							
59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify): [REDACTED]							
60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE: [REDACTED]							
61. RECORD AMENDMENT (Registrar use only) ITEM: [REDACTED] DOCUMENTARY EVIDENCE: [REDACTED] REVIEWED BY: [REDACTED] DATE: [REDACTED]							
62. REGISTRAR SIGNATURE: X Dorothy Eppa, deputy							
63. DATE RECEIVED (Mo, Day, Yr): 12/1/2003							

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-006 (Rev. 7/91) (formerly DSHS 9-150)



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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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	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:
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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
Insurance Records Birth Record effective date)
Marriage/Divorce Records Passport Alien Registration Card (front and back)

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

DEC 08 2003

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

CODICIL TO LAST WILL AND TESTAMENT
OF
HILDA E. SPORE

BE IT KNOWN That I, HILDA E. SPORE, of Route 2, Sedro-Woolley, Whatcom County, State of Washington, being of legal age and being of sound and disposing mind and memory and not acting under duress, menace, or the undue influence of any person or persons whomsoever do hereby make, publish and declare this Codicil to my Last Will and Testament.

ARTICLE I. I hereby strike and delete from my said Last Will and Testament, dated March 16, 1965, any appointment therein of Betty Bolton as guardian of my children or as executrix of my estate, and in her name, place and stead, I nominate and appoint my son, Larry Bruce Spore, if he then be of the legal age of majority, as guardian of the person and property of his younger brother, Dennis Spore, if then under the legal age of majority, and I nominate and appoint my said son, Larry Bruce Spore, as contingent executor of my estate if he then be of the legal age of majority. If my said son, Larry Bruce Spore, is not of the legal age of majority, or des not survive me, or is unable or unwilling to accept this appointment as guardian and contingent executor, then I nominate and appoint my father in law, John L. Spore, of Bellingham, Washington, as such guardian and as such contingent executor of my estate. I direct that the provisions therein providing for acting without bond and with broad powers shall apply to either my said son, Larry Bruce Spore, or my said father in law, John L. Spore.

ARTICLE II. I direct that in all other respects my said Last Will and Testament of March 16, 1965, be and the same hereby shall remain in full force and effect as originally written.

IN WITNESS WHEREOF I, the said HILDA E. SPORE, have to this Codicil to my Last Will and Testament, subscribed my name and affixed my seal at Sedro-Woolley, Washington, this 29 day of October, 1970.

Hilda E. Spore (SEAL)



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Skagit County Auditor

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Hilda E. Spore (SEAL)

WE HEREBY CERTIFY that the foregoing instrument, consisting of one typewritten page besides this one, each signed by the testatrix, was on the 29 day of October, 1970, signed, sealed and published by HILDA E. SPORE, the above named testatrix, as and declared by her to be her Last Will and Testament, in the presence of us, the undersigned, who at her request and in her presence, and in the presence of each other, have hereunto subscribed our names as witnesses thereto.

John H. Ward
Residing at Seaside, W. Va. Washington

Margaret Candler
Residing at Seaside, W. Va. Washington



200505040065
Skagit County Auditor

Last Will and Testament

BE IT KNOWN That I, HILDA E. SPORE, of Route 2, Sedro-Woolley, Whatcom County, State of Washington, being of legal age, and being of sound and disposing mind and memory, and not acting under duress, menace, fraud, or the undue influence of any person or persons whomsoever, do hereby make, publish, and declare this, my Last Will and Testament:

ARTICLE I. If my beloved husband, Jack A. Spore, survives me, then I give, devise, and bequeath unto him, to the exclusion of our children hereinafter named, all of my property and estate, of every kind and nature whatsoever, real, personal, and mixed, and wheresoever the same may be situated.

ARTICLE II. If my said husband, Jack A. Spore, does not survive me, or if we should die at the same time or approximately the same time as the result of accident or otherwise, then I give, devise, and bequeath all of my said property and estate, in equal shares, unto my beloved children, namely:

Larry Bruce Spore, now 12 years of age and residing at Route 2, Sedro-Woolley, Washington.

Dennis Clark Spore, now 10 years of age and residing at Route 2, Sedro-Woolley, Washington.

If my said husband and I hereafter have any other child or children by birth or adoption, then such child or children shall share equally with the foregoing two children as though specifically named herein.

ARTICLE III. If my said husband predeceases me or if we die at the same or approximately at the same time survived by any children who are then under the legal age of majority, I nominate and appoint Betty Bolton, of Route 2, Sedro-Woolley, Washington, as guardian of the person and property of any such children until they attain the legal age of majority.

Hilda E. Spore (SEAL)



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Skagit County Auditor

ARTICLE IV. I nominate and appoint my husband, Jack A. Spore, as sole executor of this, my Last Will and Testament. If, however, he does not survive me, does not desire to accept the said appointment, or for any reason is unable to do so, then I nominate and appoint the said Betty Bolton, as sole executrix of this my Last Will and Testament. I direct that none of said persons shall be required to furnish any bond or security whatsoever, in order to accept the said appointment.

ARTICLE V. I direct that this, my Last Will and Testament, may be administered without the intervention of any court or courts whatsoever, except to do those things which are required by the laws of the State of Washington in the administration of a non-intervention will. I specifically direct that my executrix, or executor, whichever of said persons be appointed, shall have the right to continue any business in which I may be engaged at the time of my death, without any order of court and without any liability for loss as a result thereof. I further direct that my executrix, or executor, whichever of said persons be appointed, shall have the right to sell, convey, or in any manner dispose of the property of my estate, real or personal, without order of court and without confirmation of sale, upon such terms as she or he may deem advisable, irrespective of whether or not a sale may be necessary for any purpose. My executrix, or executor, whichever of said persons be appointed, shall have the same right with respect to the property of my estate and the sale, management, and disposition thereof that I could exercise if living and acting in person.

ARTICLE VI. I hereby revoke all former wills and testamentary dispositions by me at any time heretofore made with the exception of a community property agreement heretofore executed by my husband and myself.

Shirley E. Spore (SEAL)



200505040065
Skagit County Auditor

IN WITNESS WHEREOF, I, the said HILDA E. SPORE, have to
this my Last Will and Testament, subscribed my name and affixed my
seal at Sedro-Woolley, Washington, this 16 day of March, 1965.

Hilda E. Spore (SEAL)

WE HEREBY CERTIFY That the foregoing instrument, consisting
of two typewritten pages besides this one, each signed by the testatrix,
was on the 16 day of March, 1965, signed, sealed, and published by
HILDA E. SPORE, the above named testatrix, as and declared by her to
be her Last Will and Testament, in the presence of us, the undersigned,
who at her request and in her presence, and in the presence of each
other, have hereunto subscribed our names as witnesses thereto.

Robert W. ...
Residing at Sedro-Woolley, Washington

Margaret ...
Residing at Sedro-Woolley, Washington



200505040065
Skagit County Auditor