

RETURN ADDRESS:
Hammermaster Law Offices
1207 Main St.
Sumner, WA 98390



200802140014

Skagit County Auditor

2/14/2008 Page 1 of 10 10:00AM

WASHINGTON STATE RECORDER'S Cover Sheet (RCW 65.04)

DOCUMENT TITLE(s) 1. Affidavit
REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED: Exhibit "A" - Death Certificate Exhibit "B" - Last Will and Testament ANDREA M. HENRY Additional reference #'s on page _____ of document.
GRANTOR(s) (Last name first, then first name & initials) 1. HENRY, ANDREA M. 2. Estate of ANDREA M. HENRY 3. 4. Add'l names on page _____ of document.
GRANTEE(s) (Last name first, then first name & initials) 1. LEWIS, LORI H. 2. HEIER, JUDY L. 3. ANDERSON, SHERI L. 4. HENRY, CHARLES R. Add'l names on page _____ of document.
LEGAL DESCRIPTION (abbreviated: i.e. lot, block, plat or section, township, range) FIRST TO SEDRO E. 7 FT OF 15 & W 33 FT OF 16 BLK 31 FIRST TO SEDRO E. 5 FT OF 14 & w 33 FT OF 15 BLK 31 Add'l legal on page _____ of document.
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER: P 75648 and P75647 Assessor Tax # not yet assigned.

85

AFFIDAVIT

LORI H. LEWIS, JUDY L. HEIER, SHERI L. ANDERSON, and CHARLES R.

HENRY being first duly sworn, on oath deposes and says:

That **ANDREA M. HENRY** died on March 28, 2007, a resident of Pierce County, Washington and a copy of the death certificate which is attached hereto as Exhibit "A"; that she left a Will, a copy of which is attached hereto as Exhibit "B"; that no probate proceedings on her estate have been instituted and that none are contemplated; that her only heirs at law, including spouse, parents, children and issue of deceased children, are the Successors and are named as follows:

<u>NAME</u>	<u>RELATIONSHIP</u>
LORI H. LEWIS	DAUGHTER
JUDY L. HEIER	DAUGHTER
SHERI L. ANDERSON	DAUGHTER
CHARLES R. HENRY	SON

That the total value of all property of the said Decedent, including all jointly held property is such that no inheritance or estate tax is owing; and that all debts and claims



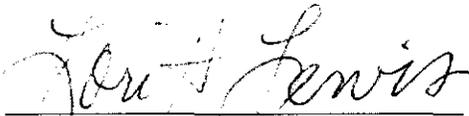
against her estate, including funeral expenses and expenses of last illness have been paid or provided for.

This Affidavit is made as an inducement to any named Title Company to issue policies of title insurance on the following described real property without probate proceedings being had on the Estate of the said Decedent, and the Affiants agree to hold said Company harmless from any claim based on a fact misstated herein:

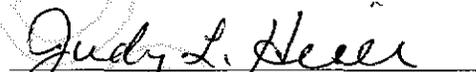
**The East 5 Feet of Lot 14 and the West 33 Feet of Lot 15,
Block 31, First Addition to Sedro, Skagit County, Washington.
Parcel No: P75647**

And

**The East 7 Feet of Lot 15 and the West 33 Feet of Lot 16,
Block 31, First Addition to Sedro, Skagit County, Washington.
Parcel No: P75648**



LORI H. LEWIS, Successor and
Heir/Devisee of Andrea M. Henry



JUDY L. HEIER, Successor
Heir/Devisee of Andrea M. Henry



SHERI L. ANDERSON, Successor
Heir/Devisee of Andrea M. Henry



CHARLES R. HENRY, Successor
Heir/Devisee of Andrea M. Henry



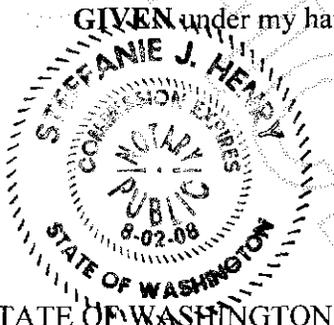
STATE OF WASHINGTON

ss:

County of King

On this day personally appeared before me **LORI H. LEWIS**, to me known to be the individual described in and who executed the within and foregoing Affidavit, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes there in mentioned.

