

AFTER RECORDING RETURN TO:

Name William R. Allen, Attorney

Address P.O. Box 437

City, State, Zip Sedro Woolley, WA 98284



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Skagit County Auditor

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## 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





# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>519-07</b>		<b>Washington State Certificate of Death</b>			State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Suffix <b>BETTY ALICE OSBORNE</b>				2. Death Date <b>Jul 5, 2007</b>		
3. Sex (M/F) <b>Female</b>		4a. Age - Last Birthday <b>84</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <b>532-30-9280</b>	6. County of Death <b>Skagit</b>
7. Birthdate <b>Feb 23, 1923</b>		8a. Birthplace (City, Town, or County) <b>Burlington</b>	8b. (State or Foreign Country) <b>Washington</b>	9. Decedent's Education <b>2 yrs College</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>				11. Decedent's Race(s) <b>Caucasian</b>		13b. City or Town <b>Sedro-Woolley</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1231 Warner</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>98284</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>3 yrs</b>	15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's Name (Give name prior to first marriage) <b>Derward Osborne</b>
17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Licensed Practical Nurse</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Hospital</b>			19. Father's Name (First, Middle, Last, Suffix) <b>Neil J. Doran</b>
20. Mother's Name Before First Marriage (First, Middle, Last) <b>Silva Rayborn</b>			21. Informant's Name <b>Derward Osborne</b>			22. Relationship to Decedent <b>Husband</b>
23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>1278 Fidalgo Place Sedro-Woolley, WA 98284</b>						
24. Place of Death, if Death Occurred in a Hospital: <b>Long Term Care Facility</b>						
25. Facility Name (If not a facility, give number & street or location) <b>Clayton House</b>			26a. City, Town, or Location of Death <b>Sedro-Woolley</b>	26b. State <b>WA</b>	27. Zip Code <b>98284</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mount Vernon Crematory</b>		30. Location-City/Town, and State <b>Mount Vernon, 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>July 6, 2007</b>		
33. Funeral Director Signature <i>[Signature]</i>						
<b>Cause of Death (See instructions and examples)</b>						
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>Aspiration Pneumonia</b> Due to (or as a consequence of):		Interval between Onset & Death <b>1 month</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>Dementia</b> Due to (or as a consequence of):		Interval between Onset & Death <b>5 years</b>		
		c. <b>Normal Pressure Hydrocephalus</b> Due to (or as a consequence of):		Interval between Onset & Death <b>5 years</b>		
		d.				
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <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 Apt. No. 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 (Type or Print) <b>Edwin Stickle MD</b>			48b. Medical Examiner/Coroner (Type or Print) <b>[Signature]</b>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Edwin Stickle MD 1990 Hospital Dr #100 Sedro-Woolley, WA 98284</b>				50. Hour of Death (24hrs) <b>1723</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) <b>7/6/07</b>		
53. Title of Certifier <b>Physician</b>		54. License Number <b>34310</b>	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
57. Registrar Signature <b>[Signature]</b>				58. Date Received (mm/dd/yyyy) <b>JUL - 9 2007</b>		
59. Amendments						



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# Last Will 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 I. If 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 die 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 if 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 A. Osborne (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.

Betty A. Osborne (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.

[Signature]  
Residing at Sedro Woolley, Washington

Mary E. [Signature]  
Residing at Sedro Woolley, Washington



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