

Elliott W Johnson Inc PS  
711 S. First St  
Mount Vernon, WA 98273



**Skagit County Auditor**

7/22/2009 Page 1 of 7 12:22PM

## Lack of Probate Affidavit

<b>Grantor(s):</b>	Emmet D. Owens
<b>Grantee(s):</b>	The Public
<b>Legal Description (abbreviated):</b>	Lts 24 & 25, Dewey Beach Addition, including tidelands
<b>Assessor's Tax Parcel Number:</b>	3900-000-025-0006 (P65004)
<b>Reference:</b>	

In the Matter of the Estate of  
Betty Louise Owens,

Deceased.

## Lack of Probate Affidavit

State of Washington )  
 ) ss.  
County of Skagit )

**Emmet D. Owens**, being first duly sworn, deposes and says:

Affidavit re:  
Community Property Agreement

Page 1

7/22/9 11:09  
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**Elliott W. Johnson Inc. P.S.**  
711 South First Street  
Mount Vernon, WA 98273  
(360) 336-6502 Fax 336-5616  
Email: [Elliott@EWJLaw.com](mailto:Elliott@EWJLaw.com)

1. I am the surviving spouse of **Betty Louise Owens** who died at a resident of Skagit County, Washington at Anacortes on May 15, 2009, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated January 29, 1991. A true and correct copy of this Community Property Agreement is attached hereto and incorporated herein. Attached also is a true and correct copy of the death certificate that was issued herein. This Community Property Agreement was validly executed and in full force and effect at the death of the decedent.

2. The decedent executed no wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering the assets listed below, any portion thereof, or any interest therein other than the instruments which have been duly recorded in the office of the Auditor of the location of the asset, except the above Community Property Agreement.

3. There are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness. The estate is fully solvent.

4. The decedent left surviving, in addition to the undersigned, the following children: Amy Jean Martin, Patricia Denise Peterschmidt, Brian David Owens, Kathryn Joyce Daily, Michael Paul Daily, and Carol Ann Daily.

5. The decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS) including nursing facility services, home or community-based services, hospital, prescription drugs or any other services.

6. There was no separate property.

7. Among other items of community property was the following described property:

**1. Residential Real Property located at 15311 Deception Road, Anacortes, Skagit County, Washington, legally described as follows:**

LOTS 24 and 25, "DEWEY BEACH ADDITION" according to the plat recorded in volume 6 of plats, page 17, records of Skagit County, Washington.

TOGETHER with tidelands of the second class adjoining.

Skagit County Tax Parcel No. 3900-000-025-0006 (P65004)

Affidavit re:  
Community Property Agreement

Page 2

Elliott W. Johnson Inc. P.S.

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Skagit County Auditor

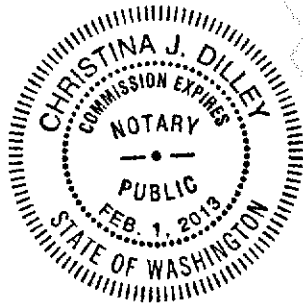
7/22/2009 Page 2 of 7 12:22PM

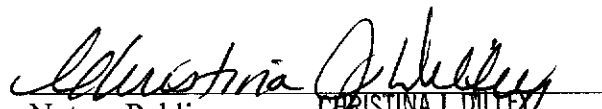
2. All Checking, Savings and Investment and Retirement Accounts
3. All Motor Vehicles
4. All Household Furniture, Furnishings, Jewelry, Clothing and Other Items of Personal Property.

8. This affidavit is made to induce Title Companies to issue their policies of title insurance on real property passing to the surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations herein set forth.

  
Emmet D. Owens

SUBSCRIBED AND SWORN to before me on July 22, 2009 by Emmet D. Owens.