GIVEN under my hand and official seal this 23rd day of January, 2008.



Print Name: Stefanie J. Henry
STEFANIE J. HENRY

NOTARY PUBLIC in and for the State of
Washington, residing at 10900 NE 4th Str
Bellevue, WA 98004

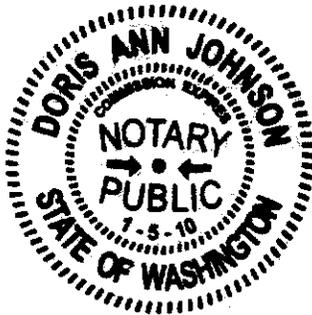
STATE OF WASHINGTON

ss:

County of Pierce

On this day personally appeared before me **JUDY L. HEIER**, to me known to be the individual described in and who executed the within and foregoing Affidavit, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 11th day of February, 2008



Print Name: Doris Ann Johnson
Doris Ann Johnson

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



STATE OF Missouri

SS:

County of St Louis

On this day personally appeared before me **SHERI L. ANDERSON**, to me known to be the individual described in and who executed the within and foregoing Affidavit, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 4th day of Feb., 20

PATRICIA M. BICHSEL
Notary Public - Notary Seal
STATE OF MISSOURI
Commissioned for St. Charles County
My Commission Expires: August 2, 2009
Commission Number 05402665

Patricia M. Bichsel
Print Name: PATRICIA M. BICHSEL
NOTARY PUBLIC in and for the State of
Washington, residing at St Charles
Missouri

STATE OF WASHINGTON

SS:

County of King

On this day personally appeared before me **CHARLES R. HENRY**, to me known to be the individual described in and who executed the within and foregoing Affidavit, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 23rd day of January, 2008

Charles R. Henry Steffanie J. Henry
Print Name: CHARLES R. HENRY STEFFANIE J. HENRY
NOTARY PUBLIC in and for the State of
Washington, residing at 800 Bellevue Way NE
Bellevue, WA 98004



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 3260		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Andrea M. Henry				2. Death Date March 28, 2007		
3. Sex (M/F) Female	4a. Age - Last Birthday 80	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]		6. County of Death King
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) Burlington	8b. (State or Foreign Country) Washington	9. Decedent's Education Associate Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 10421 SE 248th Street				13b. City or Town Kent		
13c. Residence: County King	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98030	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 2 years	15. Marital Status at Time of Death Divorced	16. Surviving Spouse's Name (Give name prior to first marriage)				
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Sales Associate			18. Kind of Business/Industry (Do not use Company Name) Retail			
19. Father's Name (First, Middle, Last, Suffix) Larry Stave			20. Mother's Name Before First Marriage (First, Middle, Last) Lillian C. [REDACTED]			
21. Informant's Name Judy Heier	22. Relationship to Decedent Daughter	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 13909 126th Avenue Court East Puyallup, WA 98374				
24. Place of Death, if Death Occurred in a Hospital: Nursing Home			Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street or location) Garden Terrace of Federal Way		26a. City, Town, or Location of Death Federal Way	26b. State WA	27. Zip Code 98003		
28. Method of Disposition Burial	29. Place of Final Disposition (Name of cemetery, crematory, other place) Union Cemetery		30. Location-City/Town, and State Sedro Woolley, Washington			
31. Name and Complete Address of Funeral Facility Lemley Chapel 1008 3rd Street Sedro Woolley, Washington 98284				32. Date of Disposition April 2, 2007		
33. Funeral Director Signature X [Signature]						
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. PROBABLY ACUTE RESPIRATORY FAILURE		Interval between Onset & Death		
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. ASPIRATION PNEUMONIA		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 DEMENTIA PROBABLY ALZHEIMER			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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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:			47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
46. Describe how injury occurred			47. If transportation injury, specify:			
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated [Signature]			48b. Medical Examiner/Coroner - On the basis of examination, autopsy, investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated [Signature]			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Leonico Panlasigui 34616 11th Place Southeast Federal Way, WA 98003			50. Hour of Death (24hrs) 2325			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) 04-02-07			
53. Title of Certifier MD	54. License Number 140081195	55. Other File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
57. Registrar Signature [Signature]	58. Date Received (mm/dd/yyyy) 04-02-07					
59. Amendments						

Part 1 completed by Funeral Director
Part 2 completed by Certifier



EXHIBIT A



200802140014
Skagit County Auditor

LAST WILL AND TESTAMENT

OF

ANDREA M. HENRY

I, **ANDREA M. HENRY**, of the City of Puyallup, County of Pierce, State of Washington, being of sound and disposing mind and memory, over the age of 18 years, and not acting under duress, menace, fraud, or undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament, and I do hereby expressly revoke all other and former Wills and Codicils to Wills made by me.

