

UNRECORDED



200905010050

Skagit County Auditor

5/1/2009 Page 1 of 6 9:38AM

**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

LAND TITLE OF SKAGIT COUNTY

wild ACCOMMODATION RECORDING

Legal : Lots 125 Cedargrove on the Skagit
Tax Parcel # 3877-000-125-0004 / P64192

AFFIDAVIT RE: LACK OF PROBATE

State of Washington)
) ss.
County of Skagit)

VICKI D. PAST, DAVID S. LEDFORD and CHARLES W. LEDFORD, being first duly sworn, depose and say:

THAT affiants are the lawful surviving heirs of SHERRI V. LEDFORD, who died February 9, 2009 at Mount Vernon, Washington, then being a resident of Sedro Woolley, Skagit 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 SHERRI V. LEDFORD, 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 125, "Cedargrove on the Skagit", according to plat thereof recorded in Volume 9 of plats, pages 48 and 51 Records of Skagit County, Washington.

THAT the decedent did not leave a Last Will and Testament. The rules of intestate succession set forth in R.C.W. 11.40.015 state that:

2 (c) If the intestate not be survived by issue or by either parent, then to those issue of the parent or parents who survive the intestate; if they are all in the same degree of kinship to the intestate, they shall take equally, or, if of unequal degree, then those of more remote degree shall take by representation.

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THAT affiant's state that Sherri Ledford was unmarried, had no children and her parents are both deceased. The affiants have 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>
Vicki D. Past 42647 Challenger Road Concrete, WA 98237	Legal	sister
David Scott Ledford P O Box 328 Concrete, WA 98237	Legal	brother
Charles W. Ledford P O Box 328 Concrete, WA 98237	Legal	brother

THAT affiants knows of their own knowledge, and so states, that each and all of the obligations against the estate of said decedent (including but not limited to: all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes, installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

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.



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DATED: April 17, 2009

Vicki D. Past
Vicki D. Past - Affiant

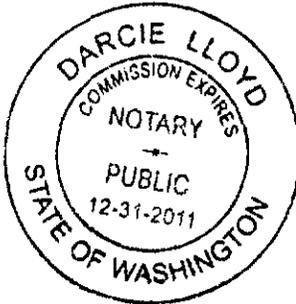
David S. Ledford
David S. Ledford - Affiant

Charles W. Ledford
Charles W. Ledford - Affiant

STATE OF WASHINGTON)
)ss
COUNTY OF SKAGIT)

On this day personally appeared before me **Vicki D. Past** 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 17 day of April, 2009.



Darcie Lloyd
Notary Public in and for the State of Washington,
residing at Concrete
My appointment expires 12/31/2011

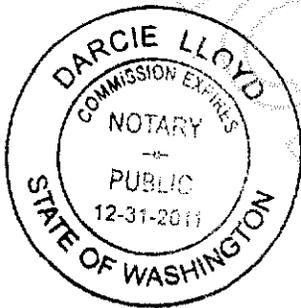


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STATE OF WASHINGTON)
)
County of Skagit)

On this day personally appeared before me **David S. Ledford** 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 17 day of April, 2009



Darcie Lloyd
Notary Public in and for the State of Washington,
residing at Concrete
My appointment expires 12/31/2011

STATE OF WASHINGTON)
)
County of Skagit)

On this day personally appeared before me **Charles W. Ledford** 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 17 day of April, 2009



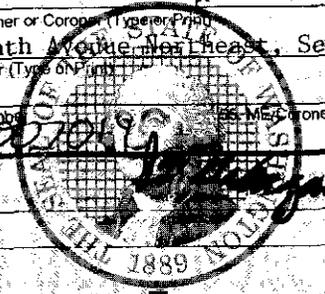
Darcie Lloyd
Notary Public in and for the State of Washington,
residing at Concrete
My appointment expires 12/31/2011



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**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
CERTIFIED COPY OF DEATH CERTIFICATE**

Local File Number 1425		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST SHERRI VAUN LEDFORD				2. Death Date Feb. 9, 2009		
3. Sex (M/F) Female	4a. Age - Last Birthday 51 years	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number -7454	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) White		12. Was Decedent ever in U.S. Armed Forces? NO	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) PO Box 2016				13b. City or Town Concrete		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98237	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 51 Years		15. Marital Status at Time of Death Never Married		16. Surviving Spouse's or Domestic Partner'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)) Cook				18. Kind of Business/Industry (Do not use Company Name) Restaurant		
19. Father's Name (First, Middle, Last, Suffix) Jack Dean Ledford				20. Mother's Name Before First Marriage (First, Middle, Last) Geraldine		
21. Informant's Name Jim Past		22. Relationship to Decedent Brother-in-law		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 42647 Challenger Road, Concrete, WA 98237		
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) Kindred Hospital, 10631 Eighth Avenue Northeast				25a. City, Town, or Location of Death Seattle	25b. State WA	25c. Zip Code 98125
26. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Cady Cremation Services		30. Location-City/Town, and State Kent, Washington		
31. Name and Complete Address of Funeral Facility Affordable Burial & Cremation Services, LLC, 17910 SR 536, Mount Vernon, WA 98273				32. Date of Disposition Feb. 13, 2009		
33. Funeral Director Signature <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. Severe Sepsis				Interval between Onset & Death 24 hrs		
Due to (or as a consequence of): infected trochanteromy				Interval between Onset & Death 2 days		
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 GMR bacteremia				Interval between Onset & Death 24 hrs		
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 Asthma & respiratory failure				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 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"/> 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:						
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 - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Joanne Fesler				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 (Type of Physician) Joanne Fesler ARNP 10631 Eighth Avenue Northeast, Seattle, WA 98125				50. Hour of Death (24hrs) 1800 Hours		
51. Name and Title of Attending Physician if other than Certifier (Type of Physician) ARNP				52. Date Signed (MM/DD/YYYY) 2/10/09		
53. Title of Certifier ARNP		54. License Number AP 30027019		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>[Signature]</i>				58. Date Received (MM/DD/YYYY) FEB 13 2009		
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 foregoing 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:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:

1. Personal fact(s) (minor spelling changes in name, date of birth or residence) may be changed by affidavit (with proof) by the person.
2. 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)

CERTIFIED
 Seattle - King Co
 Department of Public Health

 David Fleming
 Director and Health Officer



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 Skagit County Auditor

FEB 19 2009

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