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Skagit County Auditor

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FRANCES R. LAM
1177 FIDALEO DR
BURLINGTON, WA 98233

Document Title(s): AFFIDAVIT

Grantors: FRANCES R. LAM

In consideration of : (Or other conveyance language) NONE

Grantees: ESTATE OF RAYMOND A. LAM

Tax Parcel Number(s): 159 000 035 0000

Legal Description:

UNIT 35, FOURTH AMENDMENT TO THE CEDARS
CONDOMINIUM

Reference Auditor File Numbers:

200109270099

LACK OF PROBATE AFFIDAVIT
(COMMUNITY PROPERTY)

STATE OF WASHINGTON)

SS: _____

COUNTY OF SKAGIT)

County SKAGIT

FRANCES R. LAM, being first duly sworn,
on oath deposes and says:

That affiant is the lawful surviving spouse of RAYMOND A. LAM,
who died on FEBRUARY 4, 2007, at MT VERNON (city),
County of SKAGIT, State of WASHINGTON,
then being a resident of BURLINGTON (city),
County of SKAGIT, State of WASHINGTON.

****We require receipt of a copy of the death certificate.****

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 separate debts of the decedent; all 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 attachment, if necessary):

CHECK ALL THAT APPLY. Please consider each section separately:

☒ That affiant and the decedent acquired said property as community property under deed dated 9/25/01, recorded 9/27/01, under Auditor's File No. 200109270099, records of SKAGIT County, Washington; OR

That affiant and the decedent provided for the conversion of separate property to community property by deed dated _____, recorded _____, under Auditor's File No. _____, records of Island County, Washington; OR
That affiant and decedent provided for the conversion of separate property to community property and for the disposition of all community property by Community Property

Agreement (a copy of which is attached hereto) dated _____, recorded _____, under Auditor's File No. _____, records of _____ County, Washington; OR
That affiant and decedent provided for the conversion of separate property to community property and for the disposition of all community property by Community Property Agreement (a copy of which is attached hereto) dated _____, which has never been recorded.



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X A copy of the Death Certificate is attached hereto.
 _____ A copy of the Death Certificate was previously provided to you.

.....
X The decedent left a Will, a copy of which is attached hereto.
 _____ The decedent left no Will.

.....
X The decedent's estate is not being probated.
 _____ The decedent's estate is subject to probate proceedings in _____ County, State of _____
 _____ under Probate Case No. _____.

.....
X The estate of the decedent is exempt from State and/or Federal succession or inheritance tax.
 _____ State and/or Federal succession or inheritance tax in the amount of \$ _____
 _____ has been paid. Copies of the release/discharge is attached hereto.
 _____ State and/or Federal succession or inheritance taxes are due, but have not been paid.

.....
X That all creditor's claims (including claims of the State of Washington for assistance pursuant to the provision of RCW 43.20B.080) against the estate of the decedent, or the former marital community thereof, have been paid.

That the value of the decedent's estate at date of death, including all real and personal property, was approximately \$ 250,000, including the value of the community property of affiant and decedent of approximately \$ 250,000, and including the value of decedent's separate property of approximately \$ 0.00.

This affidavit is made to induce ANY TITLE COMPANY IN WASHINGTON, (hereinafter "the Company") to pass title to the decedent's community interest in the real property covered by the Company's order number set forth above to the affiant, surviving spouse, all in reliance upon the representations set forth herein. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein.

DATED: 3/13/07

Frances R. Lam
 (Affiant's signature, must be notarized)

FRANCES R. LAM
 (Affiant's printed name)

1177 FIDUCIARY
 (Affiant's full address)

BURLINGTON, WA 98283
 revised 12/07/05

 (Affiant's phone number)



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STATE OF WASHINGTON

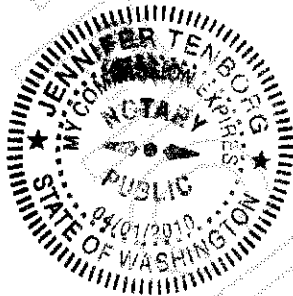
COUNTY OF SKAGIT

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

DATED: 3/13/07

Jennifer Tenborg
Notary Public

My appointment expires: 4/01/2010



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When Recorded Return to:
 RAYMOND A. LAM
 FRANCES R. LAM
 1177 Fidalgo Drive
 Burlington, WA 98233

