When Recorded Return to:

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

200605150145
Skagit County Auditor
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Lack of Probate Affidavit

Grantor(s):	Karen E. Tavalero as Agent for Ruth L. Ridgeway Jackie Kiter as Personal Representative Under Will of Thomas Elmer Ridgeway, Deceased
Grantee(s):	Ruth L. Ridgeway
Legal Description (abbreviated):	Lts 45 & 46, Plat of Dewey Beach Addn #4, Skagit County, WA
Assessor's Tax Parcel Number:	3904-000-046-0007 (P65110) 3904-000-045-0008 (P65109)

In the Matter of the Estate of Thomas Elmer Ridgeway, Deceased.	Lack of Probate Affidavit

Karen E. Tavalero as Agent/Attorney-in-Fact for Ruth L. Ridgeway and **Jackie Kiter as Personal Representative Under Will of Thomas Elmer Ridgeway Deceased**, being first duly sworn, depose and say:

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. Ruth L. Ridgeway is the surviving spouse of **Thomas Elmer Ridgeway** who died at a resident of Skagit County, Washington, at Anacortes on January 20, 2005. Karen E. Tavalero is Agent/Attorney-in-Fact for Ruth L. Ridgeway under General-Durable Power of Attorney dated November 22, 2004, and recorded under Skagit County Auditor's File No. 200603150092 on March 15, 2006. Jackie Kiter is decedent's daughter and the designated personal representative under Decedent's Last Will and Testament.

2. The decedent executed a Last Will and Testament dated February 10, 2004, providing for the disposition of Decedent's community and separate property assets. Said Last Will and Testament has been filed under Skagit County Superior Court No. 05-4-00272-7. Decedent's surviving spouse and surviving children do not intend to probate decedent's Will. A true and correct copy of decedent's Will is attached hereto and incorporated herein. Attached also is a true and correct copy of the death certificate that was issued herein.

3. Except as provided in Decedent's Last Will and Testament, Decedent did not execute any agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering the 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 or of the former marital community nor unpaid funeral expenses or expenses of last illness. The estate is fully solvent.

5. The decedent left surviving, in addition to the undersigned, the following children:

Name/Address	Relationship	Age
Jacqueline S. Kiter PO Box 1146 Duvall, WA 98019	Daughter	L
Peter G. Ridgeway 5105 Mainview Dr Missoula MT 59803	Son	L
Patrick T. Ridgeway 815 Second Street SE Cutbank, MT 59427	Son	L

6. 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.

7. Decedent's separate property consists of the following, which will be distributed in accordance with Decedent's Will:

Personal items listed in Decedents will to family members
Sale of remaining personal items monies to be equally divided between surviving children
All checking and savings accounts in Decedents individual account
Stock and Mutual Funds Accounts to be equally divided between , Peter G. Ridgeway, Patrick T. Ridgeway, and Jacqueline S Kiter

8. Decedent's Will provides that all community real property is to be distributed to Decedent's surviving spouse, Ruth L. Ridgeway. Property characterized as community at the time of Decedent's death consists of the following described real estate:

1. **Residence at 15322 Dewey Crest Lane, Anacortes, Skagit County, WA**

Lots 45 and 46, Plat of Dewey Beach Addition #4, Skagit County, Washington, according to the recorded plat thereof in the office of the auditor of Skagit County, Washington, in Volume 7 of Plats, page 50.

9. This affidavit is made to induce Title Companies to issue their policies of title insurance on real property passing to the surviving spouse by virtue of said community property designation under Decedent's Last Will and Testament and in reliance upon the representations herein set forth.

Ruth L. Ridgeway
By Karen E. Tavalero, her attorney-in-fact

Jackie Kiter
Designated Personal Representative Under
Will of Thomas Elmer Ridgeway, Deceased

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STATE OF WASHINGTON }
ss.
COUNTY OF SKAGIT }

I certify that I know or have satisfactory evidence that **Karen E. Tavalero** is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged as **Agent/Attorney-in-Fact for Ruth L. Ridgeway** to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 9th day of May, 2006.

CHRISTINA J. DILLEY
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES FEB. 1, 2009

Printed Name CHRISTINA J. DILLEY
NOTARY PUBLIC in and for the State of Washington
My Commission Expires 2-1-2009

STATE OF WASHINGTON }
ss.
COUNTY OF Skagit }

I certify that I know or have satisfactory evidence that **Jackie Kiter** is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged as **Personal Representative designated in the Last Will and Testament of Thomas Elmer Ridgeway, Deceased**, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 17th day of March, 2006.

