



201411210106

Skagit County Auditor

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**Return Address:**

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

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) **LACK OF PROBATE AFFIDAVIT****Reference Number(s) of related Documents:**

Additional reference #'s on page \_\_\_\_\_ of document

**Grantor(s)** (Last name, first name, initials)

ROAL, MARY

Additional names on page \_\_\_\_\_ of document.

**Grantee(s)** (Last name first, then first name and initials)

GAY, DONALD M

Additional names on page \_\_\_\_\_ of document.

**Trustee****Legal description** (abbreviated: i.e. lot, block, plat or section, township, range)

TRACT 25, BROADVIEW ADD

Additional legal is on page 7 of document.**Assessor's Property Tax Parcel/Account Number**

P56938 / 3777-000-025-0006

☐ 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 / 19617268**

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.

Signature of Requesting Party

CHAR XIONG

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

1  
rec 1st  
79617268

Title Insurance Commitment No.: 59533270-2715863, County: \_\_\_\_\_

STATE OF WA )

SS:

COUNTY OF SKagit )  
TRACT 25, BROADVIEW ADDITION, VOLUME 7 PAGE 22 SKAGIT COUNTY, WA

The undersigned, MARY ROAL, executes this affidavit relating to the estate of Donald M. Gay (herein "Decedent"), who died on May 2007, in the County of SKagit, State of WA, then being a resident of the City of ANACORTES, 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): ex-wife

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 \_\_\_\_\_

Address: \_\_\_\_\_

Name & relationship \_\_\_\_\_

Address: \_\_\_\_\_

Name & relationship \_\_\_\_\_

Address: \_\_\_\_\_

Name & relationship \_\_\_\_\_

Address: \_\_\_\_\_

Name & relationship \_\_\_\_\_

Address: \_\_\_\_\_



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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]:

- NA
- ☐ 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 MARY GAY  
☐ unmarried, not a registered domestic partner  
☐ unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:  
☐ married to \_\_\_\_\_  
☒ unmarried, not a registered domestic partner divorced  
☐ 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): MARY + Donald GAY DWORCED

March 2001

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 0, 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: 10-23, 20 14

(Signature)

MARY ROAL

(Print or type full name)

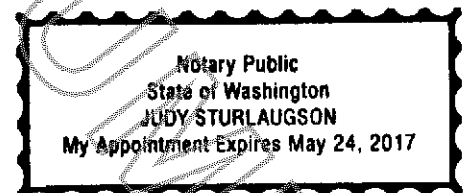
1507 39th St. Anacortes, WA 98221

(Full address and telephone number)

(360) 293-5888

SUBSCRIBED and SWORN TO before me this 23rd day of October, 20 14

Notary Public in and for the State of WA  
Washington, residing at Bellingham, WA



201411210106

# All Purpose Acknowledgement

State of: WA

County of: SKAGIT

On this 23rd day of OCTOBER 2014, before me

Judy Sturlaugson, a Notary Public, personally appeared

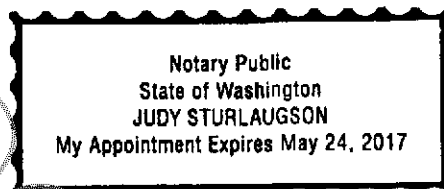
Mary Roal, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and seal:

Judy Sturlaugson

Printed Name:  
My commission expires:

Judy STURLAUGSON  
5-24-17



(Seal)

## DESCRIPTION OF ATTACHED DOCUMENT:

Loan Number: 3332956616

Type of Document: Lack of Probate Affidavit

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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>41707</b>		Washington State Certificate of Death				State File Number	
1. Legal Name (Last, First, Middle, Suffix) <b>DONALD MAC LEESE GAY</b>		2. Death Date <b>May 27, 2007</b>					
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>80 Years</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death <b>Skagit</b>		
7. Birthdate	8a. Birthplace (City, Town, or County) <b>Brooklyn</b>	8b. (State or Foreign Country) <b>New York</b>		9. Decedent's Education <b>Some College But No Degree</b>			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify:		11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>			
13a. Residence: Number and Street (e.g., 424 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>16357 Dike Road</b>		13b. City or Town <b>Mount Vernon</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>98273</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.			
14. Estimated length of time at residence <b>20 Years</b>		15. Marital Status at Time of Death <b>Divorced</b>		16. Surviving Spouse's Name (Give name prior to first marriage)			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE)) <b>Announcer/Broadcaster</b>		18. Kind of Business/Industry (Do not use Company Name) <b>Radio</b>					
19. Father's Name (First, Middle, Last, Suffix) <b>Gordon Lucien Gay</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Victory MacLeese</b>					
21. Informant's Name <b>Jeff Gay</b>		22. Relationship to Decedent <b>Son</b>		23. Mailing Address: Number and Street or P.O. No. City or Town State Zip <b>1507 39th St. Anacortes, WA 98221</b>			
24. Place of Death, if Death Occurred in a Hospital.		Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Adult Care Facility</b>					
25. Facility Name (if any facility, give number & street or location) <b>Grandma's House 16357 Dike Road</b>		26a. City, Town, or Location of Death <b>Mount Vernon</b>		26b. State <b>WA</b>	27. Zip Code <b>98273</b>		
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Solie Crematorium</b>		30. Location-City/Town, and State <b>Everett, Washington</b>			
31. Name and Complete Address of Funeral Facility <b>Affordable Burial &amp; Cremation Services, LLC 17910 SE 536 Mount Vernon, WA 98273</b>		32. Date of Disposition <b>June 1, 2007</b>					
33. Funeral Director Signature X <i>[Signature]</i> #1977							
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>ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</b>		Interval between Onset & Death <b>Years</b>		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.		Interval between Onset & Death		Due to (or as a consequence of)	
		c.		Interval between Onset & Death		Due to (or as a consequence of)	
		d.		Interval between Onset & Death		Due to (or as a consequence of)	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>COPD</b>		36. Autopsy? <input type="checkbox"/> Yes <input 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"/> Undetermined <input type="checkbox"/> Accident <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (mm/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:		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 your knowledge, death occurred at the time, date, and place and due to the causes listed and manner stated. <i>[Signature]</i>		48b. Medical Examiner/Coroner - On the basis of your medical knowledge and investigation, death occurred at the time, date, and place and due to the causes listed and manner stated. X					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Dr. Marcus Kuypers M.D., 104 S. 1st. St. B. La Conner WA 98257</b>		50. Hour of Death (24hrs) <b>0600 Hours</b>		51. Date Signed and Printed <b>5-29-2007</b>			
53. Title of Certifier <b>Physician</b>		54. License Number <b>00019561</b>		55. ME/Coroner File Number <b>Case #089-07</b>		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>		58. Date Received (mm/yyyy) <b>MAY 30 2007</b>					
59. Amendments							



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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 25, BROADVIEW ADDITION TO THE CITY OF ANACORTES, ACCORDING TO  
THE PLAT THEREOF RECORDED IN VOLUME 7 OF PLATS, PAGE 22, RECORDS OF  
SKAGIT COUNTY, WASHINGTON.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

Parcel ID: P56938/ 3777-000-025-0006

Commonly known as 1507 39th St, Anacortes, WA 98221

However, by showing this address no additional coverage is provided

ABBREVIATED LEGAL: TRACT 25, BROADVIEW ADDITION TO THE CITY OF  
ANACORTES



+U04990667  
1632 11/3/2014 79617268/1



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