



200812310114
Skagit County Auditor

When recorded return to:

12/31/2008 Page 1 of 3 3:05PM

Rosemary Kamb – Attorney at Law
702 Main Street
Mount Vernon, WA 98273

NO PROBATE AFFIDAVIT

(use with Community Property Agreement)
(Record in Auditors office)

STATE OF WASHINGTON)

) ss

COUNTY OF SKAGIT)

I, Anna L. Ankrum, being first duly sworn, deposed and says:

FIRST: That this affidavit is for the purpose of supplying information pertaining to the Estate of Lawrence G. Ankrum, Sr., deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

Commonly known as: 19188 Holmstrom Road, Mount Vernon, WA 98274
Parcel # P16389

NW1/4 SW1/4 LESS RD & PTN OF TAX 7 & DT 17 DK 3 RT 3-004-01 ON
AF# 761886 TO ST HWY O/S#125 #832309 1978

SECOND: That said decedent died on or about the 24th day of February, 2003, in the city of Mount Vernon, County of Skagit, State of Washington.

THIRD: That said decedent executed no wills, agreements to convey community property agreements, conveyances, mortgages, deeds of trust, lien agreements, or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor of said county, except as follows: (enumerate if any, or indicate NONE).

- 1) **Community Property Agreement, dated** May 13, 1987
file # 198705140013 Vol. 704
pgs. 649 and 650

FOURTH: That the said assets at the date of decedent's death had an approximate market value of less than \$2,000,000.00. That the value of decedent's estate at the date of death was within the exemptions allowed under federal estate tax regulations, so no estate taxes are owing by decedent's estate.

FIFTH: That all obligations of the Estate owing at the date of death of said decedent have been paid in full, and all expenses of last illness and for funeral services have been paid, except as follows:

NONE

SIXTH: That the following list comprises all of the heirs at law by whom said decedent was survived:

Anna L. Ankrum, wife of decedent and named Executrix in the Last Will and Testament of the Decedent.

Anna L. Ankrum

Anna L. Ankrum

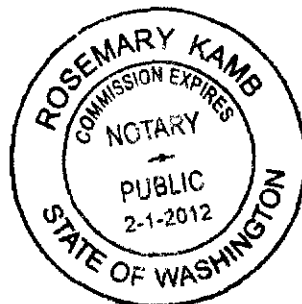
SUBSCRIBED AND SWORN to before me this 17 day of December, 2008.

Rosemary Kamb

Notary Public in and for the State of Washington, residing at

Burlington, Wa

My appointment expires: 02-01-2012



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



157-03
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1. NAME Last: Lawrence First: Graham Middle: Ankrum, Sr.	2. SEX (M/F) Male	3. DEATH DATE (Mo., Day, Yr) Feb. 24, 2003
4. AGE LAST BIRTHDAY (Yrs) 87	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. BIRTHDATE (Mo., Day, Yr) Apr. 4, 1915
7. BIRTHPLACE (City, State or Foreign Country) Union Star, MO	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes	10. COUNTY OF DEATH Skagit
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon	12. PLACE OF DEATH - CHECK FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1) HOME (2) IN TRANSPORT (3) EMERG. RMOUT PTN (4) HOSP. (5) NUR HOME (6) OTHER PLACE 19188 Holmstrom Road	13. SMOKING IN LAST 15 YEARS? (Yes/No) No
14. MARITAL STATUS - Married, Never married, Widowed, Divorced (Specify) Married	15. SURVIVING SPOUSE (If wife, give maiden name) Anna L. Lee	16. SOCIAL SECURITY NO. 560-34-2067
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (C-12) 12	17. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Maintenance Engineer	19. KIND OF BUSINESS OR INDUSTRY United States Coast Guard Swedish Hospital	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify race or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: No
21. RACE (Specify) Caucasian		
22. RESIDENCE - NUMBER AND STREET 19188 Holmstrom Rd.	23. CITY/TOWN, OR LOCATION Mt. Vernon	24. INSIDE CITY LIMITS? (Yes/No) Yes
25. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 25 Yrs.	26. STATE WA
27. ZIP CODE 98274		
28. FATHER'S NAME - FIRST, MIDDLE, LAST Fred L. Ankrum	29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Olive L. Graham	
30. INFORMANT - NAME Anna L. Ankrum	31. MAILING ADDRESS 19188 Holmstrom Rd.	31. MAILING ADDRESS Mount Vernon, WA 98274
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	33. DATE (Mo., Day, Yr) Feb. 25, 2003	34. CEMETERY/CREMATORY - NAME Mount Vernon Crematory
35. LOCATION - CITY/TOWN, STATE Mount Vernon, Washington	36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>	37. NAME OF FACILITY Kern Funeral Home
38. ADDRESS OF FACILITY 1122 S. 3rd St. Mt. Vernon, WA	38. ADDRESS OF FACILITY 98273	
39. SIGNATURE AND TITLE <i>[Signature]</i> TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN	40. DATE SIGNED (Mo., Day, Yr) 02/24/03	41. HOUR OF DEATH (24 Hrs.) 0631
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert O. Slind, MD	43. SIGNATURE AND TITLE <i>[Signature]</i> TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER	44. DATE SIGNED (Mo., Day, Yr)
45. HOUR OF DEATH (24 Hrs.)	46. PRONOUNCED DEAD (Mo., Day, Yr)	47. HOUR PRONOUNCED DEAD (24 Hrs.)
48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Robert O. Slind, MD 1400 E. Kincaid St. Mount Vernon, WA 98274	49. ME/CORONER FILE NUMBER NJA-055	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death). A. CVA. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. B. Atherosclerosis C. D. 61. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: Diabetes mellitus	52. AUTOPSY? (Yes/No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes
54. ACC. SUICIDE, HGM., UNDET. OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo., Day, Yr)	56. HOUR OF INJURY (24 Hrs)
57. DESCRIBE HOW INJURY OCCURRED:	58. INJURY AT WORK? (Yes/No)	59. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)
60. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE	61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE	62. REGISTRAR SIGNATURE x Dorothy Epps, deputy
63. DATE RECEIVED (Mo., Day, Yr) FEB 25 2003		



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