



201012170072

Skagit County Auditor

12/17/2010 Page

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8 10:52AM

NO PROBATE COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

Marguerite Padovan, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That Louie Padovan was her husband. That he died a resident in Anacortes, Skagit County, Washington on November 6, 2010. A copy of the death certificate is attached hereto. Louie Padovan died leaving property in Skagit County all of which was the community property of affiant and decedent. A copy of the Community Property Agreement is attached.

That there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses, or last illness except as follows:
None.

That the decedent's estate is not being probated. A copy of the Will is attached.

That the property owned by affiant and Louie Padovan consisted of the following:

REAL ESTATE

1. STREET: 6021 South Shore Road Anacortes, WA 98221
TAX ID: P60828/3843-032-030-0002
LEGAL: O/S #13 AF # 8302040006 1984 & O/S # 2 AF# 9204280053 NORTH TO ANACORTES
2. STREET: 1705 6th street Anacortes, WA 98221
TAX ID: P56008/ 3722-159-002-0002
LEGAL: ANACORTES, BLOCK 159, LOTS 1,2,3 AND THE EAST HALF OF LOT 4
LOTS 1,2,3 AND THE EAST HALF OF LOT 4

3. STREET: 1707 8th Street Anacortes, WA 98221
TAX ID: P55989/ 3772-157-005-0003
LEGAL: ANACORTES W1/2 OF 3 & ALL OF VAC ALLEY ADJ ALSO ALL OFF 4 &
ALL OF 16 FT VAC ALLEY ADJ TO 4 & 5 BLK 157

PERSONAL PROPERTY

- | | | |
|----|----------------------------------|----------|
| 1. | Household furniture valued at | \$500.00 |
| 2. | Motor vehicles valued at | \$500.00 |
| 3. | Bank accounts and cash valued at | \$300.00 |

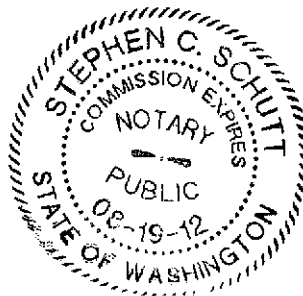
That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

Dated this 15 day of December, 2010.

Marguerite Padovan
Marguerite Padovan

SUBSCRIBED AND SWORN TO before me this 15th day of Dec, 2010.



Schutt
Notary Public in and for the
State of Washington, residing
at Anacortes, WA.
My appointment expires: Aug. 2012



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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 932-10		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Louie (nmi) Padovan		2. Death Date Nov 6, 2010					
3. Sex (M/F) M	4a. Age - Last Birthday 89	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]		6. County of Death Skagit	
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) Guemes Island		8b. (State or Foreign Country) Washington		9. Decedent's Education Associate Degree	
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 5th St.) (Include Apt. No.) 1707 - 8th Street						13b. City or Town Anacortes	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98221	
14. Estimated length of time at residence. 60 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Marquerite A. Scribner			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Fishery Patrolman				18. Kind of Business/Industry (Do not use Company Name) Department of Fisheries			
19. Father's Name (First, Middle, Last, Suffix) John M. Padovan				20. Mother's Name Before First Marriage (First, Middle, Last) Lucy (nmi) [REDACTED]			
21. Informant's Name John M. Padovan		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1707 - 8th Street Anacortes WA 98221			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Anacortes			
25. Facility Name (If not a facility, give number & street or location) 1707 - 8th Street				26a. City, Town, or Location of Death Anacortes		26b. State WA	
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Edens Cemetery		30. Location-City/Town, and State Anacortes, Washington		32. Date of Disposition Nov 11, 2010	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221				33. Funeral Director Signatures X <i>Joseph A. Wuham</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. UNSPECIFIED NATURAL CAUSES Due to (or as a consequence of): Interval between Onset & Death: minutes 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. c. d. Interval between Onset & Death: Interval between Onset & Death: Interval between Onset & Death:							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above chronic heart disease hyperlipidemia				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"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State: Apt No. 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. x Oliver L. Stalsbrotten 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) Oliver L. Stalsbrotten, M.D. 2511 M Avenue, Suite B Anacortes, WA 98221			
50. Hour of Death (24hrs) Early AM Hours				51. Name and Title of Attending Physician if other than Certifier (Type or Print)			
52. Date Signed (mm/dd/yyyy) Nov 8, 2010		53. Title of Certifier Dr.		54. License Number MD00018028		55. ME/Coroner File Number 197-10	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature <i>Cornie Anderson, Deputy</i>			
58. Date Received (mm/dd/yyyy) NOV 9 2010				59. Amendments			



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Community Property Agreement

THIS AGREEMENT, dated this 12 day of April 1979 by and between (H) Louie Padovan and (W) Marguerite Padovan, husband and wife, of Anacortes, Washington.

