

Return address:

Betty Ozment  
2311 Esrl Court  
Mount Vernon WA 98273



201201310012  
Skagit County Auditor

1/31/2012 Page 1 of 6 9:08AM

Document Title: Lack of probate affidavit

Reference Number :

Grantor(s):

additional grantor names on page 2

1. Betty Ozment

2.

Grantee(s):

additional grantee names on page \_\_\_

1. Public

2.

Abbreviated legal description:

full legal on page(s) \_\_\_

Lt 31 Jasmine Place

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_

P118989

LACK OF PROBATE AFFIDAVIT

Order Number \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_ being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of Warren C. Ozment deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property: **As described in the attached Exhibit A**

SECOND, that the Decedent died on the 4 day of August, 2011 in the City of Mount Vernon, County of Skagit, State of Washington.

THIRD, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor's of said county, except as follows: \_\_\_\_\_

FOURTH, that the Estate of said Decedent at the date of death was of the approximate value of \$ 225,000<sup>00</sup>, including real property above described, which had an approximate market value of \$ 150,000 -.

FIFTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid. yes

SIXTH, that 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 NO

SEVENTH, that the following lists comprise all of the heirs at law whom said Decedent was survived. (Show age of each heir opposite their name. If any heirs under 18, this Affidavit is not applicable.): \_\_\_\_\_

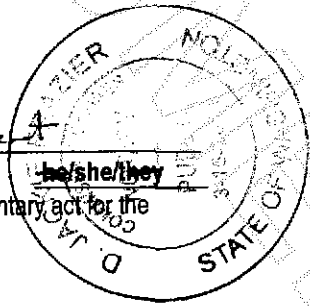
Betty J. Ozment, spouse  
Hubert Ozment, son  
Betty J. Ozment  
Signature of Affiant

DATED this 27<sup>th</sup> day of January, 2012.

State of Wash. Sta  
County of Skagit ) SS:

I certify that I know or have satisfactory evidence that Betty J. Ozment is the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 1-27-2012



[Signature]  
Notary Public in and for the State of Washington  
Residing at: Bow  
My appointment expires: 3-15-2014



AFTER RECORDING MAIL TO:  
Warren C. Ozment  
2311 Earl Court  
Mount Vernon, WA 98273



200210020106  
Skagit County Auditor

10/2/2002 Page 1 of 1 3:45PM

Exhibit A

Filed for Record at Request of  
Land Title Company of Skagit County  
Escrow Number: P-101937-E

LAND TITLE COMPANY OF SKAGIT COUNTY

**Statutory Warranty Deed**

Grantor(s): The Great American Dream, Inc.  
Grantee(s): Warren C. Ozment, Betty J. Ozment  
Abbreviated Legal: Lot 31, JASMINE PLACE, records of Skagit County, WA  
Additional legal(s) on page: 2  
Assessor's Tax Parcel Number(s): 4791-000-031-0000/P118989

THE GRANTOR THE GREAT AMERICAN DREAM INC., a Washington Corporation  
for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION  
in hand paid, conveys and warrants to WARREN C. OZMENT and BETTY J. OZMENT, husband and  
wife  
the following described real estate, situated in the County of Skagit, State of Washington:  
Lot 31, "JASMINE PLACE," as per plat recorded on February 28, 2002 under  
Auditor's File No. 200202280026, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

SUBJECT TO: Paragraphs A through C, inclusive of Schedule B-1 of Land  
Title Company's Preliminary Commitment for Title Insurance.

Dated this 27th day of September, 2002

By The Great American Dream, Inc.

By

By John W. Ellis, President

STATE OF WASHINGTON  
County of Skagit

By \_\_\_\_\_

SS:

I certify that I know or have satisfactory evidence that John Ellis  
is the person who appeared before  
me, and said person acknowledged that he signed this instrument, on oath stated that he is  
authorized to execute the instrument and acknowledge it as the President  
of The Great American Dream Inc.

to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

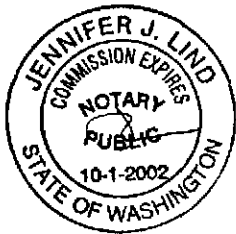
Dated: September 30 2002

Jennifer Lind

Notary Public in and for the State of WASHINGTON

Residing at Bow

My appointment expires: 10/1/02



4648  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

OCT 02 2002

Amount Paid \$ 2,543.60  
Skagit Co. Treasurer  
By Deputy  
Page 1



201201310012  
Skagit County Auditor



Washington State  
 Department of Revenue  
 Special Programs Division  
 PO Box 47477  
 Olympia, WA 98504-7477

