



200802210032
Skagit County Auditor

2/21/2008 Page 1 of 9 9:52AM

Name: Stiles & Stiles Inc. P.S.
Address: P.O. Box 228 / 925 Metcalf Street
City and State: Sedro Woolley, WA 98284

Legal : ROSENDALE GARDEN TRS PTN Lot 1 BLK 2 AKA TR 1 of S/P SW 1-77 AF#851311
Tax Parcel # P76882

AFFIDAVIT RE: LACK OF PROBATE

State of Washington)
) ss.
County of Skagit)

Brenda Joyce McGhee, Scott Lee Martinson and Tim Ray Martinson, and each of them being first duly sworn, deposes and says:

THAT affiants are the surviving children and grandchildren of VIRGINIA C. BURREN, who died December 23, 2007 in Sedro-Woolley, Washington, then being a resident of Sedro Woolley, Skagit County, Washington. A copy of the death certificate is attached.

That this affidavit is for the purpose of supplying information pertaining to the estate of VIRGINIA C. BURREN, deceased, and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

Tract 1 of Sedro Woolley Short Plat No. SW-1-77, recorded February 24, 1977 under Auditor's File No. 851811, in Volume 2 of Short Plats, page 35, records of Skagit County, Washington; being a portion of Lot 1, Block 2, "ROSENDALE GARDEN TRACTS OF SEDRO-WOOLLEY", as per plat recorded in Volume 3 of Plats, page 52, records of Skagit County, Washington.

For the purposes of this affidavit, the term "real property" includes the land and the residence at 107 North Reed Street, but excludes any personal property located in the structure.

UNOFFICIAL DOCUMENT

THAT this affidavit is made solely to induce LAND TITLE INSURANCE COMPANY, hereinafter called "Company", or any other title company, to insure title to real property in full reliance upon the herein representations.

DATED: February 20th, 2008.

Brenda J. McGhee
Brenda J. McGhee (individual)

Scott L. Martinson
Scott L. Martinson (individual)

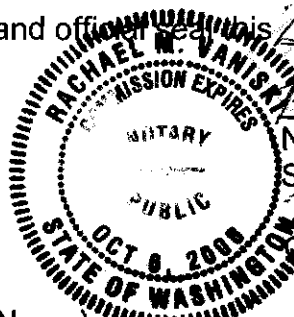
Tim R. Martinson
Tim R. Martinson (individual)

STATE OF WASHINGTON)
COUNTY OF Skagit) ss.

On this day personally appeared before me **Brenda J. McGhee**, who executed the within and foregoing instrument 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 20th day of Feb, 2008.

Rachael M. Vaniski
NOTARY PUBLIC in and for the
State of Washington, residing at
Mount Vernon
Commission Expires: 10-6-08




STATE OF WASHINGTON)
COUNTY OF Skagit) ss.

On this day personally appeared before me **Scott L. Martinson**, who executed the within and foregoing instrument 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 20th day of Feb, 2008.

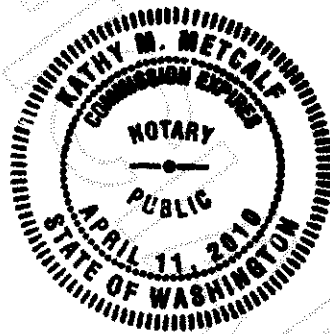
Rachael M. Vaniski
NOTARY PUBLIC in and for the
State of Washington, residing at
Mount Vernon
Commission Expires: 10-6-08



STATE OF WASHINGTON)
COUNTY OF Skagit) ss.

On this day personally appeared before me **Tim R. Martinson** who executed the within and foregoing instrument 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 20 day of Feb, 2008.



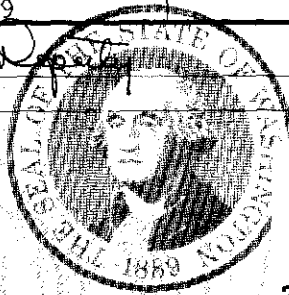
Kathy M. Metcalfe
NOTARY PUBLIC in and for the
State of Washington, residing at
Sacro-Woolley
Commission Expires: 21-11-2010



