

Filed for Record at the Request of:

Aaron M. Rasmussen
Attorney at Law, P.S.
1101 Eighth Street, Suite A
Anacortes, Washington 98221



200705240057

Skagit County Auditor

5/24/2007 Page

1 of

4 10:25AM

LACK OF PROBATE AFFIDAVIT
RE: THEA L. HYATT ESTATE

Grantor: BARBARA CONNELL, as Personal Representative of the
ESTATE OF FRANK W. HYATT, Deceased

Grantee: PUBLIC

Tax Account Nos.: 340208-3-019-0100 / P102773
340208-3-010-0309 / P20172

Abbreviated Legal Descriptions: LOT 1 S/P 91-73 REC AF#9205130028 BEING PTN SE1/4
SW1/4 SEC 8 EXC DAF BAT NE COR SD LT 1 TH N 89-
52-13 W ALG N LN THOF 815.56FT TH S 01-13-07 E TO S
LN SD LT 1 TH E ALG S LN SD LT 1 TO SE COR THOF
TH N 01-13-07 W ALG ELY LN SD LT 1 321.82FT TO
POB

M/H 96137 MODULINE 1982 70X14 LOT 2 SHORT PLAT
#91-73 AF#9205130028 BEING PORTION N1/2 S1/2
SW1/4 SW1/4

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

BARBARA A. CONNELL, being first duly sworn upon oath, deposes and says:

1. I am the duly appointed and acting personal representative of the ESTATE OF FRANK W. HYATT, Deceased, which is being probated under Skagit County Superior Court Cause Number 07-4-00004-6. I am the daughter of FRANK W. HYATT and make this affidavit based on personal knowledge.
2. FRANK W. HYATT was the surviving spouse of THEA L. HYATT, who died November 22, 2002. FRANK W. HYATT then died on December 22, 2006. At all relevant times, Mr. and Mrs. Hyatt were residents of Anacortes, Skagit County, Washington. A certified copy of Thea L. Hyatt's death certificate is attached hereto.
3. There are no unpaid creditors, unpaid funeral expenses, unpaid expenses of last illness, or unpaid state or federal taxes owing by THEA L. HYATT, her estate, or her former marital community.
4. The affiant does not know whether THEA L. HYATT and FRANK W. HYATT executed a community property agreement. However, THEA L. HYATT left a Will, dated February 26, 1979, in which she directed that "I GIVE, DEVISE, AND BEQUEATH all my property, both real and personal, over which I may have the power of testamentary disposition at my decease, to my husband, FRANK W. HYATT." THEA L. HYATT'S original will has been filed with the Skagit County Superior Court, but no probate proceedings have occurred in the five years since her death and no such proceedings are contemplated.

5. FRANK W. HYATT and THEA L. HYATT acquired the following real estate as their community property on April 14, 1993, situated in the County of Skagit, State of Washington:

Lots 1 and 2 of Skagit County Short Plat No. 91-073 as approved May 7, 1992, and recorded May 13, 1992, in Volume 10 of Short Plats, page 79, under Auditor's File No. 9205130028, records of Skagit County, Washington; being a portion of the Southeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 8, Township 34 North, Range 2 East, W.M.; EXCEPT all that portion of Lot 1 described as follows:

Beginning at the Northeast corner of said Lot 1; thence North 89 degrees 52'13" West along the North line thereof a distance of 815.56 feet; thence South 01 degrees 13'07" East to the South line of said Lot 1; thence East along the South line of said Lot 1 to the Southeast corner thereof; thence North 01 degrees 13'07" West along the Easterly line of said Lot 1, 321.82 feet to the point of beginning.

TOGETHER WITH an Easement for road, vehicular and pedestrian travel and utilities, over, under, across and along the South 30 feet of the North $\frac{1}{2}$ of the South $\frac{1}{2}$ of the Southeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 8, Township 30 North, Range 2 East, W.M.

Said Easement shall be appurtenant to the for the benefit of the following described lands;

The East $\frac{1}{2}$ of the South $\frac{1}{2}$ of the South $\frac{1}{2}$ of the Southwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 8, Township 34 North, Range 2 East, W.M.; and the North $\frac{1}{2}$ of the South $\frac{1}{2}$ of the Southwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 8, Township 34 North, Range 2 East, W.M.

TOGETHER WITH that certain 1982 70 x 14 MODULINE mobile home, VIN #96137 and all fixtures and appurtenances thereto.

Subject to restrictions, reservations and easements of record, if any.

