

Filed for Record at the Request of:

Aaron M. Rasmussen  
Attorney at Law  
1101 Eighth Street, Suite A  
Anacortes, WA 98221



200901150036

Skagit County Auditor

1/15/2009 Page 1 of 7 11:18AM

DOCUMENT TITLE: Lack of Probate Affidavit

GRANTORS: Frances R. DeBruler

GRANTEE: Public

ABBREV. LEGAL DESCRIPTION: Skyline No. 1 Lot 16

ASSESSOR'S TAX/PARCEL ID NOS.: 3817-000-016-0009 / P59024

**LACK OF PROBATE AFFIDAVIT**

STATE OF WASHINGTON )

) ss.

COUNTY OF SKAGIT )

FRANCES R. DeBRULER, being first duly sworn upon oath, deposes and says:

1. I am the lawful surviving spouse of RALPH M. DeBRULER ("Decedent"), who died November 29, 2008, at Anacortes, Washington. At that time, Decedent and I were residents of Skagit County, Washington.
2. All expenses of Decedent's last illness, funeral, and costs of administration have been paid, and there are no unpaid creditors of Decedent or of the former marital community. Decedent's estate was not subject to state or federal transfer taxes, because its fair market value as of the date of Decedent's death was below the applicable exemption thresholds in effect at that time.

3. Decedent executed a Will on the August 5, 1982, a true copy of which is attached hereto and incorporated by reference herein. The original of said Will has, or will be, filed with the Clerk of the Skagit County Superior Court for the State of Washington. The will designates me as the primary beneficiary of 100% of Decedent's estate.
4. No proceedings have occurred, nor are any proceedings contemplated, to probate decedent's estate. The affiant is aware of no objection or proceeding relating to the estate of the decedent.
5. At the time of Decedent's death, Decedent and I owned as our community property certain real property located in Skagit County, Washington, legally described as follows:

(Assessor's Tax/Parcel No. 3817-000-016-0009 / P59024)

Lot 16, SKYLINE NO. 1, according to the plat thereof recorded in Volume 8 of Plats, page 49, records of Skagit County, Washington.

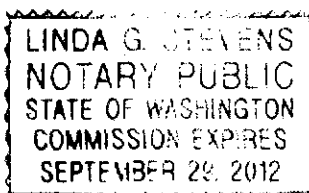
SUBJECT TO easements, restrictions and reservations of record.

6. This affidavit is made to induce any and all title insurance companies to issue policies of title insurance on real property passing to me as the surviving spouse of Decedent.

DATED this 11<sup>th</sup> day of December, 2008.

Frances R. DeBruler  
FRANCES R. DeBRULER

SUBSCRIBED and SWORN (or affirmed) to before me this 11<sup>th</sup> day of December, 2008.



Ginade A. Stevens  
NOTARY PUBLIC in and for the State of  
Washington, residing at Anacortes  
My appointment expires 9/29/12

FILED

SKAGIT COUNTY SUPERIOR COURT  
NANCY K. SCOTT  
SKAGIT COUNTY CLERK  
MOUNT VERNON WA

08-4-00401-5

Recd. Date  
12/16/2008

Acct. Date  
12/16/2008

Time  
03:16 PM

Receipt/Item #  
2008-01-17156/01

Tran-Code  
1210

Doclet-Code  
\$FR

Cashier: MTR

Paid By: rebusussen, aaron  
Transaction Amount: \$20.00

FILED  
SKAGIT COUNTY CLERK  
SKAGIT COUNTY, WA

2008 DEC 15 PM 2:06

LAST WILL AND TESTAMENT

OF  
RALPH M. DEBRULER 08 4 00401-5

I, RALPH M. DEBRULER, being of legal age, sound and disposing mind, memory and understanding, and acting under no fraud, duress or undue-influence of any person whomsoever, but realizing the frailty of mortal existence, do hereby make this my LAST WILL AND TESTAMENT, as follows:

FIRST: I state and declare that my immediate family is composed of my wife, FRANCES R. DEBRULER, and our three children: ROBERTA A. DEBRULER, CHARLES J. DEBRULER and MARY ELLEN de la PENA.

SECOND: I give, bequeath, devise and will all of my properties and estate unto my wife to have and to hold.

THIRD: In the event, however, that my wife fail to survive me, or if we die together or in a common casualty or disaster of on the same date, then in any such event I give all of my properties and estate aforesaid unto my children herein named, in equal shares, SHARE AND SHARE ALIKE. In the event any of my said children shall predecease me, that child's share shall pass in equal portions to the child or children who do survive me.

FOURTH: I nominate and appoint my wife, FRANCES R. DEBRULER, to be the Executrix of this my LAST WILL AND TESTAMENT and if my Executrix cannot serve or fails to qualify then in the alternative I nominate and appoint ROBERTA A. DEBRULER.