## Affidavit of Surviving Spouse or Domestic Partner for Claiming an Exemption Based on Inheritance of Real Estate

State of Washington

County of Skagit

Name of deceased Warren C. Ozment

I, (survivor's name) Betty J. Ozment affirm that I am the  
 sole and rightful heir to the property described as:

Parcel number(s) 118989  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 27 day of January, 2012 at Mount Vernon, WA  
(month) (year) (city) (state)

Betty J. Ozment  
(Signature of surviving spouse or registered domestic partner)

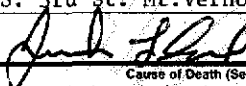
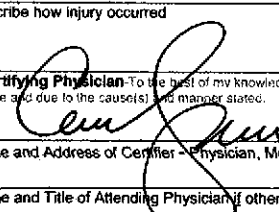
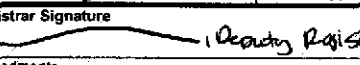
Betty J. Ozment  
(Printed name of surviving spouse or registered domestic partner)

1810 E DIVISION #224 Mount Vernon WA 98274  
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

*Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.*

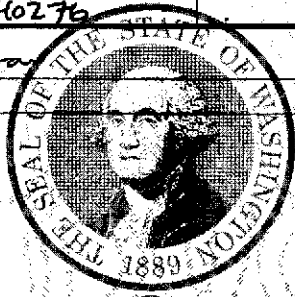


# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: <b>U340-11</b>		<b>Washington State Certificate of Death</b>		State File Number:	
1. Legal Name (Include AKA's if any): First, Middle, LAST, Suffix <b>Warren Calvin Ozment</b>			2. Death Date <b>Aug. 4, 2011</b>		
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>90</b>	4b. Under 1 Year Months, Days	4c. Under 1 Day Hours, Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Skagit</b>
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) <b>Pittsburgh</b>	8b. (State or Foreign Country) <b>IL</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>2311 Earl Court</b>				13b. City or Town <b>Mount Vernon</b>	
13c. Residence: County <b>Skagit</b>	13d. Tribal Reservation Name (if applicable) <b>N/A</b>	13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98273</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>Nine 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>Betty J. Anderson</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Equipment Operator</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Heavy Equipment</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>James E. Ozment</b>			20. Mother's Name Before First Marriage (First, Middle, Last) [REDACTED]		
21. Informant's Name <b>Betty J. Ozment</b>		22. Relationship to Decedent <b>Spouse</b>		23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip <b>2311 Earl Court, Mount Vernon, WA 98273</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</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>Skagit Valley Hospital</b>			26a. City, Town, or Location of Death <b>Mount Vernon</b>		26b. State <b>WA</b>
27. Zip Code <b>98274</b>		28. Method of Disposition <b>Cremation</b>			
29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mount Vernon Cemetery Crematory</b>			30. Location-City/Town, and State <b>Mount Vernon, Washington</b>		
31. Name and Complete Address of Funeral Facility <b>Kern Funeral Home 1122 S. 3rd St. Mt. Vernon, WA 98273</b>				32. Date of Disposition <b>August 8, 2011</b>	
33. Funeral Director Signature X 			Jeremiah T. LeSourd		
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) → <b>a. CARDIAC ARREST w/ APOXIC BRAIN INJURY AND 5 DAYS</b> Interval between Onset & Death					
Due to (or as a consequence of):					
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>b. SEPTIC SHOCK w/ LACTIC ACIDOSIS</b> Interval between Onset & Death					
Due to (or as a consequence of):					
Interval between Onset & Death <b>5 DAYS</b>					
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				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"/> 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 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: City or Town: County: State: Zip Code + 4:			Apt. No.:		
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 stated due to the cause(s) and manner stated. 			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>Carl M. Berliner, MD MLC 607 North 4th Street Mount Vernon, WA 98273-2827 www.doctorberliner.com</b>			50. Hour of Death (24hrs) <b>1630</b>		
51. Name and Title of Attending Physician (if other than Certifier (Type or Print))			52. Date Signed (MM/DD/YYYY) <b>08-08-2011</b>		
53. Title of Certifier <b>MD</b>		54. License Number <b>WA 40276</b>		55. ME/Coroner File Number	
57. Registrar Signature 			56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
59. Amendments			58. Date Received (MM/DD/YYYY) <b>AUG 8 2011</b>		

Part 1 completed by Funeral Director

Part 2 completed by Certifier



201201310012  
Skagit County Auditor

DOH/CHS 003 Rev 07/09/07

