AFTER RECORDING RETURN TO:

Name William R. Allen, Attorney

Address P.O. Box 437

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City, State, Zip Sedro Woolley, WA 98284

COVER SHEET

Document Title: Lack of Probate Affidavit

Reference Number(s) of Documents Assigned or Released:

Grantor(s):

1. Derward H. Osborne

Grantee(s):

1. Public

Abbreviated Legal Description: Lot 20, "FIDALGO COMMONS PUD"

Assessor's Property Tax Parcel/Account Number(s): 4817-000-020-0000/P120468

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)	
	:	SS
COUNTY OF SKAGIT)	

DERWARD II. OSBORNE, being first duly sworn on oath, deposes and says:

THAT Affiant is the surviving spouse of BETTY A. OSBORNE, who died at Sedro Woolley, on the 5th day of July, 2007, in Skagit County, State of Washington. A copy of the death certificate is attached hereto.

THAT at the time of her death, decedent's sole surviving heir at law was her spouse, Derward H. Osborne.

THAT among items of community property was real estate described as follows:

Lot 20, "FIDALGO COMMONS PUD", as per plat recorded May 30, 2003, under Auditor's File No. 200305300211, records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

Tax Account No. 4817-000-020-0000/P120468
Address: 1278 Fidalgo Place, Sedro Woolley, Washington 98284

THAT Affiant and the deceased acquired such property as community property by deed recorded January 14, 2004, under Auditor's File No. 200401140116.

THAT Affiant and the deceased provided for the conversion of separate property to community property and for the disposition of all community property by Community Property Agreement dated February 13, 1975, and recorded concurrently herewith.

THAT there are no unpaid creditors of said decedent, Betty A. Osborne, or of the former marital community nor unpaid funeral expense, or expenses of last illness.

THAT Affiant knows of his own knowledge, and so states, that each and all of the obligations against the estate of said decedent, Betty A. Osborne (including but not limited to all the debts of decedent; all of 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.

THAT the decedent left a Will, a copy of which is attached hereto; the decedent's estate is not being probated; the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes; and that all Creditor's Claims against the estate of

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OsborneB/LackProbAff

200708310136 Skagit County Auditor the decedent have been paid.

THAT the value of the decedent's estate at the date of death, including all real and personal property, was approximately \$200,000.00, all of which was community property.

THIS Affidavit is made to induce any Title Insurance Company doing business in Skagit County, Washington, to insure real property in which decedent held an interest at the time of his death. Affiants urge any such Title Insurance Company to issue its policy of title insurance in full reliance upon the representations set forth herein.

DERWARD H. OSBORNÊ

1278 Fidalgo Place

Sedro Woolley, WA 98284

(360) 856-0942

STATE OF WASHINGTON)

SS.

COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that DERWARD H. OSBORNE 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:

Dena Fleurichamp

NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolley

My appointment expires: 11/4/2008

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STATE OF WASHINGTON. DEPARTMENT OF HEALTH

