

AFTER RECORDING RETURN TO:

Name William R. Allen, Attorney

Address P.O. Box 437

City, State, Zip Sedro Woolley, WA 98284



200603080105

Skagit County Auditor

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COVER SHEET

Document Title: Lack of Probate Affidavit

Reference Number(s) of Documents Assigned or Released:

Deed of Trust, AFN 200310300013

Grantor(s):

1. Chester James
2. Juanita James

Grantee(s):

1. Chester James
2. Juanita James
3. Public

Abbreviated Legal Description: (1) Lot 4, Short Plat #97-0031; AFN #200203120169
(2) N 15 ft Lot 2 and all Lot 3, MT VISTA DDN
(3) 1/36th INT in Lot 33 and all Tract 16, HEART O' THE SKAGIT RIVER

Assessor's Property Tax Parcel/Account Number(s): 360435-2-003-0006/P50702
3960-000-003-0009/P67634
3923-000-016-0000/P65637

EXHIBIT A

PARCEL 1:

Lot 4, Short Plat #97-0031, AF#200203120169, Open Space #51 #836547 1977,
located in the Northwest ¼ of Section 35, Township 36 North, Range 4 East,
W.M.

Situated in the County of Skagit, State of Washington.

Tax Account #360435-2-003-0006/P50702

Address: 22373 Nita Lane, Sedro Woolley, WA 98284

PARCEL 2:

The North 15 feet of Lot 2 and all of Lot 3, MT VISTA ADDITION, as per plat
recorded in Volume 7 of Plats, page 65, records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

Tax Account #3960-000-003-0009/P67634

Address: 9440 Prospect Street, Sedro Woolley, WA 98284

PARCEL 3:

A 1/36th interest in Lot 33 and all of Tract 16, "HEART O' THE SKAGIT –
RIVER TRACTS," as per plat recorded in Volume 9 of Plats, pages 1, 2, and 3,
records of Skagit County, Washington..

Situated in the County of Skagit, State of Washington.

Tax Account #3923-000-016-0000/P65637

Address: 33014 Cockreham Island Road, Sedro Woolley, WA 98284



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 136-06 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix CHESTER --- JAMES			2. Death Date Feb 8, 2006		
3. Sex (M/F) Male	4a. Age - Last Birthday 84	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. County of Death Skagit	
8a. Birthplace (City, Town, or County) Clay		8b. (State or Foreign Country) New York		9. Decedent's Education High School 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? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 9440 Prospect Street				13b. City or Town Sedro-Woolley	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98284
14. Estimated length of time at residence: 37 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Juanita Jameson	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) General Contractor			18. Kind of Business/Industry (Do not use Company Name) Construction		
19. Father's Name (First, Middle, Last, Suffix) Ralph Henry James			20. Mother's Name (First, Middle, Last) Margaret		
21. Informant's Name Juanita James		22. Relationship to Decedent Spouse	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 9440 Prospect St. Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence			25. Facility Name (if not a facility, give number & street or location) 9940 Prospect Street		
26a. City, Town, or Location of Death Sedro-Woolley		26b. State WA	27. Zip Code 98284		
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Lawn Memorial Park		30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Lemley Chapel 1008 Third Street Sedro-Woolley, WA 98284			32. Date of Disposition February 13, 2006		
33. Funeral Director Signature <i>Rich Lemley</i>					

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. Congestive Heart Failure Interval between Onset & Death 1 year					
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. Coronary Artery Disease Interval between Onset & Death 10 years					
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 Atrial fib/flutter; CA Prostate; CABG; ICD Pacemaker			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. 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 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 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: City or Town: County: State: Zip Code + 4:			46. Describe how injury occurred		
47a. Certifying Physician - To the best of my knowledge, death occurred at the time, state, and place and due to the cause(s) and manner stated. <i>Stevan Luther</i>			47b. 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>Stevan Luther</i>		
48. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Stevan Luther, MD 830 Bail Street Sedro-Woolley, WA 98284			49. Hour of Death (24hrs) 0900 hrs		50. Date Signed (mm/dd/yyyy) February 9, 2006
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. License Number		53. ME/Coroner File Number NJA-044	
54. Title of Certifier Physician		55. License Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>Connie Anderson Deputy</i>			58. Date Received (mm/dd/yyyy) FEB 13 2006		
59. Amendments					



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Affidavit for Correction

Center for Health Statistics
 P.O. Box 9709
 Olympia, WA 98507-9709
 (360) 238-4300

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
	Hospital Records	Military Record (DD-214)
	Insurance Records	Birth Record
	Marriage/Divorce Records	Passport
		School Record
		Voter's Registration Card (if it bears an effective date)
		Alien Registration Card (front and back)

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 (23) (Rev. 4/2005)

CERTIFIED

FEB 03 2006



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 Skagit County Auditor

Hubert...
 Skagit County Health Department
 Jay and LeAnn M.D., Health Officer

NN00947113

Last Will and Testament of CHESTER JAMES

I, CHESTER JAMES, of Skagit County, Washington, being of legal age and sound and disposing mind and memory and not acting under any duress, menace, fraud or undue influence, do hereby make, publish, and declare this to be my Last Will and Testament as follows:

ARTICLE I REVOCATION OF PRIOR WILLS

I hereby revoke all Wills and Codicils previously made by me.