WITNESSETH, THAT, Whereas said parties are the owners of certain real and personal property situated in the State of Washington, the same being held in the names of (H) Louie Padovan and (W) Marguerite Padovan, husband and wife, and being desirous that said real and personal property, and any and all real and personal property which they may now have or which they may hereafter acquire in the name of (H) Louie Padovan and (W) Marguerite Padovan or either of them, shall pass without delay and expense in case of the death of either of them, to the survivor;

NOW THEREFORE, It is agreed that neither of said parties has any separate estate and that all property held in their names or in the name of either of them is community property and that all property hereafter acquired by said parties or either of them, shall for the purpose of this agreement be considered community property, and in consideration of the love and affection which each of said parties has for the other, it is further agreed that in case of the death of the said (W) Marguerite Padovan while the said (H) Louie Padovan survives, the whole of said real and personal property hereinbefore mentioned, together with any other property which they may own or by them hereinafter acquire as aforesaid, shall at once vest in the said (H) Louie Padovan in fee simple; and in the event of the death of the said (H) Louie Padovan leaving the said (W) Marguerite Padovan surviving him, the whole of said real and personal property hereinbefore mentioned, together with any and all property which they may own or by them hereinafter acquire as aforesaid, shall at once vest in the said (W) Marguerite Padovan in fee simple.

Louie Padovan
Marguerite Padovan

State of Washington, }
County of SKAGIT } SS

On this 12th day of APRIL, 1979, personally appeared before me, MARGUERITE PADOVAN and LOUIE PADOVAN, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

(SEAL)

Diana R. Harvort
Notary Public in and for the State of WASHINGTON
of Washington, residing at Anacortes



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Skagit County Auditor

COPY

FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA

2010 DEC -3 AM 9:10

SUPERIOR COURT OF WASHINGTON FOR SKAGIT COUNTY

In Re the Estate of:

LOUIE PADOVAN,

Deceased.

NO. 10 4 00417 3

LAST WILL AND TESTAMENT

See attached.

AFFIDAVIT OF PUBLICATION



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STEPHEN C.

SCHUIT

ATTORNEY AT LAW

WSBA # 14107

P.O. BOX 1032

1011 EIGHTH STREET

ANACORTES,

WASHINGTON 98221

(360) 293-5094

schuitt@vahoo.com

LAST WILL AND TESTAMENT

OF

LOUIE PADAVON

IN THE NAME OF GOD, AMEN!

I, Louie Padavon, of the age of 27 years, being as I believe, of sound and disposing mind and memory, but mindful of the uncertainty of life, do make, publish and declare this my last Will and Testament, as follows, to-wit:

1. I give, devise and bequeath all of my property of whatsoever kind and character and wheresoever situated, absolutely to my wife, Marguerite Padavon, if she survive me, and if she does not survive me, then to my sons, Garry Edward, Dennie Lee and John Murphy.

2. I hereby nominate and appoint my wife, Marguerite Padavon, as the sole executrix of this, my last will and testament, and direct that she act as such without bond and without the intervention of any Court, except only, in so far as may be required under the statutes relating to the probate of non intervention Wills, hereby giving her full power and authority to pay and settle all claims; to buy, sell, mortgage or in any manner hypothecate any real or personal property, and execute the necessary instruments therefor, and, without any obligation on the part of the purchaser, to see to the application of the purchase money, and that my executrix shall in no way be held responsible for any error in judgment.

3. I hereby revoke all former Wills heretofore by me made.

Dated this 19 day of February, 1949.

Louie Padavon
Address: Anacortes, Washington.

We, the undersigned, hereby certify that the foregoing Will was duly signed by Louie Padavon, known to us to be the testator named therein, in our presence, and in the presence of each other, and the said testator in our presence and hearing, and in the presence and hearing of each other declared the same to be his last will and testament, and that we duly signed and sealed the same in his presence and in the presence of each other at his request this day.

Dated this 19 day of February, 1949.

Sten Standish
Address: Anacortes, Washington

Agnes Standish Scruton
Address: Anacortes, Washington



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Skagit County Auditor

STEPHEN C. SCHUTT

ATTORNEY AT LAW

P.O. Box 1032
1011 EIGHTH STREET
ANACORTES, WASHINGTON 98221

TELEPHONE (360) 293-5094
FAX (360) 299-0416
SCHUTTATTY@YAHOO.COM

December 10, 2010

Dept. Social and Health Services
Office of Financial Recovery
Attn: Estate Recovery Unit
PO Box 9501
Olympia, Washington 98507-9501

Re: Estate of: Louie Padovan
Date of Birth: May 31, 1921
Date of Death: November 6, 2010
SSN: [REDACTED]

There will be no probate of the estate of Louie Padovan. The estate is solvent.

The Administrator is Marguerite Padovan. She can be reached at:

c/o Stephen C. Schutt
Attorney at Law
P.O. Box 1032
Anacortes, WA 98221



Stephen C. Schutt
Attorney



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COPY

DECLARATION OF MAILING

The undersigned being first duly sworn upon oath, deposes and says:

That on the 10th day of December, 2010, she caused to be deposited in the United States mail at Anacortes, Washington, postage prepaid, the letter to which this is attached addressed to the following:

Department of Social & Health Services, Estate Recovery Unit, P.O. Box
9501, Olympia, WA 98507-9501

Under penalty of perjury I declare the foregoing to be a true, accurate, and correct statement to the best of my knowledge and belief.

DATED this 10th day of December, 2010.

Catherine Thompson
Catherine Thompson, Secretary



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Skagit County Auditor