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Skagit County Auditor

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Document Title:

Lack of Probate
Affidavit

Reference Number:

Grantor(s):

☐ additional grantor names on page ____

1. IVY, Thomas R.

2.

Grantee(s):

☐ additional grantee names on page ____

1. public

2.

Abbreviated legal description:

☐ full legal on page(s) ____

Lots 11 & 12 BL 44 Anacortes

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

P 55137

Estate of Marie L. Robinett Ivy

**LACK OF PROBATE
(SEPARATE PROPERTY)**

**STATE OF WASHINGTON
COUNTY OF SKAGIT**

SS:

**ORDER No.
COUNTY**

Thomas R Ivy, being first duly sworn, on oath deposes and says:

That affiant is the lawful surviving spouse of Marie L. Robinett Ivy of Anacortes, Washington, who died on October 14, 2006 in the city of Anacortes, county of Skagit, State of Washington.

That among items of separate property was real estate described as follows:

Parcel # P55137 / Tax #3772-044-012-0004/ Anacortes, Lots 11 and 12, Block 44

That affiant has herein below identified each and all of the heirs at law of decedent, including, but not limited to, his/her spouse, children, adopted children and the issue of any predeceased child or adopted child. If decedent left no surviving children, then affiant has listed below all the surviving parents, brothers, and sisters of decedent.

That the heirs at law of the decedent are:

- 1.) Thomas R Ivy
1020 16th St
Anacortes, WA 98221

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 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:



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CHECK ALL THAT APPLY

☒ A copy of the Death Certificate is attached.
☐ A copy of the Death Certificate was previously provided to you.

☐ The decedent left a Will, a copy of which is attached hereto.
☒ The decedent left no Will.

☒ 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. _____.

☒ 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. A copy of the release/discharge is attached hereto.
☐ State and/or Federal succession or inheritance taxes are due, but have not been paid.

☒ That all creditor's claims against the estate of the decedent have been paid.

That the value of the decedent's estate at date of death, including all real and personal property, was approximately \$ _____, including the value of the community property of decedent and decedent's surviving spouse of approximately \$ _____, and including the value of decedent's separate property of approximately \$ _____.

This affidavit is made to induce CHICAGO TITLE COMPANY OF WASHINGTON, (hereinafter "the Company") to insure real property covered by the Company's order number set forth above, in which decedent held an interest at the time of her death. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein.

DATED: 6-12-07

Thomas R Ivy

Thomas R Ivy (Affiant's Signature)

THOMAS R IVY
Thomas R Ivy (Affiants printed name)

1020 16th St
Anacortes WA 98221
Affiant's full address
Affiant's Phone # 360-293-1184



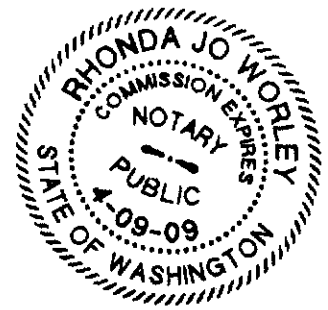
STATE OF WASHINGTON
COUNTY OF SKAGIT

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

DATED: 06-12-07

Rhonda Jo Worley
NOTARY PUBLIC

My appointment expires: 04-09-09



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 822-06		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) - First Middle LAST			2. Death Date		
Marie Louise ROBINETT-IVY			Oct 14, 2006		
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
F	53	Months Days	Hours Minutes	[REDACTED]	Skagit
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education		
[REDACTED]	Silverton	Oregon	11th Grade, No GED		
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	
No		Caucasian		No	
13a. Residence: Number and Street (e.g. 624 SE 5th St.) (include Apt. No.)			13b. City or Town		
1020 - 16th Street			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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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)		
15 years		Married	Tom Richard Ivy		
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)		
Hair Stylist			Hair Salon		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
(unk) (unk) (unk)			(unk) (unk) (unk)		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip		
Tom Richard Ivy		Husband	1020 - 16th Street Anacortes WA 98221		
24. Place of Death: If Death Occurred in a Hospital: _____ If Death Occurred Somewhere Other than a Hospital: Nusing Home					
25. Facility Name (If not a facility, give number & street or location)			26a. City, Town, or Location of Death	26b. State	27. Zip Code
Fidalgo Care Center			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 & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-				Oct 17, 2006	
33. Funeral Director Signature X Joseph A. Wahorn					
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. Hepatitis C infection		Interval between Onset & Death year	
		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?	37. Were autopsy findings available to complete the Cause of Death?
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<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"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year			
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: _____			46. Describe how injury occurred		
City or Town: _____ County: _____ State: _____ Zip Code + 4: _____					
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 be filled in by physician who certifies cause of death			48b. Medical Examiner/Coroner - To be filled in by medical examiner or coroner		
X Nancy H. Llewellyn M.D.			X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)			50. Hour of Death (24hrs)		
Nancy H. Llewellyn M.D. 2511 M Avenue, Suite C, Anacortes, WA 98221			20:40 PM		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY)		
			October 16, 2006		
53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?		
M.D.	MD00027709	138-06	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature Luciana Rocha, Deputy			58. Date Received (MM/DD/YYYY)		
			OCT 18 2006		
59. Amendments					

DOH/CHS 003 Rev 2/06/2004



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