

200808130075
Skagit County Auditor
8/13/2008 Page 1 of 5 12:06PM

Lack of Probate Affidavit

Reference:

Lack of Probate Affidavit

Deceased.

Helen A. Vaux, being first duly sworn, deposes and says:

Page 1

1. I am the surviving spouse of **John H. Vaux** who died at a resident of Skagit County, Washington at Mount Vernon, Washington, on July 26, 2006, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated June 27, 1980. A true and correct copy of this Community Property Agreement is attached hereto and incorporated herein. Attached also is a true and correct copy of the death certificate that was issued herein. This Community Property Agreement was validly executed and in full force and effect at the death of the decedent.

2. The decedent executed no wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering the assets listed below, any portion thereof, or any interest therein other than the instruments which have been duly recorded in the office of the Auditor of the location of the asset, except the above Community Property Agreement.

3. There are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness. The estate is fully solvent.

4. The decedent left surviving, in addition to the undersigned, the following children: Kirk J. Vaux, of legal age.

5. The decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS) including nursing facility services, home or community-based services, hospital, prescription drugs or any other services.

6. There was no separate property.

7. Among other items of personal and community property was the following:

1996 Dartmouth Manufactured Home, 60x28, Serial #115497, Little Mountain Estates Mobile Home Park, Space #104, Mount Vernon, Skagit County, WA
Skagit County Assessor No. 340428-2-004-0104 (P104820)

All checking, savings and investment accounts

All motor vehicles

All household furniture, furnishings, jewelry, clothing and other items of personal property

Lack of Probate Affidavit:

Page 2

8/12/8 10:38

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Elliott W. Johnson Inc, P.S.
711 South First Street
Mount Vernon, WA 98273
(360) 336-6502 Fax 336-5616
Email Elliott@EWJLaw.com



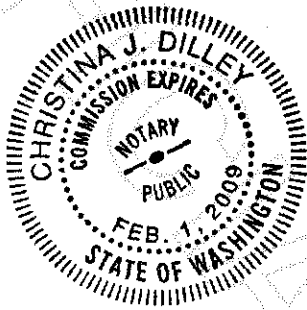
200808130075

Skagit County Auditor

8. This affidavit is made to induce Title Companies to issue their policies of title insurance on real property passing to the surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations herein set forth.

Helen A. Vaux
Helen A. Vaux

SUBSCRIBED AND SWORN to before me on August 13, 2008 by Helen A. Vaux.



Christina J. Dilley
Notary Public
My appointment expires: 2-1-2009




200808130075
Skagit County Auditor


8/13/2008 Page 3 of 5 12:06PM

Lack of Probate Affidavit:

Page 3

UNO


John Harvey Vaux


Helen Arlene Vaux

5 12:06PM

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 64-06		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST John Harvey Vaux			2. Death Date July 26, 2006		
3. Sex (M/F) Male	4a. Age - Last Birthday 68	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birth Date [REDACTED]	8a. Birthplace (City, Town, or County) Mount Vernon	8b. (State or Foreign Country) Washington	9. Decedent's Education Bachelor's Degree		
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? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 2610 E. Section Street #104				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98274	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 4 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Helen A. Matteson	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Pharmacist			18. Kind of Business/Industry (Do not use Company Name) Pharmacology		
19. Father's Name (First, Middle, Last, Suffix) Harve E. Vaux			20. Mother's Name Before First Marriage (First, Middle, Last) Nymah M. [REDACTED]		
21. Informant's Name Helen A. Vaux		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2610 E. Section Street #104, Mount Vernon, WA 98274		
24. Place of Death, if Death Occurred in a Hospital: Mira Vista Care Center			Place of Death, if Death Occurred Somewhere Other than a Hospital: Nursing Home/Long Term Care Facility		
25. Facility Name (If not a facility, give number & street or location) Mira Vista Care Center			26a. City, Town, or Location of Death Mount Vernon	26b. State WA	27. Zip Code 98274
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Lawn Memorial Park		30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Kern Funeral Home, 1122 So. 3rd. St., Mount Vernon, Washington 98273				32. Date of Disposition July 31, 2006	
33. Funeral Director Signature <i>Edward S. Bign</i>					
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. pneumonia			Interval between Onset & Death One week		
Due to (or as a consequence of):			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. Parkinson's disease			Interval between Onset & Death Years		
Due to (or as a consequence of):			Interval between Onset & Death		
c. [REDACTED]			Interval between Onset & Death		
Due to (or as a consequence of):			Interval between Onset & Death		
d. [REDACTED]			Interval between Onset & Death		
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 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 checked="" 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		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			48. Medical Examiner/Coroner - 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 stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Mary Ann Hink, MD, 2061 Hospital Drive, Sedro-Woolley, WA 98284			50. Hour of Death (24hrs) 0235		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) July 26, 2006		
53. Title of Certifier Physician	54. License Number 38085	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>Cornie Anderson, Deputy</i>			58. Date Received (mm/dd/yyyy) JUL 27 2006		
59. Amendments					



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