ARTICLE II IDENTIFICATION OF FAMILY

My family now consists of my spouse, Juanita James, and my adult children, namely: Wanda Lee Del Bosque, Robert H. James, Richard D. James, and Linda L. Featherston. I declare that my beloved son, Ronald T. James, has predeceased me, but I have no other deceased children with lineal descendants now living. For all purposes under this, my Last Will and Testament, whether for the determination of relationship or otherwise, adopted children of any person shall be given exactly the same status as the birth children of that person. Except as hereinafter provided, I make no bequest or devise to my children who survive me, nor for the descendants of any child who does not survive me.

ARTICLE III BEQUEST BY SEPARATE WRITING

If my spouse does not survive me, or we die under circumstances where it is impossible to determine who deceased first, I give, devise and bequeath such item(s) of tangible (touchable) personal property not otherwise specifically disposed of by this Will to such person or persons as may be indicated in a separate writing as provided for under RCW 11.12.260 and any other applicable law.

ARTICLE IV BEQUEST AND DEVISE TO SPOUSE

If my spouse survives me, I give, devise, and bequeath to her all of the rest, residue and remainder of my estate, of any kind or nature whatsoever, real or personal, tangible or intangible, wheresoever situated.




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William R. Allen
PO Box 437
Sedro-Woolley, WA 982

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Testator's Initials

**ARTICLE V
RESIDUE TO CHILDREN AND GRANDCHILDREN**

If my spouse does not survive me, or we die under circumstances where it is impossible to determine who deceased first, I give, devise and bequeath my said property and estate as follows:

a. Lot 16, "HEART O' THE SKAGIT RIVER TRACTS", unto my four surviving children, namely: Wanda Lee Del Bosque, Robert H. James, Richard D. James, and Linda L. Featherston, equally, share and share alike.

b. I give, devise and bequeaths all of my bank accounts and any other real estate I may own at the time of my death as follows:

A 1/5th share thereof unto my beloved daughter, Wanda Lee Del Bosque;

A 1/5th share thereof unto my beloved son, Robert H. James;

A 1/5th share thereof unto my beloved son, Richard D. James;

A 1/5th share thereof unto my beloved daughter, Linda L. Featherston;

A 1/5th share thereof unto my ten beloved grandchildren, namely: Stephanie Del Bosque, David James, Lynn Smith, Matthew Del Bosque, Heather James, Elizabeth Del Bosque, Lisa Weech, Cynthia Wilkerson, Michael Del Bosque, and Heidi James, equally, share and share alike.

c. I give, devise and bequeaths all of the rest, residue, and remainder of my estate of any kind or nature whatsoever, whether real or personal, tangible or intangible and wheresoever the same may be situated, unto my four surviving children, namely: Wanda Lee Del Bosque, Robert H. James, Richard D. James, and Linda L. Featherston, equally, share and share alike.

**ARTICLE VI
PERSONAL REPRESENTATIVE/BOND WAIVER/ NON-INTERVENTION**

I hereby nominate and appoint my said spouse, Juanita James, to serve as sole personal representative of this, my Last Will and Testament. If she fails to qualify or is unable or unwilling to so act, or fails to survive me, then I appoint my said daughter, Wanda Lee Del Bosque, and my said son, Robert H. James, as alternate co-personal representatives. However, if either of them is unable or unwilling to act, the other may act as the sole personal representative. This Will shall be a non-intervention Will and I direct that my personal representative shall act without bond and without intervention of any court, insofar as possible, and shall have the power, whether or not necessary for the administration of my estate, to sell, exchange, lease, mortgage, pledge, trade and

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otherwise deal with, or dispose of, the whole or any part of my estate.

IN WITNESS WHEREOF, I hereunto set my hand this 31st day of January, 2005.

Chester James
CHESTER JAMES

This instrument, consisting of three pages, of which this is page three, was on the date hereof signed by CHESTER JAMES and published and declared by CHESTER JAMES to be his Last Will and Testament in the presence of us, who at his request and in his presence and in the presence of each other have hereunto signed our names as witnesses hereto.

William R Allen
William R. Allen
Residing at: Burlington, Washington

Shirley A. Cradsky
Print Name: SHIRLEY A. CRADSKY
Residing at: BURLINGTON, WA.



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C. J.
Testator's Initials

