



200809190098

Skagit County Auditor

9/19/2008 Page

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15 12:00PM

AFTER RECORDING RETURN TO:

Name William R. Allen, Attorney

Address P.O. Box 437

City, State, Zip Sedro Woolley, WA 98284

COVER SHEET

Document Title: Lack of Probate Affidavit

Reference Number(s) of Documents Assigned or Released:

Grantor(s):

1. Joan A. Green
2. Robert L. Green

Grantee(s):

1. Joan A. Green
2. Robert L. Green
3. Public

Abbreviated Legal Description: Lot 11, Block 60, FIRST TO SEDRO; and
S 1/2 of Lot 15 and all Lot 16, RUSTIC RANCHETTES, TGW 3/42 int in TRS A thru D

Assessor's Property Tax Parcel/Account Number(s): 4150-060-011-0001/P75969;
3988-000-016-0002/P68596

**EXHIBIT A
Legal Descriptions**

PARCEL 1:

536 Nelson St., Sedro Woolley, WA 98284

Tax Parcel #: 4150-060-011-0001/P75969

Lot 11, Block 60, "FIRST ADDITION TO THE TOWN OF SEDRO IN SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 3 of Plats, page 29, records of Skagit County, Washington.

Situated in the City of Sedro Woolley, County of Skagit, State of Washington.

PARCEL 2:

9955 Rustic Lane, Sedro Woolley, WA 98284

Tax Parcel #: 3988-000-016-0002/P68596

The South ½ of Tract 15 and Tract 16, "PLAT OF RUSTIC RANCHETTES, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 8 of Plats, page 22, records of Skagit County, Washington.

The South ½ of Tract 15 is herewith merged with Tract 16 as a single site.

Situate in the County of Skagit, State of Washington.

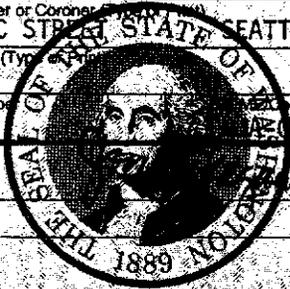


STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number **8671** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST JOAN A GREEN			2. Death Date 08/22/2008		
3. Sex (M/F) FEMALE	4a. Age - Last Birthday 67	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death KING
7. Birthdate	8a. Birthplace (City, Town, or County) Sedro-Woolley	8b. (State or Foreign Country) Washington	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., 824 SE 5 th St.) (Include Apt. No.) 536 Nelson				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. 46 yrs	15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Robert L. Green			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Loan Processor			18. Kind of Business/Industry (Do not use Company Name) Banking		
19. Father's Name (First, Middle, Last, Suffix) Allan Ketchum			20. Mother's Name Before First Marriage (First, Middle, Last) Mary		
21. Informant's Name Robert L. Green		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 536 Nelson Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: INPATIENT			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) UNIVERSITY OF WASHINGTON MEDICAL CENTER			26a. City, Town, or Location of Death SEATTLE	26b. State WA	27. Zip Code 98195
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		30. Location - City, Town, and State Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility Lemley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284			32. Date of Disposition Aug 26, 2008		
33. Funeral Director 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) →			ACUTE RESPIRATORY DISTRESS SYNDROME		Interval between Onset & Death 3 WEEKS
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. HEPATIC ABSCESS		Interval between Onset & Death 7 WEEKS
			c. CHOLANGITIS		Interval between Onset & Death 7 WEEKS
			d. PANCREATIC CANCER		Interval between Onset & Death 3 MOS., 3 WEEKS
35. Other significant conditions contributing to death but not resulting in the underlying cause given above SEPSIS			36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" 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"/> 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:			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 - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.			48b. 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 ROBERTO OSORIO, 1959 NE PACIFIC STREET SEATTLE, WA 98195			50. Hour of Death (24hrs) 1512		
51. Name and Title of Attending Physician if other than Certifier (Type as printed) JAMES PARK, MD			52. Date Signed (mm/dd/yyyy) 08/22/2008		
53. Title of Certifier MD	54. License Number	55. Coroner File Number 08-5118	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature			58. Date Received (mm/dd/yyyy) AUG 26 2008		
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
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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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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 Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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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, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, Passport, School Record, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back)

Birth Certificates:

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

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- 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:

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Skagit County
Department of Public Health

David Fleming, MD
Director and Health Officer



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Codicil to Last Will and Testament of JOAN GREEN

BE IT KNOWN That I, JOAN GREEN, 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 Codicil to my Last Will and Testament, which was published at Sedro Woolley, Washington, on January 16, 1985.

ARTICLE I REVOCATION OF PRIOR WILLS AND CODICILS

I hereby revoke all Wills and Codicils previously made by me, except the aforementioned Last Will and Testament dated January 16, 1985.

