



below all of the surviving parents, brothers, and sisters of decedent).

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. Yvonne Storme, 2018 - 32<sup>nd</sup> Street, Anacortes, WA 98221
2. Ken Coleman, 4948 Pear Butte Drive, Yakima, WA 98901
3. Kristine Hargitt, 1414 0 33<sup>rd</sup> Street, Anacortes, WA 98221
4. Karen Faulkner, 1319 - 19<sup>th</sup> Street, Anacortes, WA 98221
5. Douglas Coleman (deceased)

That affiant knows of  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:]**

- That the decedent was married to Brydine B. Coleman on the date said real property was acquired.
- That the decedent executed a community property agreement dated \_\_\_\_\_, a copy of which is attached hereto.
- That the decedent left no Will.
- That the decedent left a Will, a copy of which is attached.
- That the decedent's estate is not being probated.

LACK OF PROBATE AFFIDAVIT - 2



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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: April 29, 2005

Brydine Coleman  
(Signature)

BRYDINE B. COLEMAN  
(Print or type Affiant's full name)

LACK OF PROBATE AFFIDAVIT - 3



3810 "M" Avenue Anacortes, WA 98221 (360) 293-3342  
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 29  
day of April, 2005

Catherine Thompson  
Notary Public in and for the State of Washington  
residing at Anacortes  
My commission expires: 2-1-06



