

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



201106100074  
Skagit County Auditor

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Legal : HENSLEY'S 2<sup>ND</sup> TO ANA. S1/2 OF LT 3 & ALL 4 BLK 5  
Tax Parcel # 3795-005-004-0016 / P57451

ACCOMMODATION RECORDING.

LAND TITLE OF SKAGIT COUNTY

QUIT CLAIM DEED

THE GRANTOR, RICHARD DENNIS IZBAN, as sole heir of the Estate of ANNE C. IZBAN, convey and quit claims to RICHARD DENNIS IZBAN, as his separate property, in accordance with the attached Affidavit of Lack of Probate, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor(s) therein:

The South 1/2 of Lot 3 and all of Lot 4, Block 5, "HENSLEY'S 2<sup>ND</sup> ADDITION TO ANACORTES", as the same is of record in the office of the Auditor of Skagit County, Washington;

Dated May 23, 2011.

Richard Dennis Izban  
Richard Dennis Izban  
SKAGIT COUNTY WASHINGTON  
(REAL ESTATE EXCISE TAX)  
# 1727

STATE OF WASHINGTON )  
COUNTY OF SKAGIT ) ss.

JUN 10 2011

Amount Paid \$0  
Skagit Co. Treasurer  
By mm Deputy

On this day personally appeared before me **Richard Dennis Izban**, 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 23 day of May, 2011.



Bush D. Stiles  
NOTARY PUBLIC in and for the  
State of Washington, residing at  
Sedro Woolley  
Commission Expires: 6-19-14

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and return to:  
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Legal : HENSLER'S 2<sup>ND</sup> TO ANA. S1/2 OF LT 3 & ALL 4 BLK 5  
Tax Parcel # 3795-005-004-0016 / P57451

**AFFIDAVIT RE: LACK OF PROBATE**

State of Washington )  
 ) ss.  
County of Skagit )

RICHARD DENNIS IZBAN, being first duly sworn, deposes and says:

THAT affiant is the lawful surviving heir of ANNE C. IZBAN, who died February 20, 2011 at Anacortes, Washington, then being a resident of Anacortes, 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 ANNE C. IZBAN, 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:

The South ½ of Lot 3 and all of Lot 4, Block 5, "HENSLER'S 2<sup>nd</sup> ADDITION TO ANACORTES", as the same is of record in the office of the Auditor of Skagit County, Washington;

THAT the decedent executed a will, a copy of which is attached hereto, leaving the above described real property to RICHARD DENNIS IZBAN.

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

Full Name	Age	Relationship to Decedent
Richard D. Izban	Legal	son
2006 "K" Avenue		
Anacortes, WA 98221		



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UNRECORDED

THAT affiant knows of his 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.

DATED: May 23, 2011.

Richard Dennis Izban  
Richard Dennis Izban - Affiant

STATE OF WASHINGTON )  
 )ss  
COUNTY OF SKAGIT )

On this day personally appeared before me **Richard Dennis Izban** 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 23 day of May, 2011.



Brock D. Stiles  
Notary Public in and for the State of Washington  
residing at Sedro-Woolley  
My appointment expires 6-19-14