ARTICLE II AMEND ARTICLE III (10)

I hereby modify and amend Article III(10) of my said Will to read as follows:

ARTICLE III. Alternate Disposition of Estate:

(10) I nominate and appoint as trustee for the above-described trust my said son, James Green, or if he dies or is unable or unwilling to act, or resigns while acting, then my sister-in-law, Patty Green, or if she dies or is unable or unwilling to act, or resigns while acting, then the Foundation For The Handicapped, a non-profit corporation with principal offices now located at 1600 West Armory Way, Seattle, WA 98119."

ARTICLE III AMEND ARTICLE IV

I hereby modify and amend Article IV of my said will to read as follows:

ARTICLE IV. Nomination of Personal Representative: I hereby nominate and appoint my wife, Joan Green, as personal representative of this, my Last Will and Testament. If, however, she dies or is unable or unwilling to act, or resigns while acting, then I nominate and appoint in order of preference, the said James Green or Patty Green, hereinabove named as successor trustees, whoever of said persons is able and willing to accept the appointment. I direct that none of said persons shall be required to furnish any bond or security whatsoever in order to accept the said appointment."



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**ARTICLE IV
CONCLUSION**

In all other respects, I direct that my said Last Will and Testament of January 16, 1985, shall remain in full force and effect as written.

IN WITNESS WHEREOF, I, the said JOAN GREEN, have to this Codicil to my Last Will and Testament, subscribed my name and affixed my seal at Sedro Woolley, Washington, this 13th day of October, 2004.



JOAN GREEN

This instrument, consisting of two pages of which this is page two, was on the date hereof signed by JOAN GREEN and published and declared by JOAN GREEN to be her Codicil to her Last Will and Testament in the presence of us, who at her request and in her presence and in the presence of each other have hereunto signed our names as witnesses hereto.



Print Name: WILLIAM R. ALLEN
Residing at: BURLINGTON



Print Name: Mary Ketchum
Residing at: Sedro-Woolley, WA.



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Last Will and Testament

BE IT KNOWN That I, JOAN GREEN, 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. Identification of Family: My immediate family now consists of my husband, Robert Green, and our two sons, namely; James Green and Kelly Green.

ARTICLE II. Disposition of Estate: I hereby give, devise and bequeath all of my property and estate of every kind and nature whatsoever, and wheresoever the same may be situated unto my husband, Robert Green, if he survives me. If my husband shall predecease me, or shall die simultaneously with me, then in that event all of my property and estate of which I may die seized or possessed, or to which I may be entitled at the time of my death, shall be distributed as in the following Article III provided.

ARTICLE III. Alternate Disposition of Estate: If my husband does not survive me, or dies simultaneously with me, after payment of my just debts, costs of administration and taxes, if any, I hereby give, devise and bequeath one-half of my estate to my son, James Green, (or if he predeceases me, then equally to his surviving issue, if any, and if no surviving issue, then to whoever is his heir or heirs under the Washington intestacy laws) and the other one-half of my estate unto the trustee hereinafter named, in trust, for the person and trust purposes hereinafter set forth:

(1) The primary purpose and intent in creating this trust is to provide a flexible plan for the benefit and use, and to meet the personal and incidental needs of my son, Kelly Green, a handicapped person, first from the income and secondarily from the principal of the trust fund hereby established, and to assure that

Joan Green

(SEAL)

1.



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said child will be provided the material resources and personal experiences that will promote the child's comfort, pleasure and happiness, but such expenditures shall be in addition to, and shall not include those needs met and paid for by the Department of Social and Health Services of the State of Washington, and/or other state and federal agencies and departments.

(2) It is my direction that through arrangements made by my trustee, my said child shall have vacation and recreation trips away from his place of residence, the cost of taking him on such trips shall be a proper expenditure from the trust. The trustee shall pay all out-of-pocket expenses incurred by the person for my child's "treats", meals, entertainment, transportation and accommodation while on such vacation and recreation trips.

(3) It is my further direction that such needs as personal clothing, footwear, reading materials, sports goods and recreational equipment, eye care (including glasses if prescribed) record player and records, gifts on special days, money for Christmas, television and television repairs, and such other items as will enrich his day-to-day living experiences, together with costs of transportation to and from his workshop employment and places of recreation if a personal obligation, be deemed a proper expenditure.

(4) It is my further direction that obligations incurred over and above the amounts provided by special federal and state medical and hospitalization financial plans, for surgical, medical, hospital and dental services and professional attention, including special prosthetic devices, if prescribed by a physical or licensed physical therapist, be proper expenditures from the trust.

(5) The providing of any of the foregoing items or services shall not be paid for by my trustee, if in the judgment of my trustee, such payment will jeopardize or reduce assistance from the Department of Social and Health Services of the State of Washington, or its successor department, and/or other state or federal agencies or departments resulting in an overall financial detriment to my said child, as it is my desire and intention that the trust shall maximize financial support available to my said child from other sources, public or private.