UNOFFICIAL DOCUMENT

LACK OF PROBATE AFFIDAVIT - 4



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH

LOCAL FILE NUMBER  
**658**

STATE FILE NUMBER  
**146**

|   |                             |  |  |   |   |
|---|-----------------------------|--|--|---|---|
| 1. NAME<br>First: <b>Curt</b> Middle: <b>Herbert</b> Last: <b>Coleman</b>   |                             |  |  | 2. SEX (M / F)<br><b>M</b>  | 3. DEATH DATE (Mo, Day, Yr)<br><b>Sep 16, 1999</b>  |
| 4. AGE LAST BIRTHDAY (Yr)<br><b>74</b>  | 5. UNDER 1 YEAR<br>MOS DAYS | 6. UNDER 1 DAY<br>HOURS MINS   | 7. BIRTHDATE (Mo, Day, Yr)<br><b>Nov 15, 1924</b>  | 8. BIRTHPLACE (City, State or Foreign Country)<br><b>Brill, WI</b>  | 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>  |
| 11. CITY, TOWN OR LOCATION OF DEATH<br><b>Anacortes</b>   |                             |  | 12. PLACE OF DEATH— <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. AMBUL. PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR. HOME <input type="checkbox"/> OTHER PLACE<br><b>3810 M Avenue</b> |   | 13. SMOKING IN LAST 15 YEARS? (Yes / No)<br><b>No</b>   |
| 14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)<br><b>Married</b>  |                             | 15. SURVIVING SPOUSE (If wife, give maiden name)<br><b>Byrdine B. Kerber</b>   |  | 16. SOCIAL SECURITY NO.<br><b>396-26-8354</b>   | 17. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) <b>8</b> College (1-4 or 5+) _____ |
| 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)<br><b>Mill Worker</b>   |                             | 19. KIND OF BUSINESS OR INDUSTRY<br><b>Paper Industry</b>  |  | 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)<br><b>No</b> |   |
| 21. RACE (Specify)<br><b>White</b>  |                             | 22. RESIDENCE—NUMBER AND STREET<br><b>3810 M Avenue</b>  |  | 23. CITY/TOWN, OR LOCATION<br><b>Anacortes</b>  | 24. INSIDE CITY LIMITS? (Yes / No)<br><b>Yes</b>  |
| 25. COUNTY<br><b>Skagit</b>   |                             | 26. STATE<br><b>WA</b>   | 27. ZIP CODE<br><b>98221</b>   | 28. FATHER'S NAME—FIRST, MIDDLE, LAST<br><b>Leslie M. Coleman</b>   |   |
| 29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME<br><b>Delia (nmi) Schultz</b>   |                             | 30. INFORMANT—NAME<br><b>Byrdine B. Coleman</b>  |  |   |   |
| 31. MAILING ADDRESS<br>STREET OR RFD NO. CITY OR TOWN STATE ZIP<br><b>3810 M Avenue, , Anacortes, WA 98221</b>  |                             | 32. BURIAL CREMATION REMOVAL, OTHER (Specify)<br><b>Cremeration</b>  |  |   |   |
| 33. DATE (Mo Day Yr)<br><b>9/18/1999</b>  |                             | 34. CEMETERY/CREMATORY—NAME<br><b>Northwest Crematory</b>  |  | 35. LOCATION—CITY/TOWN, STATE<br><b>Anacortes, WA</b>   |   |
| 36. FUNERAL DIRECTOR SIGNATURE<br><i>Grapher Johnson</i>  |                             | 37. NAME OF FACILITY<br><b>Eyans Funeral Chapel</b>  |  | 38. ADDRESS OF FACILITY<br><b>1105 32nd Street Anacortes, WA 98221-</b>   |   |
| 39. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.<br>SIGNATURE AND TITLE<br><i>Thomas P. Brooks</i>  |                             |  | 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.<br>SIGNATURE AND TITLE<br><b>X</b>  |   |   |
| 40. DATE SIGNED (Mo, Day, Yr)<br><b>9/17/99</b>   |                             | 41. HOUR OF DEATH (24 Hrs)<br><b>1320</b>  |  | 44. DATE SIGNED (Mo, Day, Yr)   |   |
| 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |                             | 46. PRONOUNCED DEAD (Mo, Day, Yr)  |  | 45. HOUR OF DEATH (24 Hrs)  |   |
| 47. HOUR PRONOUNCED DEAD (24 Hrs.)  |                             | 48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)<br><b>Thomas P Brooks M.D. 2511 M Avenue Suite B, Anacortes 98221</b> |  | 49. ME/CORONER FILE NUMBER<br><b>NJA 128</b>  |   |
| 50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:  |                             |  |  |   |   |
| IMMEDIATE CAUSE (Final disease or condition resulting in death).<br>DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.<br>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<br><b>10yrs</b>  |   |
| A. <b>Pulmonary Fibrosis</b><br>DUE TO, OR AS A CONSEQUENCE OF:   |                             |  |  | INTERVAL BETWEEN ONSET AND DEATH  |   |
| B. _____<br>DUE TO, OR AS A CONSEQUENCE OF:   |                             |  |  | INTERVAL BETWEEN ONSET AND DEATH  |   |
| C. _____<br>DUE TO, OR AS A CONSEQUENCE OF:   |                             |  |  | INTERVAL BETWEEN ONSET AND DEATH  |   |
| D. _____<br>DUE TO, OR AS A CONSEQUENCE OF:   |                             |  |  | INTERVAL BETWEEN ONSET AND DEATH  |   |
| 51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE   |                             |  |  | 52. AUTOPSY? (Yes/No) <b>No</b>   |   |
| 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>YES</b>   |                             | 54. ACC. SUICIDE, *DOM, UNDET. OR PENDING INVEST. (Specify)  |  | 55. INJURY DATE (Mo, Day, Yr)   |   |
| 56. HOUR OF INJURY (24 Hrs)   |                             | 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)<br>ITEM _____ DOCUMENTARY EVIDENCE _____ REVIEWED BY _____ DATE _____                                 |   |
| 62. REGISTRAR SIGNATURE<br><b>X Robert W Erany</b>  |                             | 63. DATE RECEIVED (Mo, Day, Yr)<br><b>9/17/99</b>  |  |   |   |



**Howard Leibrand M.D.**  
Health Officer

Signed *Sandra Seilts*  
(Skagit County Deputy Registrar)

Date **SEP 23 1999**



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**STEPHEN C. SCHUTT**

**ATTORNEY AT LAW**

P.O. Box 1032  
1011 EIGHTH STREET  
ANACORTES, WASHINGTON 98221

TELEPHONE (360) 293-5094  
FAX (360) 299-0416

Dept. Social and Health Services  
Office of Financial Recovery  
Attn: Estate Recovery Unit  
PO Box 9501  
Olympia, Washington 98507-9601

Re: Estate of: Curt Herbert Coleman  
Date of Birth: November 15, 1924  
Date of Death: September 16, 1999  
SSN: 396-26-8354

There will be no probate of the estate of Curt H. Coleman. The estate is being administered by:

Byrdine B. Coleman  
c/o Stephen C. Schutt  
Attorney at Law  
P.O. Box 1032  
Anacortes, WA 98221

All outstanding debts concerning the deceased should be directed to her at this address.

DATED this 28th of April, 2005.

  
\_\_\_\_\_  
Stephen C. Schutt



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Skagit County Auditor