

**Return Address:**

Indecomm Global Services  
2925 Country Drive  
St. Paul, MN 55117



201111220007  
Skagit County Auditor

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Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

<b>Document Title(s)</b> (or transactions contained therein): (all areas applicable to your document <u>must</u> be filled in) <b>Lack of Probate Affidavit</b> <i>Record 1st</i>
<b>Reference Number(s) of related Documents:</b> Additional reference #'s on page _____ of document
<b>Grantor(s)</b> (Last name, first name, initials) Johnson, Catherine M Johnson, Alvin L Additional names on page _____ of document.
<b>Grantee(s)</b> (Last name first, then first name and initials) Johnson, Catherine M Additional names on page _____ of document.
<b>Trustee</b> N/A
<b>Legal description</b> (abbreviated: i.e. lot, block, plat or section, township, range) <i>Lot 67, Plat of Wilderness Village Div. No. 1</i> Additional legal is on page <u>6</u> of document.
<b>Assessor's Property Tax Parcel/Account Number</b> P78252 <input type="checkbox"/> Assessor Tax # not yet assigned
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein. USR / 77337666

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

*Char Xiong* Signature of Requesting Party  
*Char Xiong*

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)  
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No.: \_\_\_\_\_, County: \_\_\_\_\_

99511003150  
STATE OF Washington)

SS:  
COUNTY OF Whatcom)

The undersigned, Catherine M. Johnson, executes this affidavit relating to the estate of Alvin Lenard Johnson (herein "Decedent"), who died on 10-27-97, in the County of SKagit, State of WA, then being a resident of the City of Concrete, County of SKagit, State of WA.

(A copy of the death certificate is attached hereto.)

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

That the undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Surviving child of the Decedent
- Registered domestic partner of the Decedent
- One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington,
- other (identify:)

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); **and**
3. *all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:*

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Catherine M. Johnson  
 Address: 7590 SKagit View Dr. Concrete, WA  
 Name & relationship Lori L. Acuna  
 Address: Burlington, WA  
 Name & relationship Lisa A. Ayres  
 Address: Birdview, WA  
 Name & relationship \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name & relationship \_\_\_\_\_  
 Address: \_\_\_\_\_



That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- Community property
- Separate property
- Joint tenancy property

**CHECK ALL BOXES WHICH APPLY IN EACH SECTION:**

1. That on the date the Real Estate was purchased the Decedent was:
  - married to Catherine M. Johnson
  - unmarried, not a registered domestic partner
  - unmarried, a registered domestic partner of \_\_\_\_\_.
2. That on the date of death the Decedent was:
  - married to Catherine M. Johnson
  - unmarried, not a registered domestic partner
  - unmarried, a registered domestic partner of \_\_\_\_\_.
3.  That the decedent left a Will, *a copy of which is attached hereto.*
  - That the decedent left no Will.
  - That the decedent executed a Community Property Agreement. It was recorded under \_\_\_\_\_ County recording number \_\_\_\_\_. *(if unrecorded, attach a copy)*
4.  That the decedent's estate is not being probated.
  - That the decedent's estate is subject to probate proceedings in \_\_\_\_\_ County, State of \_\_\_\_\_, under Probate No. \_\_\_\_\_
5.  That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
  - That State and/or Federal succession or inheritance taxes in the amount of \$ \_\_\_\_\_ have been paid. Copies of the release/discharge are attached hereto.
  - That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5.  That the decedent has not received assistance from the State of Washington for medical care.
  - That the decedent has received assistance from the State of Washington for medical care.
  - That the State of Washington has been fully reimbursed for assistance for medical care.

*(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):*

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or



more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the 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, except as follows (use reverse side or attach a list if necessary): \_\_\_\_\_

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ \_\_\_\_\_, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ \_\_\_\_\_, and including the value of Decedent's separate property, if any, of approximately \$ \_\_\_\_\_, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ \_\_\_\_\_.