Notary Public
State of Washington
JESSICA LEDFORD
My Appointment Expires Jan 17, 2009

Printed Name Jessica Ledford
NOTARY PUBLIC in and for the State of Washington
My Commission Expires Jan 17 2009

Elliott W. Johnson Inc. P.S.
711 South First Street
Mount Vernon, WA 98273

WILL OF THOMAS E. RIDGEWAY

I. I, Thomas Elmer Ridgeway, a resident of Anacortes, Washington, Skagit County, declare that this is my will.

1. I revoke all will and codicils that I have previously made.

2. I am married to Ruth L. Ridgeway, and all references in this will to my wife are to her.
I am the father of the following children, whose names and dates of birth are:
Peter G. Ridgeway September 28, 1943
Patrick T. Ridgeway October 3, 1947
Jacqueline S. Kiter October 3, 1947

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And my grandchildren are:
Allison D. Olsen February 5. 1971
Jenna L.Umbehocker September 5, 1972
Pamela Kinzle June 9, 1967
Chris Winn March 18, 1966
Bradley Ridgeway October 1970

And great-grandchildren are:
Halle D. Olsen
Samuel Kinzle
Joshua Kinzle
Sarah Kinzle
Jourdan Winn
Lucy Ridgeway
Nicholas Winn
Lauren Umbehocker
Elizabeth Root
Jessica Root
Joseph Root

1.I make the following specific gifts of personal property:
I give the property commonly known as my share of 2519 West Second Street, Anacortes, Washington, to my wife or, if she does not survive me by 45 days, to her children.

2. I give the following specific gifts of personal property
All my mechanical and woodworking tools, power and hand tools, 10" craftsman table saw, and attached sander, tool boxes to Patrick Ridgeway.

I give Allison D. Olsen one gold coin,
I give Jenna L. Umbehocker, one gold coin.
I give Pamela Kinzle, one gold coin
I give Chris Winn, one gold coin.
These coins are in envelopes with receiver's name on outside
I give Patrick Ridgeway, Elgin lovelier watch, and 32 caliber savage automatic with holster, & two clips, box of ammo, mahogany jewelry case and all contents of several watches, cuff links & tie tacks, airforce 1944 binoculars & case
The One dollar silver certificates are to be given one each to each grandchild as listed above, if not already received. The residual silver certificates (8) to be divided between Lisa Root and Karen Tavalero.

My Glenn Miller Albums (white cover and gold cover), will be given to Allison Olsen and Jenna Umbehocker, flip a coin to decide choice.

My computer & peripheral equipment to be given to Patrick Ridgeway.

12 pictures with stickers on back that designate receiver of items.
Other items in the house that are mine will be designated with stickers on who I wish to receive those items.

All checking and saving accounts in my name, stock certificates and mutual fund accounts (List of accounts and numbers in possession of Patrick Ridgeway and Jacqueline Kiter) and any money from the sale of the remainder of my personal property shall be equally divided between, Peter G. Ridgeway, Patrick T. Ridgeway and Jacqueline S. Kiter

3.1 give my residuary estate, i.e., the rest of my property not otherwise specifically and validly disposed of by this will or in any other manner, to my wife, Ruth, or if she fails to survive me by 45 days to her children in equal shares. If any primary beneficiary of a specificgift made in this will fails to survive me by 45 days, the surviving beneficiaries of that gift shall equally divide the deceased beneficiary's share. If a primary beneficiary of a specific gift made in this will fails to survive me by 45 days, and there are no named alternate beneficiaries, my executor, Jacqueline Kiter, will determine who that gift shall go to.

My executor, Jacqueline S, Kiter, shall resolve any dispute or question arising over any personal item named above.

a. I nominate Jacqueline Sandra Kiter as executor, to serve without bond. If Jacqueline Kiter shall for any reason fail to qualify or cease to act as executor, I nominate Jenna Lynn Umbehocker as executor, also to serve without bond. I direct that my executor take all actions legally permissible

to have the probate of my estate done as simply as possible, including filing a petition in the appropriate court for the independent administration of my estate.