  
Notary Public  
My appointment expires: 2-1-2013

Affidavit re:  
Community Property Agreement

Page 3

7/22/9 11:09  
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Elliott W. Johnson Inc. P.S.  
711 South First Street  
98273  
36-5616  
aw.com



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7/22/2009 Page 3 of 7 12:22PM

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>426 09</b>		<b>Washington State Certificate of Death</b>				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Betty Louise OWENS</b>					2. Death Date <b>May 15, 2009</b>		
3. Sex (M/F) <b>F</b>	4a. Age - Last Birthday <b>80</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number	6. County of Death <b>Skagit</b>		
7. Birthdate <b>[REDACTED]</b>	8a. Birthplace (City, Town, or County) <b>Richmond</b>	8b. (State or Foreign Country) <b>California</b>		9. Decedent's Education <b>High School Graduate</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>15311 Deception Road</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>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. <b>42 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>Emmett Dennis Owens</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Homemaker</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Roy Charles Owens</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Alberta (unk)</b>			
21. Informant's Name <b>Emmett Dennis Owens</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>15311 Deception Road 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>15311 Deception Road</b>					26a. City, Town, or Location of Death <b>Anacortes</b>		26b. State <b>WA</b>
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Fernhill Cemetery</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 98221-</b>						32. Date of Disposition <b>May 20, 2009</b>	
33. Funeral Director Signature X <i>Lennie Stalsbrot</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) → <b>a. unspecified natural causes</b> Due to (or as a consequence of): Interval between Onset & Death: <b>2 hrs</b>  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 <b>ADVANCED PARKINSON'S DISEASE</b>							
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 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: <b>15311 Deception Road Anacortes WA 98221</b>				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: <b>Oliver L. Stalsbrot M.D.</b>				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 or Print) <b>Oliver L. Stalsbrot M.D. 2511 M Avenue Suite B, Anacortes, WA 98221</b>						50. Hour of Death (24hrs) <b>23:00 PM</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (mm/dd/yyyy) <b>05/18/2009</b>	
53. Title of Certifier <b>MD</b>		54. License Number <b>MD00018028</b>		55. ME/Coroner File Number <b>NJA #247</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>Connie Anderson</i>				58. Date Received (mm/dd/yyyy) <b>MAY 21 2009</b>			
59. Amendments							



**200907220067**  
**Skagit County Auditor**

# Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

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: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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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:

- 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)

**\*CERTIFIED\***



200907220067  
Skagit County Auditor

MAY 21 2009

*Handwritten signature*

Skagit County Health Department  
Howard Leibrand M.D., Health Officer

RR00597987

COMMUNITY PROPERTY AGREEMENT

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 29<sup>th</sup> day of January, 1991, by and between EMMET DENNIS OWENS and BETTY LOUISE OWENS of Skagit County, State of Washington, pursuant to the provisions of RCW 26.16.120, permitting agreements between husband and wife fixing the status and disposition of community property to take effect upon the death of either,

WITNESSETH:

That in consideration of the love and affection that each of us has for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

II.

That upon the death of either of us, title to all community property as herein defined shall immediately vest in fee simple in the survivor.

IN WITNESS WHEREOF, we, EMMET DENNIS OWENS and BETTY LOUISE OWENS, have hereunto set our hands this 29<sup>th</sup> day of January, 1991.

WITNESS

WITNESS

EMMET DENNIS OWENS

BETTY LOUISE OWENS



200907220067  
Skagit County Auditor

7/22/2009 Page

6 of 7 12:22PM

STATE OF WASHINGTON )  
 ) ss.  
County of Island )

This is to certify on this 29<sup>th</sup> day of January, 1991, before the undersigned Notary Public, personally came EMMET DENNIS OWENS and BETTY LOUISE OWENS, husband and wife, who proved on the basis of satisfactory evidence to be the individuals described in and who executed the within instrument, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Theresa L. Edwards  
NOTARY PUBLIC in and for the  
State of Washington residing  
at Oak Harbor.

My commission expires:

10-5-93



200907220067  
Skagit County Auditor