



201208240146
Skagit County Auditor

8/24/2012 Page 1 of 10 11:38AM

RETURN TO:

Patrick M. Hayden
Attorney at Law
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:

Skagit County Superior Court Cause No. 12-4-000263-1

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

1. Conklin, Mary Ann

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

1. Conklin, Frank E., (Jr.)

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

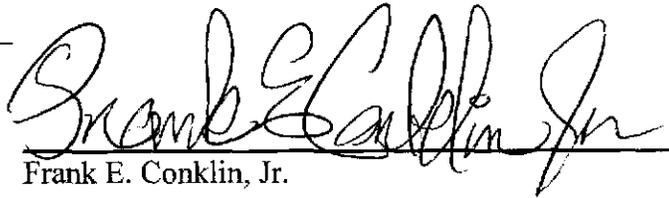
Ptn SW ¼ NW ¼ and NW ¼ SW ¼ of Sec. 27, Twp 35N, R. 9 E. WM.

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

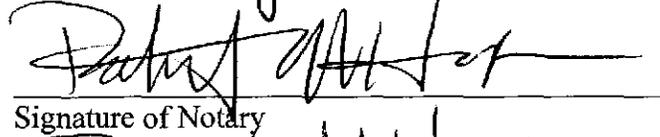
Parcel #P44775 / Account #350927-2-002-0011

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.

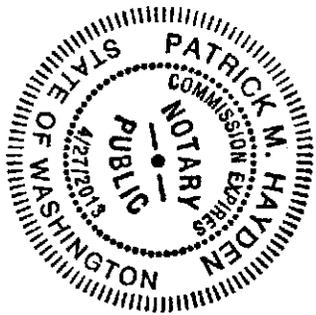
Dated: 8/21/2012


Frank E. Conklin, Jr.

SUBSCRIBED & SWORN TO before me on: Aug 21, 2012


Signature of Notary

Patrick M Hayden
Printed Name of Notary



NOTARY PUBLIC in and for the State of Washington, residing at: Sedro-Woolley
My appointment expires on: 4.27.13



201208240146
Skagit County Auditor

Attachment to
NO PROBATE AFFIDAVIT

Description of Real Property

Legal Description of Real Property:

Residence at 51006 State Route 20, Concrete, Washington, described as follows:

That portion of the Southwest $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ and of the North 330 feet of the Northwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 27, Township 35 North, Range 9 East, W.M., lying South and West of existing County Road as same existed on May 14, 1931,

EXCEPT that portion conveyed to the State of Washington for road purposes by deed recorded February 16, 1954, under Auditor's File No. 498237.

Situate in the County of Skagit, State of Washington.

Tax Parcel No.: P44775

Tax Account No.: 350927-2-002-0011



201208240146
Skagit County Auditor

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-008252

DATE ISSUED: 07/25/2012

FEE NUMBER: 000000029

GIVEN NAMES: MARY ANN
LAST NAME: CONKLIN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: July 11, 2012
HOUR OF DEATH: 04:10 A.M.
SEX: FEMALE
AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: MORWOOD, OKLAHOMA

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: NURSING ASSISTANT
INDUSTRY: HEALTH CARE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: RUSS CONKLIN
RELATIONSHIP: SON
ADDRESS: 51006 SR 20 CONCRETE, WASHINGTON 98237

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 51006 SR 20
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 31 YEARS

FATHER: ROY N FULTON
MOTHER: CLARA [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: FOREST PARK CEMETERY
CITY, STATE, ZIP: CONCRETE, WA
DISPOSITION DATE: JULY 13, 2012

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: TOBI G. STIDMAN

- CAUSE OF DEATH:
- A. PNEUMONIA
INTERVAL: 1 WEEK
 - B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: 20 YEARS
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ISCHEMIC CARDIOMYOPATHY SECONDARY TO RECENT MYOCARDIAL INFARCTION, CHRONIC HYPONATREMIA

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



201208240146
Skagit County Auditor

8/24/2012 Page 5 of 10 11:38AM

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DALE R. ABBOTT, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: PO BOX 329
CITY, STATE, ZIP: BURLINGTON WA 98233
DATE SIGNED: JULY 11, 2012



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEE PEOROSA
DATE RECEIVED: JULY 12, 2012



Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 735-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth) / Husband (for Marriage or Dissolution): _____ 5. Mother's Full Name (For Birth) / Wife (for Marriage or Dissolution): _____

The Record is incorrect or incomplete as follows:
6. The Record now shows: _____ 7. The True fact is: _____

8. _____ 9. _____

10. _____ 11. _____

12. _____ 13. _____

14. I represent the person as: Self Parent Guardian Informant Telephone Number: _____
 Funeral Director Other (Specify) _____

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

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received.
All changes must be established by documentary proof submitted with the affidavit
Examples of documentary proof: Certificate of Naturalization, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, Passport, School Transcripts, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back). We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:
1. Only a parent, legal guardian of the child's under 18, or the adult themselves (if 18 or older) may change the birth certificate.
2. The hospital must have been properly escorted from the facility. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M. A. Doe could not prove the name is Mary Ann Doe.
3. Proof must be less than 60 days old or have been established within five years of birth.
4. Birth certificate information or signification may change the child's last name with an affidavit for correction, provided:
- The last name may only change to a surname change will require a certified copy of a court ordered name change.
- To name the child's name after the child's mother's 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 completing and signing an affidavit for correction (until their child's 18th birthday).
6. This affidavit cannot be used to add a father to a birth certificate. Use the voluntary affidavit - form DOH/CHS 521.