I hereby grant to my executor the following powers, to be exercised as he or she deems to be in the bet interest of my estate:

i. To retain property without liability for loss or depreciation resulting from such retention.

ii. To dispose of property by public or private sale, or exchange or otherwise, and receive or administer the proceeds as part of my estate.

iii. To vote stock, to exercise any option or privilege to convert bonds, notes, stocks or other securities and to exercise all of the rights and privileges of a person owning similar property in his own right.

iv. To lease any real property that may at any time form part of my estate.

v. To abandon, adjust arbitrate, compromise sue on or defend and otherwise deal with and settle claims in favor of or against my estate.

vi. To continue, maintain, operate or participate in any business which is a part of my estate, and to effect incorporation, dissolution or other change in the form of organization of the business.

vii. To pay all debts, and all taxes that may by reason of my death, be assessed against my estate or any portion of it whether passing by probate or not, provided that such debts and taxes shall be first satisfied out of my residuary estate.

viii. If any person not my child who receives property under this will is a minor at the time of distribution, I direct my executor to distribute the property to the minor's custodian or guardian under the provision of the Uniform Gifts to Minors Act, or the Uniform Transfers to Minor's Act, if either is applicable.

i. To do all other acts, which in his or her judgment may be necessary or appropriate for the proper and advantageous management, investment and distribution of my estate.

The foregoing powers, authority and discretion granted to my executor are intended to be in addition to the powers, authority and discretion vested in her by operation of law by virtue of her office, and may be exercised as often as is deemed necessary or advisable, without application to or approval by any court in any jurisdiction.

b. If my wife and I should die simultaneously or under such circumstances as to render it difficult or impossible to determine by clear and convincing evidence who predeceased the other, I shall be conclusively presume to have survived my wife for purposes of this will.

I subscribe my name to this will this___day of _____2003, at Anacortes, Skagit County, Washington, and do hereby declare that I sign and execute it as my free and voluntary act for the purposes therein expressed, and that I am of the age of majority or otherwise legally empowered d to make a will, and under no constraint or undue influence.

Signed _____

On this 10th day of February 2003, Thomas Elmer Ridgeway declared to us, the undersigned, that this instrument was his will and requested us to act as witnesses to it. He thereupon signed this will in our presence, and in the presence of each other, subscribe our names as witnesses and declare we understand this to be his will and that to the best of our knowledge the testator is of the age of majority, or is otherwise legally empowered to make a will and under no constraint or undue influence.

We declare under penalty of perjury that the foregoing is true and correct

Name Virginia D. Sloan, residing at Burlington
City of Burlington, County of Skagit, State of WA.

Name_____, residing at_____
City of_____, County of_____, State of_____

VIRGINIA D. SLOAN
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
8-29-06

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 48-05 **Washington State Certificate of Death** State File Number

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
Thomas	Elmer	RIDGEWAY		Jan 20, 2005

3. Sex (M/F)	4a. Age – Last Birthday	4b. Under 1 Year Months	Days	4c. Under 1 Day Hours	Minutes	5. Social Security Number	6. County of Death
M	81					395-16-8561	Skagit

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
Jul 16,1923	Elkhorn	Wisconsin	Some college, but no degree

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces?
No	White	Yes

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
2519 West 2nd	Anacortes

13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skagit		Washington	98221	☒ Yes ☐ No ☐ Unk

14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)
10y	Married	Ruth Louise Aldrich

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).	18. Kind of Business/Industry (Do not use Company Name)
Estimator	Electric Contracting

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Elmer (nmn) Ridgeway	Munro (nmn) Kinney

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No.	City or Town	State	Zip
Jackie Kiter	Daughter	12513 Chain Lake Road	Snohomish	WA	98290-

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
Inpatient	

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
Island Hospital	Anacortes	WA	98221

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Cremation	Northwest Crematory	Anacortes, Washington

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Evans Funeral Chapel 1105 32nd Street Anacortes, WA 98221-	Jan 21, 2005

33. Funeral Director Signature X Joseph Wahan

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. aortic stenosis	5 years
	Due to (or as a consequence of):	
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. renal failure due to	3 days
	Due to (or as a consequence of):	
	c. low cardiac output	
	Due to (or as a consequence of):	
	d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above	36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
Diabetes II, rheumatoid arthritis	☐ Yes ☒ No	☐ Yes ☒ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☐ Yes ☐ Probably ☒ No ☐ 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?
			☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street: Apt No.

City or Town: County: State: Zip Code+ 4:

46. Describe how injury occurred	47. If transportation injury, specify:
	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ 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.	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.
X Gavin Gordon	X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
Gavin I. Gordon M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221	20:25 PM
51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY) January 21, 2005

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
M.D.	MD00030111		☐ Yes ☒ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
X Sandra Gerlits, Deputy	JAN 21 2005
59. Amendments	

Part 1 completed by Funeral Director

Part 2 completed by Certifier

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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 forgoing 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 incorre 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
- Hospital Records
- Insurance Records
- Marriage/Divorce Records
- Medical Record
- Military Record (DD-214)
- Birth Record
- 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 ar 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:

- 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:

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 023 (Rev. 9/2002)

CERTIFIED

JAN 24 2005

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

WN00122206

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Skagit County Auditor
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