



200803110089  
Skagit County Auditor

3/11/2008 Page 1 of 5 1:40PM

**AFTER RECORDING MAIL TO:**

Name Raymond E. Sopher  
Address 28804 Vernon  
City/State Ocean Park, WA 98640

**Document Title(s):**

1. Lack of Probate Affidavit

GUARDIAN NORTHWEST TITLE CO.

**Reference Number(s) of Documents Assigned or released:**

93907-1

**Grantor(s):**

1. Sopher, Raymond E.
2. Sopher, Cordelia John Tomas

[ ] Additional information on page of document

**Grantee(s):**

1. The Public
- 2.

[ ] Additional information on page of document

**Abbreviated Legal Description:**

Lot 20, "WHITE FALLS ESTATES", according to the plat thereof, recorded  
in Volume 8 of Plats, page 75, records of Skagit County,  
Washington.

**Tax Parcel Number(s):**

P70324

[ ] Complete legal description is on page of document

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

**AFFIDAVIT  
LACK OF PROBATE**

File No: ( )

Date:

STATE OF Washington )  
 )-ss.  
COUNTY OF )

Raymond E Sopher  
being first duly sworn, deposes and says:

1. That the undersigned Affiant is the Husband (relationship to decedent)

of Cordelia E Sopher (decedent name),

who died on Nov 8 - 2001 (date of death), at Plains Montague  
(City), Thompson Falls

State of Montana, then being a legal resident of Plains  
(City),

Sanders County (County), Montana (State).

**AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT**

2. Check the appropriate box below:

- [ ] Decedent and surviving spouse executed a Community Property Agreement dated \_\_\_\_\_, a copy of which is attached hereto; or
- [ ☒ ] Decedent left no last Will; or
- [ ] Decedent left a last Will which has not been probated nor revoked; a copy of which is attached hereto; or
- [ ] Decedent left a last Will which was probated in \_\_\_\_\_ County, State of \_\_\_\_\_, A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows:

**HEIRS AT LAW**

Raymond E Sopher 70 Husband Ocean Park Va  
(full name) (age) (relationship) (residence)



<u>John Tomas</u>	<u>504</u>	<u>Son</u>	<u>44 Knowl</u>
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)

4. All the debts of the decedent's and/or the marital community, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:
5. The decedent [ ] had [ ☒ ] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
6. As of the date of death, the value of all community property of decedent was approximately \$ 75,000. The value of all separate property of decedent was approximately \$ 0.
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

**This affidavit is made to induce , (The Company) to issue its policy or policies of Title Insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant agrees to indemnify and hold The Company harmless from loss or damage which it may suffer as a result of said reliance.**

Raymond E. Stephen



STATE OF Washington )  
 )-ss.  
COUNTY OF Pacific )

I certify that I know or have satisfactory evidence that **Raymond T. Sopher**, is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 2-11-08

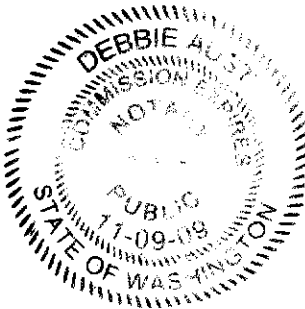
Debbie Aust

Debbie Aust

Notary Public in and for the State of Washington

Residing at: Raymond

My appointment expires: 11-09-09



the original as the source of record.