Death Certificates:
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is 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 is less than sixty days from date of death, please contact the county health department where the death occurred to make changes.

Marriage/Dissolution Certificates:
1. Personal act(s) (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, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a 2/14/11

CERTIFIED

JUL 25 2012

Howard Leibrand

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

VV00362025



201208240146
Skagit County Auditor

2012 JUL 27 AM 11:50

Last Will and Testament
of

Mary Ann Conklin **12 4 00263 1**

COPY

I, Mary Ann Conklin, declare this to be my Last Will and Testament, and hereby revoke all prior Wills and Codicils.

ARTICLE 1. FAMILY; GUARDIAN

I am a widow, and am not married. My immediate family now consists of my one child, namely: Frank E. Conklin, Jr. I have a daughter, Nancy Ann Conklin Degeus, who is deceased and has no surviving children. The provisions of this Will shall not only apply to children named above and their issue, but also to all my children who may hereafter be born to or adopted by me, and to their issue. Except as herein provided, it is my intention to leave nothing to my children or their issue.

ARTICLE 2. PERSONAL REPRESENTATIVE

2.1 Designation. I appoint Frank E. Conklin, Jr., as my Personal Representative. If he at any time declines, fails, or is unable to act as my Personal Representative, I appoint Schular Brown as my Personal Representative.

2.2 Bond Waiver; Powers. No bond, surety, or other security shall be required of my Personal Representative in any jurisdiction for any purpose. My Personal Representative shall have unrestricted nonintervention powers to settle my estate in the manner set forth in this Will. Furthermore, my Personal Representative shall have full power, authority and discretion to do all that my Personal Representative thinks necessary or desirable in administration of my estate, including authority to:

- a. make interim distributions of principal and income to those who are to receive the principal and the income;
- b. sell, lease, exchange, mortgage, pledge, or assign all or any part of the property of my estate for any purpose which my Personal Representative thinks is in the best interests of my estate, whether or not it is necessary in order to pay debts, taxes, or expenses of administration.

Testator's Initials: M. A. C.
Dated: 6-13-07

Witness Initials: WLF
Witness Initials: PHH



201208240146
Skagit County Auditor

COPY

c. invest and reinvest property that is not specifically given, in any form of investment that my Personal Representative thinks advisable; and

d. continue to operate any business or business properties in which I have an interest at the time of my death and, in so doing, delegate discretionary as well as administrative powers.

e. make non-pro rata distributions to beneficiaries who are entitled to share in any portion of my estate.

2.3 Taxes From Residue. I direct that all estate, inheritance, and other taxes imposed by reason of my death, and interest and penalties on those taxes, shall be paid by my Personal Representative out of the residue of my estate. This direction shall apply to all such taxes attributable to all property of my estate, even though some property does not pass under my Will or is not a part of the residue of my estate.

ARTICLE 3. DISPOSITION OF PROPERTY

3.1 Personal Property List. I may prepare a list of personal property and directions as to how the same should be distributed. I hereby incorporate into this will any list which is now existing or which may hereafter be prepared by me pursuant to RCW 11.12.260 and any other applicable law.

3.2 Provision for Children. I give, devise, and bequeath all of the rest residue and remainder of my property, both real and personal, and wheresoever situated to Frank. E. Conklin, Jr., if he survives me; and to his then living descendants if he fails to survive me, his surviving children to share equally and descendants of his deceased children to take the share their deceased parent would have taken had he or she survived, per stirpes.

I have initialed for identification purposes all pages of this Will, and have executed the entire instrument by signing this page on this 13 day of June, 2007, at Sedro-Woolley, Skagit County, Washington.

Mary Ann Conklin
Mary Ann Conklin



201208240146
Skagit County Auditor

8/24/2012 Page 8 of 10 11:38AM

Testator's Initials: M.A.C.
Dated: 12-13-07

Witness Initials: WLF
Witness Initials: PHH

ATTESTATION

The foregoing instrument, consisting of three (3) typewritten pages, of which this is the last, was at the date thereof by Mary Ann Conklin, the testator named therein, signed, sealed and published as, and declared by her to be his Last Will and Testament, in the presence of us, who at her request and in her presence, and in the presence of each other, and who being of the opinion that he, at the time of executing this Will, was of sound mind and memory, and was not acting under duress, menace, fraud or undue influence of any person, having subscribed our names thereto.

Wendy R. Friedrichs
Witness

[Signature]
Witness

Sedro Woolley, WA
Address

Sedro Woolley WA
Address



201208240146
Skagit County Auditor

8/24/2012 Page 9 of 10 11:38AM

Testator's Initials: M.A.C.
Dated: 8-13-09

Witness Initials: WLF
Witness Initials: [Signature]