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

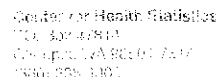
Local File Number: <b>142-61</b>		<b>Washington State Certificate of Death</b>		State File Number:	
1. Legal Name (Include AKA's if any): First Middle LAST Suffix <b>Anne Catherine Izban</b>			2. Death Date <b>Feb 20, 2011</b>		
3. Sex (M/F) <b>F</b>	4a. Age - Last Birthday <b>96</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>537-05-3488</b>	6. County of Death <b>Skagit</b>
7. Birthdate <b>Feb 1, 1915</b>	8a. Birthplace (City, Town, or County) <b>Keewatin</b>	8b. (State or Foreign Country) <b>Minnesota</b>	9. Decedent's Education <b>8th Grade, No GED</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>1105 - 27th Street, Mt. Constitution, Rm 208</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>99221</b>
14. Estimated length of time at residence. <b>1 Year</b>		15. Marital Status at Time of Death <b>Widowed</b>		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)) <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>Mike (nmi) Barcot</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Anna (nmi) Hornick</b>		
21. Informant's Name <b>Richard Izban</b>		22. Relationship to Decedent <b>Son</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>2006 K Avenue Anacortes WA 98221</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Assisted Living Facility</b>			Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) <b>Rosario Assisted Living</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>Grand View 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 Street Anacortes Washington 98221</b>				32. Date of Disposition <b>Feb 25, 2011</b>	
33. Funeral Director Signature X <i>Joseph J. Wahman</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. <b>Non-Hodgkins Lymphoma</b>					
IMMEDIATE CAUSE (Final disease or condition resulting in death)			Interval between Onset & Death <b>5 months</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			Interval between Onset & Death		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>DM-type II, Hypertension, Atrial Fibrillation</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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury (mmmmmm) <b>02/20/2011</b>		42. Hour of Injury (24hrs) <b>10:00</b>		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>Home</b>	
45. Location of Injury: Number & Street <b>1105 27th Street</b>			Apt No. <b>208</b>		
City or Town: <b>Anacortes</b>			County: <b>Skagit</b>		
46. Describe how injury occurred <b>Slipped on stairs</b>			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>Karen Bolton MD</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. <b>X</b>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Karen Bolton, M.D. 1220 22nd Street, Suite A Anacortes, WA 98221</b>			50. Hour of Death (24hrs) <b>1050</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mmmmmm) <b>Feb 22, 2011</b>		
53. Title of Certifier <b>Dr.</b>		54. License Number <b>MD00035462</b>		55. ME/Coroner File Number	
57. Registrar Signature <i>David Marshall, Deputy</i>			58. Date Received (mmmmmm) <b>FEB 22 2011</b>		
59. Amendments					



DOH/CHS 003 Rev 07/09/07



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and  $\beta_1$  and  $\beta_2$  are the regression coefficients.  $\beta_1$  and  $\beta_2$  do not alter

State File Number	Date	Affidavit Number
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution		
1. Name on Record	2. Place of Event (City or County)	
4. Father's Full Name (Last, First, Middle Initial) (Required for Marriage or Dissolution)		
The Record Book No. _____ The Time Fact is: _____		
6. _____		
8. _____		
10. _____		
12. _____		
14. I represent the person as _____ (Name) _____ (Address) _____ (Telephone Number)		
I declare under penalty of perjury under the laws of the State of Maryland that the foregoing is true and correct.		
15. Signature: _____		
All vital records are registered, received, and filed by the State of Maryland. Any changes must be made by court order.		
Examples of documentary proof: Certificate of Naturalization, Social Security Card, Driver's License, Birth Certificate, Marriage License, etc.		
Birth Certificates:		
1. Only a parent, legal guardian, or authorized official may change the birth certificate.		
2. The proof(s) must match exactly the information on the birth certificate. If the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe.		
3. Proof must be five (or more) years old, or a court order.		
4. Up to age one, the parent(s) or legal guardian(s) may change the name of the child by court order or by affidavit.		
- This is a one-time only change. Subsequent change will require 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 affidavit up to signing an affidavit of 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 DCH/CHS 021)		
Death Certificates:		
1. Only the informant, the informant's spouse, or a close relative may change the non-medical information.		
2. The medical information (cause of death, etc.) may only be changed by the certifying physician or the coroner/medical examiner.		
3. If it is less than sixty days from date of death, there may be a court order to make changes.		
Marriage/Dissolution (Divorce) Certificates:		
1. Personal fact(s) (marriage date, place of birth, etc.) may be changed by affidavit (with proof) by the person.		
2. To change the date or place of marriage or dissolution, the officiant, manager, or clerk of court (dissolution) must sign the affidavit.		

DOH:CHS 023a 6-1-10

**\*CERTIFIED\***

MAY 26 2011

UU00303976



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Skagit County Auditor

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

ORIGINAL

LAST WILL AND TESTAMENT

I, ANNE C. IZBAN, of Anacortes, Skagit County, Washington, do make, publish, and declare this as and to be my Last Will and Testament, hereby revoking any and all former Wills and/or Codicils heretofore by me made.

I.

I am a widow and single woman and I have two adult children, to wit: RICHARD DENNIS IZBAN and RONALD MICHAEL IZBAN. Except as herein provided, I intend to make no provision for any relative of mine who may survive me.

II.

I give all of my jewelry to my cousin, MARY KRAJLEVICH. In the event that she predeceases me or fails to survive me by thirty (30) days, said jewelry will pass with the residue of my estate.

III.