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1008		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any): First Middle LAST VIRGINIA C. BURRESS				2. Death Date Dec 23, 2007		
3. Sex (M/F) Female	4a. Age - Last Birthday 82	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Dillon	8b. (State or Foreign Country) South Carolina		9. Decedent's Education High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) Caucasian		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.) 107 No. Reed Street				13b. City or Town Sedro-Woolley		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98284	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 24 years		15. Marital Status at Time of Death Widowed		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)) Supervisor				18. Kind of Business/Industry (Do not use Company Name) Health Care		
19. Father's Name (First, Middle, Last, Suffix) James Weaver Pittman				20. Mother's Name Before First Marriage (First, Middle, Last) Ada		
21. Informant's Name Tim Martinson		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 16453 Country Club Drive Burlington, WA 98233		
24. Place of Death, if Death Occurred in a Hospital: In-Patient				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) United General Hospital				26a. City, Town, or Location of Death Sedro-Woolley		26b. State WA
27. Zip Code 98284		29. Place of Final Disposition (Name of cemetery, crematory, other place) Lyman Cemetery		30. Location-City/Town, and State Lyman, Washington		
31. Name and Complete Address of Funeral Facility Lemley Chapel, Inc 1008 Third Street Sedro-Woolley, WA 98284		32. Date of Disposition December 28, 2007		33. Funeral Director Signature X Rich Lemley		
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. Lung cancer metastatic			Interval between Onset & Death 1 year	
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. _____			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 COPD, HTN				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 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"/> 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		
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 - (On the basis of my personal or direct observation of the decedent, I have signed and sealed this certificate of death.) [Signature]				48b. Medical Examiner/Coroner - (On the basis of my signature as an authorized person, I have signed and sealed this certificate of death.) [Signature]		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Stevan Luther, MD 830 Ball Street Sedro-Woolley, WA 98284				50. Hour of Death (24hrs) 0925 hrs		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (MM/DD/YYYY) December 24, 2007		
53. Title of Certifier Physician		54. License Number MD00013149		55. ME/Coroner 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) DEC 26 2007		
59. Amendments						



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Affidavit for Correction

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

STATE OFFICE USE ONLY

State File Number | Fee Number | Initials | Date | Affidavit Number

Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

6. The Record now shows: 7. The True fact is:
8. 9.
10. 11.
12. 13.

14. I represent the person as: Self Parent Guardian Informant Telephone Number:
Funeral Director Other (Specify)

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:

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:
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

Death Certificates:
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:
1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED
DEC. 26 2007
Skagit County Public Health Department
Edward Leibrand M.D., Health Officer

Barcode: 200802210032
Skagit County Auditor

PP00200448

Last Will and Testament

BE IT KNOWN That I, VIRGINIA BURRESS, of 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: I declare that I am a widow, my beloved husband, C. L. Burress, having predeceased me; and I further declare that my only child is my daughter who is hereinafter named.

ARTICLE II: I give, devise and bequeath the sum of \$1,000.00 to whichever of the persons nominated as personal representative of my estate is appointed and serves, this bequest being given as compensation for serving as personal representative of my estate.

ARTICLE III: The rest, residue and remainder of my estate of every kind and nature whatsoever and wheresoever the same may be situated, I give, devise and bequeath as follows:

One-third thereof to my beloved daughter,
Brenda Joyce McGhee.

One-third thereof to my beloved grandson,
Scott Lee Martinson.

One-third thereof to my beloved grandson,
Tim Ray Martinson.

ARTICLE IV: I nominate and appoint the said Tim Ray Martinson as personal representative of this, my Last Will and Testament. If, however, he is unable or unwilling to serve, then I nominate and appoint the said Scott Lee Martinson as personal representative. I direct that neither of said persons shall be required to furnish any bond or security whatsoever in order to accept the said appointment.

ARTICLE V: 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 nonintervention Will. I specifically direct that my personal representative shall have the right



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Virginia Burress

(SEAL)

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 personal representative shall have 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 he or she may deem advisable, irrespective of whether or not a sale may be necessary for any purpose. My personal representative shall have the 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 VI: I hereby revoke any and all former Wills by me at anytime heretofore made.

IN WITNESS WHEREOF, I, the said VIRGINIA BURRESS, have to this, my Last Will and Testament, subscribed my name and affixed my seal at Sedro Woolley, Washington, this 17 day of February, 1994.

Virginia Burress (SEAL)

WE HEREBY CERTIFY That the foregoing instrument, consisting of one typewritten page besides this one, each signed by the testatrix, was on the 17 day of February, 1994, signed, sealed and published by VIRGINIA BURRESS, 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.

John H. Ward
Residing at Sedro Woolley, Washington

Carol Mayer
Residing at Sedro Woolley, Washington



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AFFIDAVIT OF ATTESTING WITNESSES

I hereby request the attesting witnesses to the attached Will to make the following affidavit.

Virginia Bureau (SEAL)

STATE OF WASHINGTON)
) SS
COUNTY OF SKAGIT)

The undersigned being first duly sworn on oath, deposes and says, each for himself: That he is a competent witness, knows the above named and is one of the subscribing witnesses to the attached Will. The said Will was signed on the date it bears in the presence of the undersigned and was published and declared to be the same, and the testatrix requested us in attestation thereof to subscribe our names as witnesses thereto. The undersigned in the presence of the testatrix, and in the presence of each other, subscribed their names as witnesses to said Will.

At the time of execution of said instrument, the said testatrix was over the age of 18 years, was of sound and disposing mind and not acting under duress, menace, fraud or the undue influence of anyone.

John H. Ward
Carol Mayer

SUBSCRIBED AND SWORN to before me this 17 day of February, 1994.

Mary E. Sloan
Notary Public in and for the State of
Washington, residing in Mount Vernon

My Commission expires: 11/6/94



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Skagit County Auditor