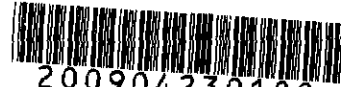


Filed for Record at request of
and return to:

STILES & STILES INC. P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284



200904230100

Skagit County Auditor

4/23/2009 Page

1 of

6 11:53AM

CHICAGO TITLE CO.

620002248

Legal : ORCHARD LANE LT 2 INCLUDES 1978 KWOOD M/H 48X24 SER 7146 PC69
Tax Parcel # 4399-000-002-0009 / P81435

AFFIDAVIT RE: LACK OF PROBATE

State of Washington)
) ss.
County of Skagit)

KAREN KLINGSHIRN, VEDA BALDWIN, LESTER BUSSING and DENNIS
BUSSING, being first duly sworn, deposes and says:

THAT affiants are the lawful surviving siblings of Frank E. Bussing, who died
December 25, 2009 at Everett, Washington, then being a resident of Marysville,
Snohomish County Washington. A copy of the death certificate is attached.

THAT this affidavit is for the purpose of supplying information pertaining to the
estate of FRANK E. BUSSING, deceased, and it is intended that the statements set
forth herein shall be considered representations of fact which may be relied upon by all
persons dealing with the following described real property:

LOT 2, "ORCHARD LANE, according to the plat thereof, recorded in
Volume 12 of Plats, Page 64, records of Skagit County, Washington.

Situated in Skagit County, Washington.

That the decedent executed a Will, a copy of which is attached hereto, leaving
the above described real property in equal shares to Karen Klingshim, Veda Baldwin,
Lester Bussing and Dennis Bussing.

That affiant has herein below identified each and all of the heirs at law of
decedent, including but not limited to his children, adopted children and the issue of any
predeceased child or adopted child (if decedent left no surviving children, then affiant
has listed below all of the surviving parents, brothers and sisters of decedent).

That the heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Karen Klingshirn 3602 - 199 th St. S.E. Bothell, WA 98012	Legal	Daughter
Veda Baldwin 1508 S. Mildred St. Apt C4 Tacoma, WA 98465	Legal	Daughter
Lester Bussing 7401 N.E. Old Military Rd. Bremerton, WA 98311	Legal	Son
Dennis Bussing 604 Redwood Lane Sedro Woolley, WA 98284	Legal	Son

THAT affiants acknowledge, and so states, that each and all of the obligations against the estate of said decedent, if any, will be their responsibility to pay or provide for.

THAT affiant states that the total value of the decedent's estate at the date of death including all real and personal property, was less than \$100,000.00.

CHECK WHICH APPLIES:

- THAT the decedent left no Will.
- THAT the decedent left a Will, a copy of which is attached hereto.
- THAT the decedent's estate is not being probated.
- THAT State and/or federal succession or inheritance taxes are not payable.
- THAT State and/or federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge is attached hereto.
- THAT State and/or federal succession or inheritance taxes are due, but have not paid.

THAT this affidavit is made solely to induce any title insurance company to insure title to real property in full reliance upon the herein representations.



200904230100

Skagit County Auditor

DATED: January 24, 2009

Karen Klingshirn
Karen Klingshirn

Veda A. Baldwin
Veda Baldwin

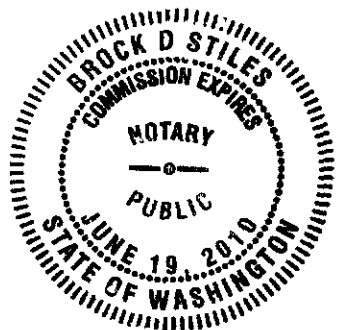
Lester Bussing
Lester Bussing

Dennis Bussing
Dennis Bussing

STATE OF WASHINGTON)
)
County of Skagit)

On this day personally appeared before me **Karen Klingshirn** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 24 day of January, 2009



Brock D Stiles
Notary Public in and for the
State of Washington
Residing at: Sedro-Woolley
Commission Expires: 6-19-10



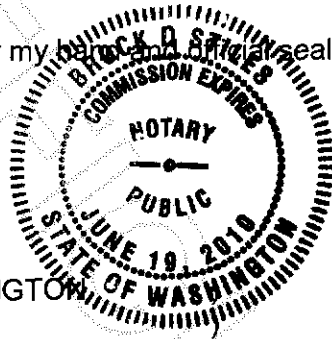
200904230100
Skagit County Auditor

STATE OF WASHINGTON)

County of Skagit)

