



201302140134
Skagit County Auditor

2/14/2013 Page 1 of 8 2:21PM

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

Document Title(s) (or transactions contained therein): (all areas applicable to your document must be filled in)
1. Lack of Probate Affidavit
3. _____ 4. _____

Reference Number(s) of Documents assigned or released:
Additional reference #'s on page _____ of document

Grantor(s) Exactly as name(s) appear on document
1. Sandra A. Whiton
2. _____
Additional names on page _____ of document.

Grantee(s) Exactly as name(s) appear on document
1. Public
2. _____
Additional names on page _____ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)
Tract A Mount Vernon S.P. # MW-34-76
Vol Pg 200
Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number assigned 34021 - 1 - 004 - 0104 Assessor Tax # not yet

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Notes to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

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

Title Insurance Commitment No.: _____, County: _____

STATE OF Washington)

SS:

COUNTY OF Skagit)

The undersigned, Sandra A Whiton, executes this affidavit relating to the estate of Nicholas J Whiton (herein "Decedent"), who died on 4-26-09, in the County of Skagit, State of Washington, then being a resident of the City of Mt Vernon, County of Skagit, State of Washington (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 Elizabeth A Whiton - daughter
Address: 3407 Shoshone Dr Mt Vernon WA
Name & relationship Darian P Whiton - son
Address: 3407 Shoshone Dr Mt Vernon WA
Name & relationship _____
Address: _____
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 Sandra A Whiston
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - married to Sandra A Whiston
 - 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 \$ 100,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 80,000, and including the value of Decedent's separate property, if any, of approximately \$ 20,000, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0.

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: 2/6/13, 2013

S A Whit
(Signature)

Sandra A Whit
(Print or type full name)

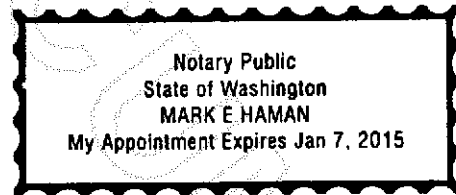
3602 Shoshone Dr
(Full address and telephone number)

Mt Vernon WA 98273

STATE OF WASHINGTON COUNTY OF SKAGIT
SUBSCRIBED and SWORN TO before me this 6th day of FEBRUARY 2013 BY SANDRA A. WHITON.

Mark E Haman
Notary Public in and for the State of WASHINGTON
Washington, residing at 2384 VALLEY VIEW RD, CUSTER, WA

Mark E. Haman



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **355-09** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's) First Middle LAST: **Nicholas John Whitson** 2. Death Date: **04/26/2009**

3. Sex (M/F): **M** 4a. Age - Last Birthday (M, Y, D): **33** 4b. Under 1 Year: **0** 4c. Under 1 Day: **0** 5. Social Security Number: **98273** 6. County of Death: **Skagit**

7. Birthdate: **04/26/1976** 8a. Birthplace (City, Town, or County): **Skagit, Washington** 8b. (State or Foreign Country): **Washington** 8c. Education: **Master's Degree**

9. Decedent's Race(s): **Caucasian** 10. Was Decedent ever in U.S. Armed Forces?: **No**

11a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): **3602 Shoshone Dr.** 11b. City or Town: **Mount Vernon**

11c. Residence: County: **Skagit** 11d. Tribal Reservation Name (if applicable): **None** 11e. State or Foreign Country: **Washington** 11f. Zip Code + 4: **98273** 11g. Inside City Limits?: Yes No Unk

12. Estimated length of time at residence: **3 1/2 years** 13. Marital Status at Time of Death: **Married** 14. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): **Sandra Libby**

15. Usual Occupation (Indicate type of work done during most of working life. (do NOT use abbreviations): **Czech** 16. Kind of Business/Industry (Do not use Company Name): **High School**

17. Father's Name (First, Middle, Last, Suffix): **Ronald G. Whitson** 18. Mother's Name (First, Middle, Last): **Sandra Whitson**

19. Informant's Name: **Sandra Whitson** 20. Relationship to Decedent: **wife** 21. Mailing Address - Number and Street or RFD No., City or Town, State, Zip: **3602 Shoshone Dr. Mount Vernon WA 98273**

22. Place of Death, if Death Occurred in a Hospital: **Residence** 23. Facility Name (if not a facility, give number & street or location): **3602 Shoshone Dr.** 24. City, Town, or Location of Death: **Mount Vernon** 25. State: **WA** 26. Zip Code: **98273**

27. Method of Disposition: **Cremation** 28. Place of Final Disposition (Name of cemetery, crematory, other place): **Southmore Memorial Park** 29. Location-City/Town, and State: **Mount Vernon, WA**

30. Name and Complete Address of Funeral Facility: **Southmore Funeral Home 1825 E. College Way Mount Vernon WA 98273-0398** 31. Date of Disposition: **April 28, 2009**

32. Funeral Director Signature: *[Signature]*

33. 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. Cholangiocarcinoma** Interval between Onset & Death: **2 mos**

Due to (or as a consequence of): **b.** Interval between Onset & Death: **c.** Interval between Onset & Death: **d.** Interval between Onset & Death: **e.**

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: **None**

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending 39. If female: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 40. Did tobacco use contribute to death? Yes Probably No Unknown

41. Date of Injury (mm/dd/yyyy): **None** 42. Hour of Injury (24hrs): **None** 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): **None** 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: **None** City or Town: **None** County: **None** State: **None** Zip Code + 4: **None**

46. Describe how injury occurred: **None** 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger 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. **Theodore Kim MD** 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. **NJA # 210**

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **Theodore Kim MD 307 S. 13th St Mount Vernon WA 98274** 50. Hour of Death (24hrs): **None**

51. Name and Title of Attending Physician or Other Health Care Provider (Type or Print): **None** 52. Date Signed (mm/dd/yyyy): **04/28/2009**

53. Title of Certifier: **DO** 54. License Number: **0P00002076** 55. ME/Coroner File Number: **NJA # 210** 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: *Betty Jo Hazelton* 58. Date Received (mm/dd/yyyy): **APR 28 2009**

59. Amendments: **None**

Part 1 completed by Funeral Director
Part 2 completed by Certifier



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Exhibit A

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

TRACT A, MOUNT VERNON SHORT PLAT NO. MV-34-76, APPROVED NOVEMBER 22, 1976, AND RECORDED NOVEMBER 22, 1976, IN VOLUME 1 OF SHORT PLATS, PAGE 200, UNDER AUDITOR'S FILE NO. 846381, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 21, TOWNSHIP 34 NORTH, RANGE 4 EAST OF THE WILLAMETTE MERIDIAN.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

Parcel ID: P27091/34021-1-004-0104

Commonly known as 3602 Shoshone Drive, Mount Vernon, WA 98273
However, by showing this address no additional coverage is provided

ABBREVIATED LEGAL: PTN SE 1/4 NE 1/4, 21-34-4 E W.M. (AKA TR. A, SP # MV-34-76)



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