ATTEST THIS 8<sup>th</sup> day of Nov 20 01

Sanders County Clerk & Recorder  
By Roni A. Wright  
Deputy

FORM V.S. 3 (1988 revision)

MONTANA  
CERTIFICATE OF DEATH

Local File Number <b>59327</b>		State File Number	
DECEDENT'S NAME (First, Middle, Last) <b>Cordelia Elizabeth SOPHER</b>		SEX <b>Female</b>	DATE OF DEATH (Month, Day, Year) <b>November 2, 2001</b>
RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	AGE—Last Birthday (Years, Months, Days) <b>58</b>	DATE OF BIRTH (Month, Day, Year) <b>11/2/1943</b>	COUNTY OF DEATH <b>Sanders</b>
7b PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ERI Outpatient <input type="checkbox"/> DQA <input checked="" type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) FACILITY NAME (If not institution, give street and number) <b>Clark Fork Valley Nursing Home</b>			
BIRTH PLACE (City and State or Foreign Country) <b>Skagit County, Washington</b>		MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced	
SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		SURVIVING SPOUSE (If wife, give maiden surname) <b>Raymond Eugene Sopher</b>	
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Stock Grader</b>		KIND OF BUSINESS/INDUSTRY <b>Nursery</b>	
RESIDENCE—STATE <b>Montana</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no) <b>No</b>	
INSIDE CITY LIMITS? (Yes or no) <b>No</b>	ZIP CODE <b>59859</b>	CITY, TOWN, OR LOCATION <b>Plains</b>	STREET NUMBER <b>844 Swamp Creek Road</b>
ANCESTRY—Mexican, Puerto Rican, Cuban, African, English, Irish, German, Hmong, etc. (Specify) <b>American</b>		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>11</b> College (13-16 or 17+)	
FATHER'S NAME (First, Middle, Last) <b>Robert Alexander Lundon</b>		MOTHER'S NAME (First, Middle, Maiden Surname) <b>Elizabeth (Unknown)</b>	
INFORMANT'S NAME (Type/Print) <b>Raymond E. Sopher</b>		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>844 Swamp Creek Rd., Plains, Montana 59859</b>	
METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Moon Crematory</b>	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <b>Robert E. Bunch</b>		LOCATION—City or Town, State <b>Sandpoint, Idaho</b>	
MONTANA LICENSE NUMBER (of Licensee) <b>412</b>		NAME AND ADDRESS OF FACILITY <b>Coffelt-Bunch Funeral Service P.O. Box 808, Plains, MT 59859</b>	
23 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See instructions on other side)			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Approximate Interval Between Onset and Death	
a. <b>END STAGE CANCER</b>			
b. DUE TO (OR AS A CONSEQUENCE OF):			
c. DUE TO (OR AS A CONSEQUENCE OF):			
d. DUE TO (OR AS A CONSEQUENCE OF):			
24 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>N/A</b>	
25. <b>NO</b>			
26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		DATE OF INJURY (Month, Day, Year) <b>11/2/01</b>	
TIME OF INJURY <b>3:45 A.</b>		INJURY AT WORK? (Yes or no) <b>NO</b>	
PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <b>At home</b>		DESCRIBE HOW INJURY OCCURRED <b>Heart attack</b>	
LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>Plains, Montana</b>			
28a. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <b>Mark Catalanello M.D.</b>			
28b. DATE SIGNED (Month, Day, Year) <b>11/7/01</b>			
28c. HOUR OF DEATH <b>3:45 A.</b>			
28d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>N/A</b>			
28e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) <b>Mark Catalanello M.D., P.O. Box 768, Plains, Montana 59859</b>			
29a. TO BE COMPLETED BY CORONER ONLY. On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated.			
29b. DATE SIGNED (Month, Day, Year) <b>11/7/01</b>			
29c. HOUR OF DEATH <b>3:45 A.</b>			
29d. DATE PRONOUNCED DEAD (Month, Day, Year) <b>11/7/01</b>			
29e. PRONOUNCED DEAD (Hour) <b>3:45 A.</b>			
29f. NAME AND ADDRESS OF CORONER (Type or Print) <b>Mark Catalanello M.D., P.O. Box 768, Plains, Montana 59859</b>			
29g. LOCAL REGISTRAR'S SIGNATURE <b>Shirley Ann Jackson</b>			
DATE FILED (Month, Day, Year) <b>November 2, 2001</b>			



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