

When Recorded Return to:

Elliott W Johnson Inc PS
711 S. First St
Mount Vernon, WA 98273



200508030030

Skagit County Auditor

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5:11:08AM

LAND TITLE OF SKAGIT COUNTY

117561-SE

Lack of Probate Affidavit

Grantor(s):

Greta M.C. Clousing

Grantee(s):

The Public

Legal Description (abbreviated):

Fisher's 1st to Mt Vrn, Lts 7 & 8, Blk 2, DK 3, DT
92, Less Ptn to City Rd

Assessor's Tax Parcel Number:

3721-002-008-0000 (P52835)

Reference:

8211090030

In the Matter of the Estate of

Aafke Koning,

Deceased.

Lack of Probate Affidavit

State of Washington)

) ss.

County of Skagit)

Greta M.C. Clousing, being first duly sworn, deposes and says:

Affidavit re:

Lack of Probate

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Elliott W. Johnson Inc. P.S.

711 South First Street

Mount Vernon, WA 98273

(360) 336-6502 Fax 336-5616

Email Elliott@EWJLaw.com

1. **Aafke Koning** (the "decedent") died at a resident of Skagit County, Washington, at Mount Vernon, on June 28, 2005, having executed a Last Will and Testament on July 28, 1999, providing for the disposition of her estate. **Greta M.C. Clousing**, adult daughter of decedent, is the sole surviving heir and beneficiary of decedent's estate. A true and correct copy of the death certificate issued for **Aafke Koning** is attached hereto as Exhibit "A."

2. The original Will of decedent dated July 28, 1999, has been filed with the Skagit County Superior Court under Cause No. 05-4-00193-3. Decedent's Will provides for the distribution of decedent's estate to **Greta M.C. Clousing**.

3. To the best of affiant's knowledge and belief, other than decedent's Will dated July 28, 1999, decedent executed no agreements to convey, conveyances, mortgages, deeds of trust, lien agreements, or other instruments for the purpose of conveying or encumbering any of decedent's assets listed below, any portion thereof, or any interest therein other than the instruments which have been duly recorded in the office of the Auditor of the location of the asset.

4. There are no unpaid creditors of said decedent, nor unpaid funeral expenses or expenses of last illness. The estate is fully solvent.

5. The decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS), including nursing facility services, home or community-based services, hospital, prescription drugs, or any other services.

6. Decedent's assets consist of the following:

1. Residence at 617 West Blackburn, Mount Vernon, WA

Lots 7 & 8, Block 2, EXCEPT the South 10 feet thereof, as conveyed to the City of Mount Vernon for street purposes by deed recorded August 14, 1973, under Auditor's File No. 789372, "FISHER'S 1ST ADDITION TO MOUNT VERNON," as per plat recorded in Volume 5 of Plats, page 33, records of Skagit County, Washington.

2. 1990 Ford Taurus Automobile

VIN No. 1FACP52U9LG172681

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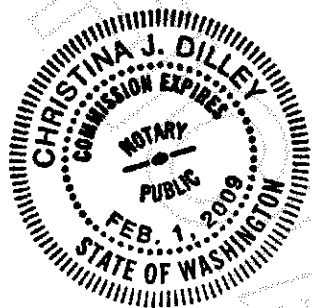
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7. This affidavit is made to induce Title Companies to issue their policies of title insurance on real property passing to **Greta M.C. Clousing** by virtue of said Will in reliance upon the representations herein set forth.

Greta M.C. Clousing
Greta M.C. Clousing

SUBSCRIBED AND SWORN to before me on August 1, 2005, by Greta M.C. Clousing.



Christina J. Dilley
Notary Public
My appointment expires: 2-1-2009

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 498-05		Washington State Certificate of Death			State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST Suffix Aafke KONING				2. Death Date June 28, 2005		
3. Sex (M/F) F	4a. Age - Last Birthday 80	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number 547-36-8310	6. County of Death Skagit	
7. Birthdate June 3, 1925	8a. Birthplace (City, Town, or County) Uithuizermedden		8b. (State or Foreign Country) Netherlands		9. Decedent's Education HS Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 617 W Blackburn				13b. City or Town Mount Vernon		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98273-	13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence By		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage)		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE)) Homemaker				18. Kind of Business/Industry (Do not use Company Name) Rome		
19. Father's Name (First, Middle, Last, Suffix) Henry Ryzebol				20. Mother's Name Before First Marriage (First, Middle, Last) Greta Ridder		
21. Informant's Name Greta Clousing		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 16522 22 Ave Ne Shoreline WA 98155-		
24. Place of Death, if Death Occurred in a Hospital: 617 W Blackburn				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence		
25. Facility Name (If not a facility, give number & street or location) 617 W Blackburn				26a. City, Town, or Location of Death Mount Vernon		26b. State WA
27. Zip Code 98273-		28. Method of Disposition Burial				
29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park		30. Location-City/Town, and State Mount Vernon, Washington				
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398						32. Date of Disposition Jul 1, 2005
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. Metastatic Breast Cancer				Interval between Onset & Death 8 yrs
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.				Interval between Onset & Death
		c.				Interval between Onset & Death
		d.				Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				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 checked="" type="checkbox"/> No
38. 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		39. If female <input checked="" 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		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <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. City or Town: _____ County: _____ 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. Robert Raish		
48b. Medical Examiner/Coroner - On the basis of examination, report in possession, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated. X				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Robert Raish M.D. 1415 East Kincaid, Mount Vernon, WA 98274		
50. Hour of Death (24hrs) 0100				51. Name and Title of Attending Physician if other than Certifier (Type or Print)		
52. Date Signed (MM/DD/YYYY) 6/28/05				53. Title of Certifier Dr.		
54. License Number		55. ME/Coroner File Number NJA # 175		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature Cornelia Anderson, Deputy				58. Date Received (MM/DD/YYYY) JUN 29 2005		
59. Amendments						



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Skagit County Auditor

Affidavit for Correction

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

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

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:

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:

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

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Skagit County Public Health Department
Howard Leibrand M.D., Health Officer
MM00420085