(6) The trustee shall have absolute management and control of my trust estate hereby created, with full power to invest and reinvest, sell, mortgage, pledge, loan, lease for any term, repair and in any manner alienate, encumber and manage the whole or any portion of said trust estate. My trustee shall have power to make such contracts, and to execute and deliver such deeds, mortgages, promissory notes, conveyances, leases and such other instruments as my trustee may deem necessary for carrying out this trust. The trustee shall pay all taxes and expenses of the trust, including reasonable compensation as such trustee in accordance with its schedule of fees in effect at the time of this trust becoming operative. Taxes shall be charged to principal and income in accordance with good trust administration. The trustee shall be relieved from all duties of the Trustees Accounting Act of the State of Washington, but shall keep available a complete record of the trust open to inspection of the beneficiary.

Joan Green

(SEAL)



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(7) The beneficiary named herein shall have no power to anticipate, alienate or encumber his interest in the trust fund or the income thereof, and no interest in income or principal of this trust shall be liable for debts of the beneficiary to any creditor, including the State of Washington, nor subject to the process of seizure by any Court.

(8) In addition to the powers and authority granted herein and the powers granted to trustees under the Washington Trust Act and as such is amended, the trustee shall have the following specific powers and the exercise of discretion in the application thereof, to:

(a) Pay the expenses of last illness and costs of funeral and burial of my said child, over and above those costs and expenses met by special federal or state programs.

(b) Consolidate this trust or any other trust created by me, or my spouse, if the trustee shall deem such appropriate and not in conflict with the expressed provisions of any instrument executed by me or my spouse.

(c) Apply to the proper federal and state agencies or departments for the payment of such disability awards as said child may be entitled by reason of the handicapping condition with which he is afflicted.

(d) Employ such agents, attorneys, accountants or appraisers as my trustee may seem reasonably necessary, to rely with acquittance upon their legal, tax or other expert advice and to pay reasonable fees for such services.

(9) This trust shall continue as provided and directed herein until the trust fund is expended as a result of disbursements by my trustee on behalf of my said child, or upon his death, whichever event shall first occur.

If funds remain in the hands of my trustee at the time of the death of my said child, my trustee shall distribute 10% of such remainder to the Foundation For The Handicapped for the furtherance of its services to handicapped children and adults within the State of Washington. The other 90% of such remainder, my trustee shall distribute to my other son, James

Joan Green

(SEA)

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Green, if he is then living, and if he is deceased, then to his surviving issue, if any, in equal shares, and if he has no surviving issue, then to whoever is his heir or heirs under the intestacy laws of the State of Washington.

(10) I nominate and appoint as trustee for the above described trust, my said son, James Green, or if he dies or is unable or unwilling to act, or resigns while acting, then my husband's nephew, Wesley Snell, or if he dies, or is unable or unwilling to act or resigns while acting, then his wife, Betty Snell, or if she dies or is unable or unwilling to act, or resigns while acting, then the Foundation For The Handicapped, a non-profit corporation with principal offices now located at 1600 West Armory Way, Seattle, WA 98119.

ARTICLE IV. Nomination of Personal Representative: I hereby nominate and appoint my husband, Robert Green, as personal representative of this, my Last Will and Testament. If, however, he dies or is unable or unwilling to act, or resigns while acting, then I nominate and appoint in order of preference, the said James Green, Wesley Snell, or Betty Snell, hereinabove named as successor trustees, whoever of said persons is able and willing to accept the appointment. I direct that none of said persons shall be required to furnish any bond or security whatsoever in order to accept the said appointment.

ARTICLE V. Non-Intervention Clause: 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 said personal representative 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 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 is deemed advisable, irrespective of whether or not a sale may be necessary for any purpose. My personal representative 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.



(SEAL)



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ARTICLE VI: I hereby revoke any and all wills by me at any time heretofore made, but I direct that a Community Property Agreement executed by my husband and myself by which all community property shall pass to the survivor upon the death of one, without the necessity of a probate, shall be and is hereby intended as remaining in full force and effect.

IN WITNESS WHEREOF, I, the said JOAN GREEN, have to this, my Last Will and Testament, subscribed my name and affixed my seal at Sedro Woolley, Washington, this 16 day of January, 1985.

Joan Green (SEA)

WE HEREBY CERTIFY that the foregoing instrument consisting of four typewritten pages besides this one, each signed by the testatrix, was on the 16 day of January, 1985, signed, sealed and published by JOAN GREEN, 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. Wood
Residing at Sedro Woolley, Washington

Carol Meyer
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.

Joan Green (SEAL)

STATE OF WASHINGTON)
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 Meyer

SUBSCRIBED AND SWORN to before me this 16 day of January, 1985.

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



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