



201112300058  
Skagit County Auditor

12/30/2011 Page 1 of 6 11:58AM

RETURN TO:

Patrick M. Hayden  
P.O.Box 454  
Sedro-Woolley, WA 98284

DOCUMENT TITLE(S) (or transactions contained herein):

NO PROBATE AFFIDAVIT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S) (Last name, first name and initials):

1. **Eaton, Raymond E.**
- 2.

GRANTEE(S) (Last name, first name and initials):

1. **Davis, Marjorie K.**
2. **Public**

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

**Lots 3 and 4, Block 109, "PLAT OF THE TOWN OF SEDRO, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 1 of Plats, at page 18, in the records of Skagit County, State of Washington.**

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

**Tax Parcel No. 4152-109-004-0003 / P76255**

**"NO PROBATE" AFFIDAVIT**

STATE OF WASHINGTON )  
: ss.  
COUNTY OF SKAGIT )

MARJORIE K. DAVIS, being first duly sworn, declares as follows:

1. Status. I am the only child of Raymond E. Eaton, who died on November 18, 2011, then a resident of Skagit County, Washington. A certified copy of his Death Certificate is attached to this Affidavit. My mother, Barbara J. Eaton, died on October 28, 1995, and was married to my father at the time of her death. My father did not remarry after her death. A No Probate Affidavit is recorded in Skagit County Auditor's File No. 9512110019, for their benefit. Their Community Property Agreement is recorded in Skagit County Auditor's File No. 703183

2. Real and Personal Property. Decedent left an interest in the real property and vehicles described in the attachment to this Affidavit and acquired as his real property by Deed dated June 26, 1991, and recorded in the Office of the County Auditor of Skagit County, Washington, on June 26, 1991, under Recording No. 9106280109.

3. Decedent's Heirs-at-Law. Decedent's only heir-at-law and her respective address, relationship to Decedent, and age are as follows:

| Name              | Address                                       | Relationship | Age   |
|-------------------|---|--------------|-------|
| Marjorie K. Davis | 24656 Orchard Lane<br>Sedro Woolley, WA 98284 | Daughter     | Legal |

4. Decedent's Will & Probate. Decedent left a Will which was filed as a No-Probate Will under Skagit County Superior Court Cause No. 11-4-00405-8. Said Will and Codicil provide that all property of Raymond E. Eaton goes to Marjorie K. Davis on his death.

5. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of any marital community have been paid in full.

6. Federal Estate Tax. Decedent's estate was not liable for federal estate tax.

7. Washington Estate Tax. Decedent's estate was not liable for Washington estate tax.

  
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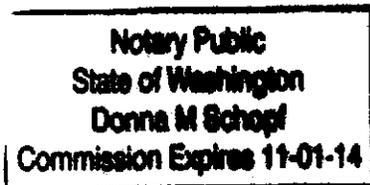
8. Washington Assistance. Decedent was not liable for repayment for subsistence or medical care to the state of Washington.

9. Purpose of Affidavit. I am making this Affidavit to induce a title insurance company, in reliance on the representations made in this Affidavit, to issue one or more policies of title insurance on the real property passing to Decedent's heirs.

Dated: 12/27/2011

Marjorie K. Davis  
Marjorie K. Davis

SUBSCRIBED & SWORN TO before me on: December 27, 2011



Donna M. Schopf  
Signature of Notary

Donna M. Schopf  
Printed Name of Notary

NOTARY PUBLIC in and for the State of  
Washington, residing at: Skagit County  
My appointment expires on: November 1, 2014



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Attachment to  
NO PROBATE AFFIDAVIT

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Description of Real Property

Legal Description of Real Property:

Residence at 829 Jennings, Sedro Woolley, Washington, described as follows:

Lots 3 and 4, Block 109, "PLAT OF THE TOWN OF SEDRO, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 1 of Plats, at page 18, in the records of Skagit County, State of Washington.

Including 1991 Golden West Mobile Home situated thereon, I.D. No. BD10103.

Tax Parcel No.: P76255

Tax Account No.: 4152-109-004-0003

Description of Vehicles:

1. 1991 Ford Taurus 4D, License No. 042EHM, VIN No. 1FACP52U3MG117693.
2. 2000 Ford Truck, License No. A54281I, VIN No. 1FTYR14VXYPA96159.
3. 1984 Ford Truck, License No. UY7234, VIN No. 2FTEF1569ECB49801.