On this day personally appeared before me **Veda Baldwin** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 24 day of January, 2009



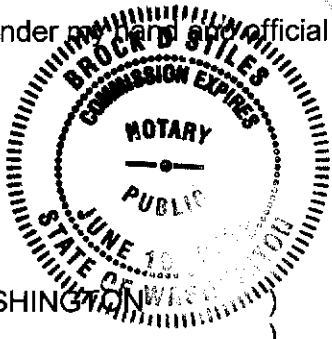
Brock D Stiles
Notary Public in and for the
State of Washington
Residing at: Sedro-Woodley
Commission Expires: 6-19-10

STATE OF WASHINGTON)

County of Skagit)

On this day personally appeared before me **Lester Bussing** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 24 day of January, 2009



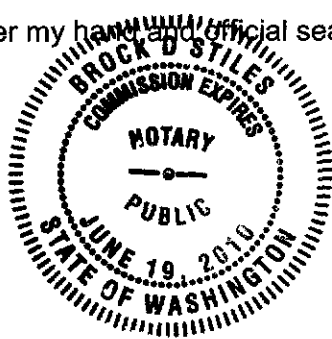
Brock D Stiles
Notary Public in and for the
State of Washington
Residing at: Sedro-Woodley
Commission Expires: 6-19-10

STATE OF WASHINGTON)

County of Skagit)

On this day personally appeared before me **Dennis Bussing** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 24 day of January, 2009



Brock D Stiles
Notary Public in and for the
State of Washington
Residing at: Sedro-Woodley
Commission Expires: 6-19-10



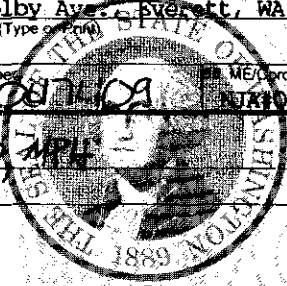
200904230100
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number MI 3808		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Suffix Frank Edward Bussing				2. Death Date Dec. 25, 2008		
3. Sex (M/F) Male	4a. Age - Last Birthday 89	4b. Under 1 Day Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Snohomish	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Day Creek	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? Yes
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 6706 84th Drive NE				13b. City or Town Marysville		
13c. Residence: County Snohomish		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98270
14. Estimated length of time at residence. 1 1/2 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage)		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Tree Faller				18. Kind of Business/Industry (Do not use Company Name) Timber		
19. Father's Name (First, Middle, Last, Suffix) Calvin Bussing			20. Mother's Name Before First Marriage (First, Middle, Last) Hannah [REDACTED]			
21. Informant's Name Dennis Bussing		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 604 Redwood Lane Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Inpatient				Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) Providence Region Medical Center Colby Campus			26a. City, Town, or Location of Death Everett		26b. State WA	27. Zip Code 98201
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 Street, Sedro-Woolley, WA 98284					32. Date of Disposition 12/30/2008	
33. Funeral Director Signature X 						
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. Respiratory arrest due to pneumonia Interval between Onset & Death: 27 hours						
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. Due to (or as a consequence of) Interval between Onset & Death:						
c. Due to (or as a consequence of) Interval between Onset & Death:						
d. Due to (or as a consequence of) 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 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 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)		
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)		
48a. Certifying Physician X 				48b. Medical Examiner/Coroner X 		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) M. Marcus L. E. [REDACTED] 1321 Colby Ave. Everett, WA 98201				50. Hour of Death (24hrs) 0540		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 12/25/08		
53. Title of Certifier MD		54. License Number MDC00001009		55. ME/Coroner File Number 114108SN3931		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature X  MD MPH				58. Date Received (mm/dd/yyyy) DEC 29 2008		
59. Amendments						

Part 1 completed by Funeral Director

Part 2 completed by Certifier



200904230100
Skagit County Auditor

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)
--	---

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 Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

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.

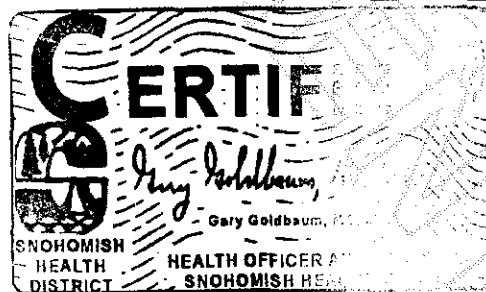
Marriage/Dissolution (Divorce) Certificates:

- 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.

DOH/CHS 023 (Rev. 9/2002)



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Skagit County Auditor



QQ00389823

JAN. 02. 2009