All of the residue of my estate I give, devise and bequeath unto my son RICHARD DENNIS IZBAN. This includes, but is not limited to, the property that I own jointly with him at 2006 K Avenue, Anacortes, Washington. In the event that he should predecease me, or fails to survive me by thirty (30) days, I give, devise and bequeath said residue unto RAYMOND G. DuBOIS of Edmonds, Washington. In the event that he should predecease me, or fails to survive me by thirty (30) days, I give, devise and bequeath said residue unto BRIAN P. BAISCH of La Conner, Washington.

IV.

I hereby appoint RICHARD DENNIS IZBAN to be Personal Representative of this my Last Will and Testament, to serve without bond. In the event he is unable or unwilling to act as said Personal Representative hereof, I nominate and appoint RAYMOND G. DuBOIS to serve as Personal Representative hereof, also to serve without bond. In the event he is unable or unwilling to act as said Personal Representative hereof, I nominate and appoint BRIAN P. BAISCH of to act as said Personal Representative hereof also to serve without bond.

V.

I further direct that my estate be settled without any intervention of any court, except to the extent required by law, and that my Personal Representative settle my estate in such manner as shall seem best and most convenient, and I hereby empower my Personal Representative to



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1 mortgage, lease, sell, exchange, and convey the personal and real property of my estate without  
2 an order of Court for that purpose and without notice, approval, or confirmation, and in all  
3 respects to administer and settle my estate without the intervention of Court.

4 VI.

5 I hereby direct and order that all just debts for which proper claims are filed against my  
6 estate, and the expenses of my last illness and funeral be paid by my Personal Representative as  
7 soon after my death as is practicable; provided, however, that this direction shall not authorize  
8 any creditor to require payment of any debt or obligation prior to its normal maturity in due  
9 course.


10 VII.

11 I direct my Personal Representative to pay out of and charge to the assets of my residuary  
12 estate all the estate and inheritance taxes lawfully predicated upon my death as a taxable event or  
13 lawfully imposed upon or assessed against my estate or any devise or bequest made herein by  
14 any laws with respect to all property taxable under such laws by reason of my death, whether or  
15 not such property passes under this, my Will. I waive for my estate all rights of reimbursement  
16 for any such payments.

17 IN WITNESS WHEREOF, I have hereto set my hand this 4<sup>th</sup> day of April, 2007.

18  
19  
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26  
27  
28  
  
ANNE C. IZBAN

The foregoing instrument was on the date thereof published by ANNE C. IZBAN who at  
said time appeared to be of sound mind and memory and acting of her own free will, and by her  
declared to be her Last Will and Testament, in the presence of us, who at her request and in her  
presence and in the presence of each other, have hereunto set our hands this 4<sup>th</sup> day of  
April, 2007.

 residing at Anacortes, WA

 residing at Anacortes, WA



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Skagit County Auditor

1 STATE OF WASHINGTON )  
2 ) ss  
3 COUNTY OF SKAGIT )

4 The undersigned, being first duly sworn on oath depose and say:

5 The document to which this affidavit is attached, affixed or annexed was on the 4th  
6 day of April, 2007, published by ANNE C. IZBAN who:

7 a. was over the age of 18 years and appeared to be of sound mind and memory and to be  
8 acting freely and without any duress, fraud, or undue influence;

9 b. signed the document in our presence and declared it to be her Last Will and  
10 Testament;

11 c. requested us to sign the document as witnesses, which we then and there did in her  
12 presence and in the presence of each other;

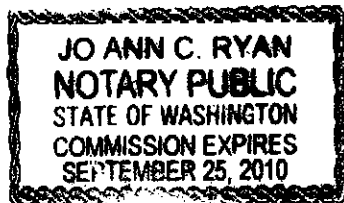
13 d. requested us to make this affidavit in accordance with Chapter 126, Laws of 1969, Ex.  
14 Sess., State of Washington.

15 James E. Anderson  
(signature of witness)

16 Judy Greth  
(signature of witness)

17  
18  
19 Signed, sworn to (or affirmed) and attested to by James E. Anderson  
20 and Judy Greth this 4th day of April, 2007.

21  
22  
23 Jo Ann C. Ryan  
24 Notary Public in and for the State of Washington,  
25 Residing at Anacortes.



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LAW OFFICE OF  
JAMES E. ANDERSON, P. S.  
1101 8TH STREET, SUITE A  
P. O. BOX 727  
ANACORTES, WASHINGTON 98221  
TELEPHONE (360) 293-3177  
FAX (360) 299-0385