I expressly authorize and direct that my Executrix or alternate, whichever may so serve, act as such without bond and without intervention of any Court or Courts, hereby granting unto my said Executrix full power and authority to collect, receive, administer, settle and distribute my properties and estate under this Will, and to sell, convey, encumber or in any manner dispose of any part or all of my estate without bond and without order, approval, confirmation or intervention of any Court or Courts for any such transactions.

*Ralph M. Debruler*



200901150036  
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UNRECORDED INSTRUMENT

If my wife does not survive me, my Executrix may find attached to this Will or in the same package therewith a non-testamentary list of my suggested distribution, in kind, of clothing, jewelry and personal effects having sentimental value but little intrinsic value, among my children. I hereby request, but do not direct that that list, if any, be honored, but this is not intended as a non-testamentary alteration of this my LAST WILL AND TESTAMENT.

**FIFTH;** I hereby revoke any and all other or prior Wills or testamentary dispositions by me at any time heretofore made.

IN WITNESS WHEREOF, I hereto affix my hand and seal at Renton, Washington, this 5<sup>th</sup> day of August, 1982.

Ralph M. Debruler  
RALPH M. DEBRULER

THE FOREGOING INSTRUMENT, consisting of two pages, of which this is the last, was on the 5<sup>th</sup> day of August, 1982, signed, sealed and published by RALPH M. DEBRULER as and declared by him to be his LAST WILL AND TESTAMENT in the presence of each of us who at his request and in his presence and in the presence of each other, subscribe our names as witnesses thereto.

Roger A. Lewis, residing at RENTON, Washington.  
Louise Lewis, residing at Renton, Washington.





UNOFFICIAL DOCUMENT

State of Washington, } ss.  
County of Skagit

I, Nancy K. Scott, County Clerk of Skagit County and ex-officio Clerk of the Superior Court of the State of Washington, for the County of Skagit, do hereby certify that the foregoing instrument is a true and correct copy of the original, consisting of 5 pages, now on file in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Court at my office at Mount Vernon this 16 day of Jan 20 07 Nancy K. Scott, County Clerk

By  Deputy Clerk



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Skagit County Auditor

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **1069-08** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST <b>Ralph Miles DeBruler</b>			2. Death Date <b>Nov 29, 2008</b>		
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>94</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Skagit</b>
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) <b>Montesano</b>	8b. (State or Foreign Country) <b>Washington</b>		9. Decedent's Education <b>PhD of Education - Doctorate</b>
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>5605 Rosario Way</b>				13b. City or Town <b>Anacortes</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98221</b>
14. Estimated length of time at residence. <b>24 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Frances Rosalie [REDACTED]</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Administrator/Teacher</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Public Schools</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Charles (unk) DeBruler</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Ida Ella Watson</b>		
21. Informant's Name <b>Charlie DeBruler</b>		22. Relationship to Decedent <b>Son</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>5605 Rosario Way Anacortes, WA 98221</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Residence</b>			25. Facility Name (if not a facility, give number & street or location) <b>5605 Rosario Way</b>		
26a. City, Town, or Location of Death <b>Anacortes</b>		26b. State <b>WA</b>	27. Zip Code <b>98221</b>		
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Northwest Crematory</b>		30. Location-City/Town, and State <b>Anacortes, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Evans Funeral Chapel &amp; Crematory, Inc 1105-32nd St. Anacortes, WA</b>			32. Date of Disposition <b>Dec 3, 2008</b>		33. Funeral Director Signature X <i>[Signature]</i>

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. Cardiopulmonary Arrest** Interval between Onset & Death: **20 min**

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. Pulmonary Edema** Interval between Onset & Death: **1 week**

**c. Congestive Heart Failure** Interval between Onset & Death: **2 years**

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy?  Yes  No

37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death  
 Natural  Homicide  
 Accident  Undetermined  
 Suicide  Pending

39. If female  
 Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  
 Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  
 Unknown if pregnant within the past year

40. Did tobacco use contribute to death?  
 Yes  Probably  
 No  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?  
 Yes  No  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:  
 Driver/Operator  Pedestrian  
 Passenger  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.  
*[Signature]* MD

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.  
X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)  
**Andrew Alexander, MD 2511 M Avenue, Suite B, Anacortes, WA 98221**

50. Hour of Death (24hrs)  
**19:00 PM**

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (MM/DD/YYYY)  
**December 2, 2008**

53. Title of Certifier  
**MD**

54. License Number  
**MD00048981**

55. ME/Coroner File Number  
**NJA # 553**

56. Was case referred to ME/Coroner?  
 Yes  No

57. Registrar Signature  
*[Signature]*

58. Date Received (MM/DD/YYYY)  
**DEC - 2 2008**

59. Amendments



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