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

|   |   |   |                               |   |                                   |  |
|---|---|---|-------------------------------|---|-----------------------------------|--|
| Local File Number: <b>956-11</b>  |   | <b>Washington State Certificate of Death</b>  |                               |   | State File Number                 |  |
| 1. Legal Name (include AKA's if any): <b>RAYMOND EVERETT EATON</b>  |   |   |                               | 2. Death Date: <b>Nov 18, 2011</b>  |                                   |  |
| 3. Sex (M/F): <b>Male</b>   | 4a. Age - Last Birthday: <b>86</b>                    | 4b. Under 1 Year: <b>Months</b>   | 4c. Under 1 Day: <b>Hours</b> | 5. Social Security Number: <b>[REDACTED]</b>  | 6. County of Death: <b>Skagit</b> |  |
| 7. Birthdate: <b>[REDACTED]</b>   | 8a. Birthplace (City, Town, or County): <b>Winona</b> | 8b. (State or Foreign Country): <b>Kansas</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>Yes</b>   |
| 13a. Residence: Number and Street (e.g. 624 SE 5 <sup>th</sup> St.) (Include Apt. No.): <b>829 Jennings</b>   |   |   |                               | 13b. City or Town: <b>Sedro-Woolley</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>98284</b>  |
| 14. Estimated length of time at residence: <b>20 yrs</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 RETIRE)): <b>Dairy Farmer</b>   |   |   |                               | 18. Kind of Business/Industry (Do not use Company Name): <b>Agriculture</b>   |                                   |  |
| 19. Father's Name (First, Middle, Last, Suffix): <b>Joseph T. Eaton</b>   |   |   |                               | 20. Mother's Name Before First Marriage (First, Middle, Last): <b>Frederica A. [REDACTED]</b>   |                                   |  |
| 21. Informant's Name: <b>Marjorie Davis</b>   |   | 22. Relationship to Decedent: <b>Daughter</b>   |                               | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: <b>24656 Orchard Lane Sedro-Woolley, WA 98284</b>   |                                   |  |
| 24. Place of Death, if Death Occurred in a Hospital: <b>Long Term Care Facility</b>   |   |   |                               |   |                                   |  |
| 25. Facility Name (If not a facility, give number & street or location): <b>Burtons Care Center</b>   |   |   |                               | 26a. City, Town, or Location of Death: <b>Burlington</b>  |                                   | 26b. State: <b>WA</b>  |
| 27. Zip Code: <b>98233</b>  |   | 28. Method of Disposition: <b>Burial</b>  |                               | 29. Place of Final Disposition (Name of cemetery, crematory, other place): <b>Union Cemetery</b>  |                                   |  |
| 30. Location-City/Town, and State: <b>Sedro-Woolley, WA</b>   |   |   |                               | 31. Name and Complete Address of Funeral Facility: <b>Lemley Chapel Inc, 1008 Third St Sedro-Woolley, WA 98284</b>  |                                   |  |
| 32. Date of Disposition: <b>Nov 28, 2011</b>  |   |   |                               | 33. Funeral Director Signature: <i>[Signature]</i> <b>Douglas Hutter #1857</b>  |                                   |  |
| 34. Cause of Death (See instructions and examples)  |   |   |                               |   |                                   |  |
| 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. <b>MEDS DATE Myocardia</b>   |                               | Interval between Onset & Death: <b>1 month</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.  |                               | Interval between Onset & Death:   |                                   |  |
|   |   | c.  |                               | Interval between Onset & Death:   |                                   |  |
|   |   | d.  |                               | Interval between Onset & Death:   |                                   |  |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above: <b>ASHD, Atrial FIB</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 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"/> 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 type="checkbox"/> Probably <input checked="" 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: Apt No. 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. <i>[Signature]</i>  |   |   |                               | 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>Denis Harlock MD 830 Ball St Sedro-Woolley, WA 98284</b>   |   |   |                               | 50. Hour of Death (24hrs): <b>2015</b>  |                                   |  |
| 51. Name and Title of Attending Physician if other than Certifier (Type or Print):  |   |   |                               | 52. Date Signed (MM/DD/YYYY): <b>11/21/11</b>   |                                   |  |
| 53. Title of Certifier: <b>Physician</b>  |   | 54. License Number: <b>41814</b>  |                               | 55. ME/Coroner File Number: <b>WA-617</b>   |                                   | 56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                     |
| 57. Registrar Signature: <i>[Signature]</i> <b>Marie S. Vivanco, Deputy Registrar</b>   |   |   |                               | 58. Date Received (MM/DD/YYYY): <b>NOV 22 2011</b>  |                                   |  |
| 59. Amendments:   |   |   |                               |   |                                   |  |



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Application for Certification

County Health Station  
PO Box 4781  
Olympia, WA 98512-4781  
(360) 276-4371

This is a legal document. It should be filled out and signed after  
consultation with a legal professional.

State File Number: [ ] Title Number: [ ] Affidavit Number: [ ]

Do not check section 5, unless requested by one of the judges on the record.

Record Type:  Birth  Marriage  Dissolution

1. Name on record: [ ] Date of event: [ ] Place of event: [ ]

4. Father's full name: [ ] Mother's full name: [ ]

6. [ ] 7. [ ] 8. [ ]

10. [ ] 12. [ ]

14. I represent that [ ] is the [ ] of [ ]

15. Signature: [ ] Address: [ ]

All vital records are registered as received.  
All changes must be established by documentary proof submitted with this affidavit.  
Examples of documentary proof: Certificate of Naturalization, Hospital Records, Birth and Marriage Licenses, School Records, etc.

- Birth Certificates:
1. Only a parent, legal guardian (if the child is under 18), or the adult who signed (if of tender age) may change the birth certificate.
2. The proof(s) must mirror exactly the ascribed true fact(s).
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.
- 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.
5. Parent(s) may change their child's first or middle name by re-applying and signing an affidavit within 180 days of the child's 18th birthday.

- Death Certificates:
1. Only the informant (funeral director or executor) or individuals in possession of such position (as 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's 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 facts (minor spelling changes in name, date or place 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 and officiant (priest, judge) or clerk of court (dissolution) must sign the affidavit.

DOI - CUS 0234 2/12/11



\*CERTIFIED\*
NOV 29 2011
Skagit County Health Department
Howard Leibrand M.D., Health Officer