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 9/27/2001 Page 1 of 2 12:06:07PM

Island Title Company
 Order No: BE5371 MJJ
 818752

STATUTORY WARRANTY DEED

THE GRANTOR HOMESTEAD NW DEVELOPMENT CO, a Washington corporation

for and in consideration of One Hundred Thirty-Nine Thousand Nine Hundred Fifty and 00/100... (\$139,950.00) DOLLARS

In hand paid, conveys and warrants to RAYMOND A. LAM and FRANCES R. LAM, husband and wife
 the following described real estate, situated in the County of Skagit, State of Washington:

Unit 85, FOURTH AMENDMENT TO THE CEDARS, A CONDOMINIUM, according to
 Amended Declaration thereof recorded August 24, 2000, under Auditor's File No.
 20008240077, records of Skagit County, Washington, and Amended Survey Map and
 Plans thereof recorded under Auditor's File No. 20008240076, records of Skagit
 County, Washington.

Tax Account No.: 4759-000-085-0000 P117144

Subject to: Restrictions, reservations and easements of record and Skagit County Right To
 Farm Ordinance as described in Exhibit "A" which is attached hereto and made a part hereof.

Dated: September 25, 2001

HOMESTEAD NW DEVELOPMENT CO

Maia Halvorsen 9/26/01
 Maia Halvorsen, Site Manager Date

43102
 SKAGIT COUNTY WASHINGTON
 Real Estate Excise Tax
 PAID

SEP 27 2001

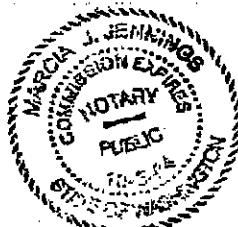
Amount Paid \$2,491.11
 Skagit County Treasurer
 By: *[Signature]* Deputy

STATE OF WASHINGTON
 COUNTY OF Skagit

I certify that I know or have satisfactory evidence that Maia Halvorsen, the person(s) who appeared before me, and
 said person(s) acknowledged that she signed this instrument, on oath stated that she is authorized to execute the
 instrument and acknowledged it as the Site Manager of HOMESTEAD NW DEVELOPMENT CO to be the free and
 voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: September 26, 2001

Marcia J. Jennings
 Marcia J. Jennings
 Notary Public in and for the State of Washington
 Residing at Sedro Woolley
 My appointment expires: 10/5/2004



LPS No. 10



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 88-07		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix RAYMOND ARTHUR LAM			2. Death Date Feb. 4, 2007		
3. Sex (M/F) Male	4a. Age - Last Birthday 84 Years	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate Oct. 15, 1922		8a. Birthplace (City, Town, or County) Oak Harbor	8b. (State or Foreign Country) Washington	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) White		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.) 1177 Fidalgo Dr.				13b. City or Town Burlington	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country Washington		13f. Zip Code + 4 98233
14. Estimated length of time at residence. 20+ Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Frances Ruth McCormick	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Manager			18. Kind of Business/Industry (Do not use Company Name) Retail Lumber		
19. Father's Name (First, Middle, Last, Suffix) John NMI Lam			20. Mother's Name Before First Marriage (First, Middle, Last) Josephine NMI Reinstra		
21. Informant's Name Frances Lam		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1177 Fidalgo Dr. Burlington, WA 98233		
24. Place of Death (If Death Occurred in a Hospital: Place of Death, If Death Occurred Somewhere Other than a Hospital: Nursing Home/ Long term care facility					
25. Facility Name (If not a facility, give number & street or location) Life Care Center 2120 East Division			26a. City, Town, or Location of Death Mount Vernon	26b. State WA	27. Zip Code 98274
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Solie Crematory		30. Location-City/Town, and State Everett, Washington	
31. Name and Complete Address of Funeral Facility Affordable Burial and Cremation Services, LLC 17910 SR 536, Mount Vernon, WA 98273			32. Date of Disposition Feb. 7, 2007		
33. Funeral Director Signature X <i>[Signature]</i> # 1077					
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. NORMAL PRESSURE HYDROCEPHALUS		Interval between Onset & Death 13 mo	
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. 4x BILATERAL SUBDURAL HEMATOMAS		Interval between Onset & Death 9 mo	
		c. PARKINSONS DISEASE		Interval between Onset & Death 15 yrs	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Malnutrition			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		
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 stated due to the cause(s) as stated. X <i>[Signature]</i> MD			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) as stated. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) David D. Shilling, MD 712 S. Burlington Blvd. 98233			50. Hour of Death (24hrs) 1620		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)			52. Date Signed (mm/dd/yyyy) 2-5-2007		
53. Title of Certifier Physician	54. License Number MD 00015971	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X <i>[Signature]</i> Registrar			58. Date Received (mm/dd/yyyy) FEB - 6 2007		
59. Amendments					