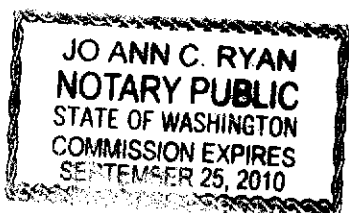
Situated in the County of Skagit, State of Washington.

6. The community property of FRANK W. HYATT and THEA L. HYATT, including the above-described real estate, vested in FRANK W. HYATT at the time of and on account of THEA L. HYATT'S death by virtue of the Washington law of intestate succession, particularly, RCW 11.04.015.
7. This affidavit is made to induce any and all title insurance companies to issue policies of title insurance on the above-described real property, which passed to FRANK W. HYATT as the surviving spouse of THEA L. HYATT (and to the Estate of Frank W. Hyatt upon his death), in reliance upon the representations herein set forth.

DATED this 22 day of May, 2007.

Barbara A. Connell
BARBARA A. CONNELL
Per. Rep., Estate of Frank W. Hyatt, Deceased

SUBSCRIBED and SWORN TO before me this 22 day of May, 2007.



Jo Ann C. Ryan
NOTARY PUBLIC in and for the State of
Washington, residing at Cenacitas
My appointment expires 9-25-10.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

836-02
LOCAL FILE NUMBER

Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Thea Middle: Lillian Last: Hyatt				2. SEX (M/F) F		3. DEATH DATE (Mo, Day, Yr) Nov 26, 2002	
4. AGE LAST BIRTHDAY (Yr) 85		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) [REDACTED]		8. BIRTHPLACE (City, State or Foreign Country) Finley, ND	
11. CITY, TOWN OR LOCATION OF DEATH Anacortes		12. PLACE OF DEATH — <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM OUTPTN <input type="checkbox"/> HOSP <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 7301 Palm Lane				13. SMOKING IN LAST 15 YEARS? (Yes/No) No	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Frank Warren Hyatt		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (13-16 or 5+):	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner/Operator		19. KIND OF BUSINESS OR INDUSTRY Tavern		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 7301 Palm Lane		23. CITY/TOWN, OR LOCATION Anacortes		24. INSIDE CITY LIMITS? (Yes/No) No		25. COUNTY Skagit	
26. STATE WA		27. ZIP CODE 98221		28. FATHER'S NAME — FIRST, MIDDLE, LAST John (nmi) Erickson		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Berthina (unknown)	
30. INFORMANT — NAME Frank Warren Hyatt		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 7301 Palm Lane, Anacortes, WA 98221					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Nov 27, 2002		34. CEMETERY/CREMATORY — NAME Northwest Crematory		35. LOCATION — CITY/TOWN, STATE Anacortes, WA	
36. FUNERAL DIRECTOR SIGNATURE x R. L. Evans		37. NAME OF FACILITY Skagit Cremation Services, LLC		38. ADDRESS OF FACILITY PO Box 2411 Mount Vernon, WA 98273			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE x [Signature]				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. SIGNATURE AND TITLE x [Signature]			
40. DATE SIGNED (Mo., Day, Yr) 11/26/02		41. HOUR OF DEATH (24 Hrs) 06:00 AM		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Margaret A. Sweeney M.D. 2511 M Avenue, Suite A, Anacortes, WA 98221				49. ME/CORONER FILE NUMBER NJA 291			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. Lymphoma		INTERVAL BETWEEN ONSET AND DEATH 6 months			
		B. Rheumatoid Arthritis		INTERVAL BETWEEN ONSET AND DEATH 75 years			
		C. Coronary Artery Disease		INTERVAL BETWEEN ONSET AND DEATH >10 years			
		D. Arctic Stenosis		INTERVAL BETWEEN ONSET AND DEATH >5 years			
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE				52. AUTOPSY? (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes	
54. ACC. SUICIDE, HOM., 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) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE x Dorothy Eppe, deputy				63. DATE RECEIVED (Mo., Day, Yr) NOV 27, 2002	



200705240057
Skagit County Auditor

5/24/2007 Page 3 of 4 10:25AM

DOH 01-003 (5/99)

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER _____ for _____ 3. DATE OF EVENT _____ 4. PLACE OF EVENT (City and County) _____		
2. NAME _____		5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution) _____		
		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution) _____		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7. _____		8. _____		
9. _____		10. _____		
11. _____		12. _____		
13. _____		14. _____		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15. _____
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE _____		17. DATE _____	18. ADDRESS _____	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. 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).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

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.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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



200705240057
 Skagit County Auditor

CERTIFIED

DEC 05 2002

Howard Leibrand

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

JJ00445683