

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



200706280007  
Skagit County Auditor

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<b>Grantor(s):</b>	Wilma E. Vance
<b>Grantee(s):</b>	The Public
<b>Legal Description (abbreviated):</b>	S 100ft, N 300ft, Lt 24, Blk 135, First Addn to Burlington, Skagit Co, WA
<b>Assessor's Tax Parcel Number:</b>	4077-135-024-0204 (P72223)
<b>Reference:</b>	8308010039

In the Matter of the Estate of  
Ernest Morris Vance,  
D

## Lack of Probate Affidavit

State of Washington) ss.  
County of Skagit )

**Wilma E. Vance**, being first duly sworn, deposes and says:

## Lack of Probate Affidavit

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**Elliott W. Johnson Inc. P.S.**  
711 South First Street  
Mount Vernon, WA 98273  
(360) 336-6502 Fax 336-5616  
Email [Elliott@EWJLaw.com](mailto:Elliott@EWJLaw.com)

1. I am the surviving spouse of **Ernest Morris Vance** who died a resident of Skagit County, Washington, at Mount Vernon, on April 21, 2007, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated August 16, 1974. A true and correct copy of this Community Property Agreement is attached hereto and incorporated herein. Attached also is a true and correct copy of the death certificate that was issued herein. This Community Property Agreement was validly executed and in full force and effect at the death of the decedent.

2. The decedent executed no wills, 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, except the above Community Property Agreement.

3. 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.

4. The decedent left surviving, in addition to the undersigned, the following children: Tina Allen, Patricia Nelles, Linda Cheek.

5. 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.

6. There was no separate property.

7. Among other items of community property was the following described real estate:

**1. Residence located at 521 S. Section, Burlington, Skagit County, WA, legally described as:**

The South 100 feet of the North 300 feet of Lot 24 in Block 135 of FIRST ADDITION TO BURLINGTON, as per plat recorded in Volume 3 of Plats, page 11, records of Skagit County.

Situate in the County of Skagit, State of Washington.

Subject to: All easements, restrictions and reservations of record.

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WA 98273



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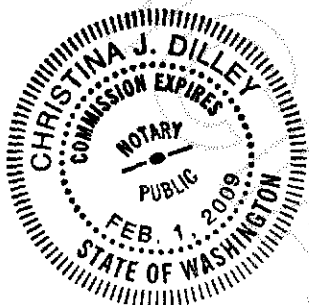
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7. This affidavit is made to induce Title Companies to issue their policies of title insurance on real property passing to the surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations herein set forth.

Wilma E Vance  
Wilma E. Vance

SUBSCRIBED AND SWORN to before me on June 26, 2007 by Wilma E. Vance.



Christina J. Dilley  
Notary Public CHRISTINA J. DILLEY  
My appointment expires: 2-1-2009

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Elliott W. Johnson Inc. P.S.  
Notary Public - State of Washington



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COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

This agreement, made and entered into this 16 day of August, 1974, by and between Ernest Morris Vance and Wilma Elizabeth Vance, husband and wife of Newhalem, Rockport, Skagit County, Washington pursuant to the provisions of Section 26.16.020 of the Revised Code of Washington, providing for the agreement between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either, W I T N E S S E T H:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all property of whatsoever nature or description whether real, personal and mixed and wheresoever situated, now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of the parties hereto title to all community property as defined in the foregoing paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said Ernest Morris Vance and Wilma Elizabeth Vance, have hereunto set their hands and seals this 16 day of August, 1974.

Ernest Morris Vance (SEAL)

(SEAL)

Witnesses

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FRED R. LUSSE  
ATTORNEY AT LAW  
404 PAINWATER AVENUE  
BURLINGTON, WASHINGTON  
TEL. PHONE (206) 795-1185



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Skagit County Auditor

State of Washington)  
ss.  
County of Skagit )

This certifies that on this \_\_\_\_ day of August, 1974, personally appeared before me Ernest Morris Vance and Wilma Elizabeth Vance, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal this \_\_\_\_ day of August, 1974.

Notary Public in and for State of Washington, residing at Burlington

3335010039

NR 525 WFT 56

FRED R. LUSBE  
ATTORNEY AT LAW  
204 PARKWAY AVENUE  
BURLINGTON, WASHINGTON  
TELEPHONE 425-755-1185



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Skagit County Auditor

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>320-07</b>		<b>Washington State Certificate of Death</b>				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>ERNEST MORRIS VANCE</b>						2. Death Date <b>Apr 21, 2007</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>85</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number	6. County of Death <b>Skagit</b>		
7. Birthdate <b>May 25, 1921</b>	8a. Birthplace (City, Town, or County) <b>Pineola</b>	8b. (State or Foreign Country) <b>North Carolina</b>		9. Decedent's Education <b>1 yr College</b>			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>		
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>521 S. Section</b>						13b. City or Town <b>Burlington</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98233</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. <b>30 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Wilma Johnson</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Carpenter</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Public Utility</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Howard Vance</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Lola Clark</b>			
21. Informant's Name <b>Wilma Vance</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>521 S. Section Burlington, WA 98233</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>				25. Facility Name (if not a facility, give number & street or location) <b>Skagit Valley Hospital</b>			
26a. City, Town, or Location of Death <b>Mount Vernon</b>		26b. State <b>WA</b>		27. Zip Code <b>98273</b>			
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Hamilton Cemetery</b>		30. Location-City/Town, and State <b>Hamilton, WA</b>			
31. Name and Complete Address of Funeral Facility <b>Lemley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284</b>				32. Date of Disposition <b>Apr 25, 2007</b>			
33. Funeral Director Signature X <i>[Signature]</i>							
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. <b>Sepsis due to UTI, Pneumonid, C. diff.</b>				Interval between Onset & Death <b>Days.</b>	
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. <b>Aspiration Pneumonid.</b>				Interval between Onset & Death <b>Days</b>	
		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 <b>Bladder cancer, HTN, DM Type II</b>				36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" 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"/> Pregnant at time of death		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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 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 and caused by the cause(s) and manner stated. <b>DANTE ARRANZA, MD.</b>				48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and caused by the cause(s) and manner stated.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>DANTE ARRANZA, MD 1400 E. KINCAID MOUNT VERNON, WA 98274</b>				50. Hour of Death (24hrs) <b>0645</b>		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Signed (MM/DD/YYYY) <b>04/24/07</b>		53. Title of Certifier <b>Physician</b>		54. License Number		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Registrar Signature <i>[Signature]</i>		58. Date Received (MM/DD/YYYY) <b>Apr 24 2007</b>		59. Amendments	



200706280007  
Skagit County Auditor



# Affidavit for Correction

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

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

## 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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution
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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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- 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.
- 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).
- 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:

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 020 (Rev. 9/2002)

**\*CERTIFIED\***

APR 24 2007

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



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Skagit County Auditor

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