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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:

The Record now shows:	The True fact is:
6.	7.
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 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)
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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 023 (Rev. 9/2002)

CERTIFIED

FEB 08 2007



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

0000266064

Last Will and Testament of

RAYMOND A. LAM

KNOW ALL MEN BY THESE PRESENTS that I, RAYMOND A. LAM, of Oak Harbor, Washington, being of sound and disposing mind and memory, and not acting under duress, menace, fraud, or the undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament.

I.

I declare that I am the husband of FRANCES R. LAM and that we have four children, they being:

REBECCA RAE BIRD

ROBERT RAYMOND LAM

STEVEN ARTHUR LAM

RUTH CHARLENE LAM

II.

I direct that my remains be cremated.

III.

I direct and order that all just debts for which proper claims are presented against my estate, together with the expenses of my last illness and funeral, be paid by my personal representative as soon after my death as is practicable; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

IV.

I give, devise and bequeath all of the rest, residue and remainder of my estate unto my wife, FRANCES R. LAM. In the



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event that my said wife should predecease me, or in the event that we should both perish as the result of a common accident or disaster, then I give, devise and bequeath the residue and remainder of my estate to my children named in paragraph I hereof, share and share alike.

V.

I nominate and appoint my wife, FRANCES R. LAM, to act as the personal representative of my estate, to serve without bond. In the event that she is for any reason unable or unwilling to act as the personal representative, I nominate and appoint REBECCA RAE BIRD to act as the personal representative, also to serve without bond.

VI.

I direct that my estate be settled without the intervention of court except to the extent required by law and that my personal representative administer and settle my estate in such manner as shall seem best and most convenient to her.

VII.

I hereby revoke any and all former Wills by me made and declare this to be my Last Will and Testament.

IN WITNESS WHEREOF I have hereto set my hand this 25th day of July, 1984.



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Raymond A. Lam
RAYMOND A. LAM

Doreen A. [Signature]
WITNESS
3101 - 300th Ave. West
Oak Harbor, WA. 98277

Lisa K. [Signature]
WITNESS
3101 - 300th Ave. West
Oak Harbor, WA. 98277

ATTESTATION CLAUSE AND AFFIDAVIT OF
ATTESTING WITNESSES

STATE OF WASHINGTON)
) SE.
County of Island)

The undersigned, competent to testify, being first duly sworn, upon oath, depose and say:

That the foregoing instrument to which this Affidavit is attached, dated July 25, 1984, which purports to be the Last Will and Testament of RAYMOND A. LAM, was signed and executed by the said RAYMOND A. LAM, at Oak Harbor, Washington, in the presence of myself and the other witness.

The said RAYMOND A. LAM thereupon published the instrument as and declared it to be his Last Will and Testament and requested us to sign the same as witnesses and to execute this Affidavit in proof of said Will.

In the presence of the said RAYMOND A. LAM, and at his request and direction, and in the presence of each other, the other witness and I subscribed our names as witnesses hereto.

At the time of executing said instrument the said RAYMOND A. LAM, the other witness and I, were of legal age and competent to act as witnesses, and the said RAYMOND A. LAM appeared to be of sound and disposing mind and not acting under duress, menace, fraud, undue influence or misrepresentation.

Residing at Oak Harbor, Washington

Reva K. H. H. H.
Residing at Oak Harbor, Washington

SUBSCRIBED and sworn to before me this 25 day of July, 1984.

Cheryl J. Guller
NOTARY PUBLIC in and for the
State of Washington, residing
at Oak Harbor



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