Sterne Seed	F19.02	Washington State Co	ertificate of Death	State File Numbe	s		
	File Number	Middle LAST	Sulfix	2. Death Date			
- 1	D POPON	ALICE	OSBORNE	Jul 5, 2007			
1				Security Number	6. County of Death		
	3. Sex (M/F) 4a Age Last Birthday Female 84	Months Days Hours	Minutes 532-	30-9280	Skagit		
	7. Birthdate 8a. Birthplac		, , , , , , , , , , , , , , , , , , , ,	Decedent's Education 2 yrs College			
	Feb 23, 1923 Burli 10. Was Decedent of Hispanic Origin? (Yes o	ngton Wash	nington Decedent's Race(s)	z yrs turrege	12. Was Decedent ever in U.S. Armed Forces?		
	No.	1 (aucasian	13b. City o	NO		
Ö	13a. Residence: Number and Street (e.g., 62-	(SE 5th St.) (Include Apt. No.)		, ,	n-Woollev		
Director	1231 Warner 13c. Residence: County 13d. T	ribal Reservation Name (if applicable) 13e. State or Foreign Cour	itry 13f. Zip Code	+ 4 13g. Inside City Limits?		
	Skapit		Washington	98284	7.4		
Funeral	Skag1t 4. Estimated length of time at residence 15. Marital Status at Time of Death 3 vrs Married Derward Osborne						
ξ	17. Usual Occupation (Indicate type of work dor	ne during most of working life. (DO NOT US	SE RETIRED). 18. Kind of Busine	ss/Industry (Do not use Company	Name)		
eted	Licensed Practical Nu	rse 🧷 🦯 💮 💮	Hospita	L e Before First Marriage (First, M			
	19. Father's Name (First, Middle, Last, Suffix) Neil J. Doran	and the second s	Silva Ra	avborn			
dwoo	21. Informant's Name		23. Mailing Address: Number a	ind Street or RFD No. City or Town	11ev. WA 98284		
at 1	Derward Osborne 24. Place of Death, if Death Occurred in a Hospita	Husband	Place of Death, if Do	Place Sedro-Woo	an a Hospital:		
ď		A Sanda JA A	: Long Terr	n Care Facility Town, or Location of Death	26b. State 27. Zip Code		
	25. Facility Name (If not a facility, give number (street or lacation)		, Town, or Location of Death ro-Woollev	WA 98284		
	Clayton House 28. Method of Disposition	29. Place of Final Disposition (Name		ace) 30. Location-	City/Town, and State		
	Cromation	Mount Vernon Cret		Mount	Vernon, WA 32. Date of Disposition		
	31. Name and Complete Address of Funera Lemiev Chapel Inc. 10	Facility	iloollov IJA 98	28/	July 6, 2007		
	Lemiey/Chapel Inc. 19 33. Funeral Bire for Signature X	08 fulld of Searo-	WOOLIEY, WA JO	2.015			
	(that) wh		eath (See instructions and exam				
	34. Enter the <u>chain of events</u> ~ diseases, it ventricular fibrillation without showing the elimmEDIATE CAUSE (Final disease or condition resulting in death) → Sequentially list conditions, if any, leading	a. As in atom b. Dementa	Due to (or as a consequence	e of).	Interval between Onset & Death / Mwh Interval between Onset & Death Jean Interval between Onset & Death		
	to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)LAST	a Mormal P	Due to (or as a consequence	dazcaghalus	Interval between Onset & Death		
: « u:1	35. Other significant conditions contributing	a to death but not resulting in the un	derlying cause given above	36. Aulopsy? ☐ Yes-∏ No	37. Were autopsy findings available to complete the Cause of Death? Yes No 40. Did tobacco use contribute		
- - -	Natural Homicide Accident Undetermined Suicide Pending	If female Not pregnant within past year Pregnant at time of death	☐ Not pregnant, but pregnant with	ont within 42 days before death int 43 days to 1 year before death in the past year construction site restaurant, woode	Ito death? If Yes Probably If Yes Unknown If area) 44. Injury at Work?		
·	41. Date of Injury (ww/poryryy) 42. I	four of Injury (24hrs) 43. Place of		<u> </u>	LI YES DING DOM		
	45. Location of Injury: Number & Street:				Apt-No.		
	City or Town:	County		State: 47. If transport	Zip Code+ 4: ation injury, specify:		
•	46. Describe how injury accurred			☐ Driver/Ope	rator		
	48a. Certifying Physician-Tain-Last of re	makarelge relettrationer et me ame i	date and 48b, Medical Ex	kaminer/Coroner - the time days	akaharangkan gakkapanasini ter maij na ngaberjagka garanjis na asama dinasi		
	V F Juin	HAM G M	x		50. Hour of Death (24brs)		
	49. Name and Address of Certifier - Phys	ician, Medical Examiner or Coroner 20 Hospital Dr #100	(Type or Print)) Sedmo=Moolley	. WA 98284	1723		
	Edwin Stickle MD 199 51. Name and Title of Attending Physician	O MOSPICAL DE #ION. if other than Certifier (Type or Prin) <u>searo-woorrey</u>	79/1	52. Date Signed (MM/00/YYYY)		
				ner File Number 56.	Was case referred to ME/Coroner?		
	53. Title of Certifier Physician	54. License Number 34310	55. ME/Coro	ner rite Number 50.	U Yes □ Ne		
	57. Registrar Signature			58. Date Rece	JUL - 9 2007		
	59. Amendments	on liputo					
			100 th 200 to 20	: E			

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East Mill and Testament

BE IT KNOWN That I, BETTY A. OSBORNE, of Route 4, Box 149A. Sedro Woolley, Skagit County, State of Washington, being of legal age and being of sound and disposing mind and memory, and not acting under duress, menace, fraud or the undue influence of any person or persons whomsoever, do hereby make, publish and declare this, my Last Will and Testament:

ARTICLE 1. At my beloved husband, Derward H. Osborne, survives me, then I give, devise and bequeath unto him all of my property and estate of every kind and nature whatsoever real, personal and mixed and wheresoever the same may be situated.

ARTICLE II. If my said husband, Derward H. Osborne, does not survive me or if we should dre at the same or approximately the same time as the result of accident or otherwise then I give, devise and bequeath all of my said property and estate in equal shares unto our two beloved children, namely: Wayne Osborne and Gail Hanson.

ARTICLE III. I nominate and appoint my said husband. Derward H. Osborne, as sole executor of this my Last Will and Testament if he survives me. If he does not survive me or 41 he is unable or unwilling to accept the appointment I nominate as co-executors the said Wayne Osborne and the said Gail Hanson, and if either of them is unable or unwilling to act the other may act alone. None of said persons shall be required to furnish any bond or security whatsoever in order to accept the said appointment.

ARTICLE IV. I direct that this my Last Will and Testament may be administered without the intervention of any court or courts whatsoever except to do those things which are required by the laws of the State of Washington in the administration of a non-intervention will. I specifically direct that my executors, shall have the right to continue any business in which I may be engaged at the time of my death, without any order of court and without any liability for loss as a result thereof. I further direct that my executors, shall have

Betty G. Osbarne (SEAL)

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the right to sell, convey or in any manner dispose of the property of my estate, real or personal, without order of court and without confirmation of sale, upon such terms as they may deem advisable, irrespective of whether or not a sale may be necessary for any purpose. My executors, shall have the same right with respect to the property of my estate and the sale, management and disposition thereof that I could exercise if living and acting in person.

ARTICLE V. I hereby revoke all former wills by me at any time heretofore made.

IN WItness whereof, I, the said BETTY A. OSBORNE, have to this my Last Will and Testament, subscribed my name and affixed my seal at Sedro Woolley, Washington, this 13th day of February, 1975.

Bitty G. O Sharne (SEAL)

WE HEREBY CERTIFY that the foregoing instrument consisting of one typewritten page besides this one, each signed by the testatrix, was on the 13th day of February, 1975, signed, sealed and published by BETTY A. OSBORNE, the above named testatrix, as and declared by her to be her Last Will and Testament in the presence of us, the undersigned, who at her request and in her presence, and in the presence of each other, have hereunto subscribed our names as witnesses thereto.

Residing at Sedro Wooley, Washington

Residing at Sedro Woolfey, Washington

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