FIRST: I direct my Personal Representative hereinafter named to pay all my just debts and obligations, including the expenses of my last illness, as soon after my decease as is practicable. Unless some other meaning and intent is apparent from the context, the plural shall include the singular and vice versa, and masculine, feminine, and neuter words shall be used interchangeably.

SECOND: I hereby declare that I am a single woman. I hereby declare that I have had four (4) children during my lifetime, to-wit: **LORI H. LEWIS, JUDY L. HEIER, SHERI L. ANDERSON, and CHARLES R. HENRY**. As used herein, the terms "child" or "children" shall include any child hereafter born to or adopted by me. Except as provided below, I make no provision in this Will for any child who survives me, whether named herein or hereafter born or adopted, nor for the descendant of any child who does not survive me.

EXHIBIT B



200802140014
Skagit County Auditor

UNNOTIFIED DOCUMENT

THIRD: I hereby declare the following disposition of my estate:

A. I devise and bequeath certain tangible personal property, not otherwise specifically disposed of by this Will, as directed in that certain writing, written and/or signed by me, before or after the execution of this Will, which writing describes the items and recipients of the said tangible personal property. I do by this Will make reference to said writing in accordance with R.C.W. 11.12.260.

B. I devise and bequeath the balance of my estate and effects, whatsoever and wheresoever, both real and personal, to which I may be entitled, or which I may have power to dispose of at my decease, unto my children, LORI H. LEWIS, JUDY L. HEIER, SHERI L. ANDERSON, and CHARLES R. HENRY, share and share alike.

FOURTH: I hereby nominate and appoint LORI H. LEWIS, as Personal Representative of this my Last Will and Testament and I direct that she serve without bond whatever, and without the intervention of any Court whatever. It is my intention to make this an unrestricted nonintervention Will under and pursuant to the statutes of the State of Washington relating thereto, and to relieve my said Personal Representative from any and all duty or responsibility to in any way account to any Court for her conduct or action as Personal Representative and to give and grant unto my said Personal Representative full, complete and absolute power and authority to sell, convey or encumber the whole or any part of my estate, as she may deem best.



200802140014
Skagit County Auditor

UNNOTICED PUBLIC DOCUMENT

IN WITNESS WHEREOF, I have published and declare this to be my Last Will and Testament and have signed the same on the 10 day of July, 2000, in the presence of the witnesses whose signatures are subscribed hereto who, at my request and in my presence and in the presence of each other and at the same time and place, subscribed their names hereto as such witnesses.

Andrea M. Henry
TESTATRIX

David A. Johnson
WITNESS

Robert J. Hood
WITNESS



200802140014
Skagit County Auditor

Each of the undersigned declares under penalty of perjury under the laws of the State of Washington, on this 10 day of July, 2000, at Sumner, Washington, that the following is true and correct:

1. I am over the age of eighteen years and competent to be a witness to the Will of **ANDREA M. HENRY**.
2. The Testatrix, in my presence and in the presence of the other witness whose signature appears below
 - (A) Declared the foregoing instrument to be her Will;
 - (B) Requested the other witness and myself to act as witnesses to her Will and to make this statement; and
 - (C) Signed such instrument.
3. I believe the Testatrix to be of sound mind, and that in so declaring and signing she was not acting under duress, menace, fraud or undue influence.
4. The other witness and I, in the presence of the Testatrix and of each other, now affix our signatures as witnesses to the Will and make this statement.

David Lee Johnson
NAME

Edmonds, WA
ADDRESS

Barbara J. [Signature]
NAME

Buckley [Signature]
ADDRESS



200802140014
Skagit County Auditor