This affidavit is made to induce \_\_\_\_\_ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: 9-26, 2011

Catherine M. Johnson  
(Signature)

Catherine M. Johnson  
(Print or type full name)

7590 Skagit View Dr. Concrete, WA. 360-853-7515  
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 26th day of Sept., 2011

Irene B Reynolds  
Notary Public in and for the State of  
Washington, residing at Bellingham.

Notary Public  
State of Washington  
IRENE B. REYNOLDS  
My appointment expires  
April 7, 2012

LACK OF PROBATE  
(COMMUNITY PRC)



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Skagit County Auditor

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

685

Health

146

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

1. NAME First: ALVIN Middle: LENARD Last: JOHNSON				2. SEX (M / F) Male		3. DEATH DATE (Mo. Day, Yr) October 27, 1997	
4. AGE LAST BIRTH DAY (Yrs) 66		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo. Day, Yr)	
8. BIRTHPLACE (City, State or Foreign Country) Yakima, WA				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Skagit	
11. CITY, TOWN OR LOCATION OF DEATH Concrete				12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. ROOM/PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE 758 Skagit View Drive			
13. SMOKING IN LAST 15 YEARS? (Yes / No) No				14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Catherine Ashe	
16. SOCIAL SECURITY NO.				17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Power Prod. Super.	
19. KIND OF BUSINESS OR INDUSTRY Puget Power				20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 758 Skagit View Drive		23. CITY/TOWN OR LOCATION Concrete		24. INSIDE CITY LIMITS? (Yes / No) No		25. COUNTY Skagit	
26. STATE WA		27. ZIP CODE 98237		28. FATHER'S NAME—FIRST, MIDDLE, LAST Odin Johnson		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Tillie	
30. INFORMANT—NAME Catherine Johnson				31. MAILING ADDRESS P.O. Box 186 Concrete, WA 98237			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo. Day, Yr) Oct 31, 1997		34. CEMETERY/CREMATORY—NAME Mount Vernon Crematory		35. LOCATION—CITY/TOWN, STATE Mount Vernon, Washington	
36. FUNERAL DIRECTOR SIGNATURE X <i>[Signature]</i>		37. NAME OF FACILITY Lemley Chapel 1008 Third Street		38. ADDRESS OF FACILITY Sedro-Woolley, WA 98284			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>[Signature]</i> M.D.				40. DATE SIGNED (Mo., Day, Yr) October 28, 1997			
41. HOUR OF DEATH (24 Hrs.) 1415 hours				42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Houshang Shetabi, M.D. 1971 Hospital Drive, Sedro-Woolley, WA 98284		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X	
44. DATE SIGNED (Mo., Day, Yr)				45. HOUR OF DEATH (24 Hrs.)		46. PRONOUNCED DEAD (Mo., Day, Yr)	
47. HOUR PRONOUNCED DEAD (24 Hrs.)				48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Houshang Shetabi, M.D. 1971 Hospital Drive, Sedro-Woolley, WA 98284		49. MEDICORNER FILE NUMBER NJA-367	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. Liver Failure				INTERVAL BETWEEN ONSET AND DEATH 2 months	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. Liver metastases				INTERVAL BETWEEN ONSET AND DEATH 12 months	
		C. Colon Cancer				INTERVAL BETWEEN ONSET AND DEATH 12 months	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:						52. AUTOPSY? (Yes / No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo. Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE Sharon D. Beeson, Deputy		63. DATE RECEIVED (Mo., Day, Yr) 10-30-97	



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Date OCT 31 1997



Howard Leibrand M.D.  
Health Officer

Signed Sharon D. Beeson  
(Skagit County Deputy Registrar)

**Exhibit A**

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF Skagit,  
STATE OF Washington, AND IS DESCRIBED AS FOLLOWS:

LOT 67, PLAT OF WILDERNESS VILLAGE DIV. NO. 1, ACCORDING TO THE PLAT  
THEREOF RECORDED IN VOLUME 10 OF PLATS, PAGE 48, RECORDS OF SKAGIT  
COUNTY, WASHINGTON.

Parcel ID: P78252

Commonly known as 7590 Skagit View Drive, Concrete, WA 98237  
However, by showing this address no additional coverage is provided



\*U02207324\*

7413 10/14/2011 77337666/1

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