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NATIONAL RECORDING



201507290065

Skagit County Auditor

\$81.00

7/29/2015 Page

1 of

10 12:18PM

-Please print or type information **WASHINGTON RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s): AFFIDAVIT – LACK OF PROBATE

Reference Number(s) of Related Documents:
Additional reference #'s on page of document:

Grantor(s): DONALD DELLS – AFFIANT

Grantee(s): N/A

Trustee: N/A

Legal description: LOT 18, GREENSTREET'S 2ND ADD.

Complete Legal Description: Page 10

Assessor's Property Tax Parcel/Account Number: P52981

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

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 REQUESTOR

**AFFIDAVIT
LACK OF PROBATE**

File No: **8578544n (TM)**

Date: **June 02, 2015**

STATE OF Washington)
)-ss.
COUNTY OF SKAGIT)

DONALD DILLS
being first duly sworn, deposes and says:

1. That the undersigned Affiant is the HUSBAND (relationship to decedent)
of KATHRYN LOUISE DILLS (decedent name),
who died on OCT 6, 2007 (date of death), at MOUNT VERNON (City),
State of WASH, then being a legal resident of WASHINGTON (City),
SKAGIT (County), WASHINGTON (State).

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:
- ☐ Decedent and surviving spouse executed a Community Property Agreement dated _____ a copy of which is attached hereto; or
- ☐ Decedent left no last Will; or
- ☒ Decedent left a last Will which has not been probated nor revoked; a copy of which is attached hereto; or
- ☐ Decedent left a last Will which was probated in _____ County, State of _____ A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. Please read and initial the following:

The undersigned acknowledges that without a full probate of the Decedent's estate, there may be additional excise tax requirements as per WAC 458-61A-202.

4. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows:

HEIRS AT LAW

MEISSA DIANN SMITH 46 DAUGHTER MAPLE VALLEY, WASH
(full name) (age) (relationship) (residence)

STEVEN RAY DILLS 43 SON SEDRO WOOLLEY, WASH
(full name) (age) (relationship) (residence)

RANDALL SCOTT DILLS 40 SON LOUISVILLE, KENTUCKY
(full name) (age) (relationship) (residence)

- (full name) (age) (relationship) (residence)
5. All the debts of the decedent's and/or the marital community, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:
6. The decedent [] had [X] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
7. As of the date of death, the value of all community property of decedent was approximately \$ 150,000. The value of all separate property of decedent was approximately \$ 5000.
8. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

This affidavit is made to induce First American Title Insurance Company Mortgage Services Division-NTP, (The Company) to issue its policy or policies of Title Insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant agrees to indemnify and hold The Company harmless from loss or damage which it may suffer as a result of said reliance.

Donald Dills
DONALD DILLS

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 789-07		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Kathryn Louise DILLS				2. Death Date Oct 6, 2007	
3. Sex (M/F) F	4a. Age - Last Birthday 63	4b. Under 1 Year Months Days 5 3	4c. Under 1 Day Hours Minutes 5 3	6. County of Death Skagit	
7. Birthdate Apr 6, 1944		8a. Birthplace (City, Town, or County) Everett	8b. (State or Foreign Country) Washington		9. Decedent's Education HS Graduate
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1504 Shirley Place				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98274-
14. Estimated length of time at residence 11y		15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Donald Dills		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Homemaker			18. Kind of Business/Industry (Do not use Company Name) Home		
19. Father's Name (First, Middle, Last, Suffix) Steven Kanske			20. Mother's Name Before First Marriage (First, Middle, Last) Virginia Titus		
21. Informant's Name Donald Dills		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1504 Shirley Place Mount Vernon WA 98274-		
24. Place of Death, if Death Occurred in a Hospital: 1504 Shirley Place			25. Facility Name (If not a facility, give number & street location) 1504 Shirley Place		
26a. City, Town, or Location of Death Mount Vernon			26b. State WA		27. Zip Code 98274-
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park		30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398					32. Date of Disposition Oct 11, 2007
33. Funeral Director Signature X <i>[Signature]</i>					
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. Ductal Carcinoma		Due to (or as a consequence of):		Interval between Onset & Death 5 months	
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.		Due to (or as a consequence of):		Interval between Onset & Death	
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 checked="" 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 checked="" 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: 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 (Type or Print) Theodore Kim, M.D.				48b. Medical Examiner/Coroner (Type or Print) X	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Theodore Kim, M.D., 1415 E Kincaid, Mount Vernon, WA 98274				50. Hour of Death (24hrs) 1750	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 10/8/2007	
53. Title of Certifier Dr.		54. License Number 0800002076		55. ME/Coroner File Number NJA - 341	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature Connie Anderson, Deputy	
58. Date Received (mm/dd/yyyy) OCT 10 2007				59. Amendments	



DOH/CHS-003 Rev 2/06/2004

DOH 01-003 (5/99)

State of Washington

Affidavit Number

Received From

Place of Event: (City or County)

Full Name (For Birth): (Wife for Marriage or Dissolution)

The (true fact is):

Telephone Number:

I declare that the foregoing is true and correct.

As changes to birth records must be made by court order. The incorrect information may be a crime.

School Record
Voter's Registration Card (if it bears an effective date)
Alien Registration Card (front and back)

Birth Certificates

1. Only the information on the birth certificate may be changed by court order.
2. The birth certificate may be changed by court order. If the name is Mary Ann Doe, then the proof must show the name is Mary Ann Doe.
3. Parents who are not married may change the name of their child by court order.
4. No to sign a birth certificate. The birth certificate may be changed by court order, provided:
- The birth certificate is filed in the public records of the state.
- The birth certificate is filed in the public records of the state.
- The birth certificate is filed in the public records of the state.
5. Parents may change the name of their child by court order. (until their child's 18th birthday).
6. The affidavit must be signed by the person who is making the change. The affidavit must be signed by the person who is making the change.

Death Certificates

1. Only the information on the death certificate may be changed by court order. The death certificate may be changed by court order.
2. The death certificate may be changed by court order. The death certificate may be changed by court order.
3. The death certificate may be changed by court order. The death certificate may be changed by court order.

Marriage/Dissolution

1. Persons (birth) must be changed by court order. The birth certificate may be changed by court order.
2. The death certificate may be changed by court order. The death certificate may be changed by court order.

CERTIFIED

OCT 10 2007

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

0000470953

0 F

D I L L S

That I, KATHRYN DILLS, a resident of Skagit County, Washington, and being of sound and disposing mind and memory and not acting under menace, fraud, duress or the undue influence of any person whomsoever, but being mindful of the uncertainty of life and desiring to make testamentary disposition of my property and estate at the time of my death, do hereby make, publish and declare this to be my Last Will and Testament in the manner following:

I hereby direct that my Personal Representative, hereinafter named, pay all of my just debts, including my funeral expenses, the expense of my last illness, creditors claims, taxes, costs of administration, including filing fees, publication fees and attorney fees, from the first monies coming into his hand.

I hereby give, devise and bequeath my entire estate to my husband, **ROBERT DILL**, provided he survives me by thirty days, but in the event he should survive my husband, or we die within thirty days of each other, I hereby give, devise and bequeath my entire estate to my children, **STEVEN RAY DILLS**, **RANDALL SCOTT DILLS** and **JOHN LEE SMITH**, share and share alike.

I hereby appoint DONALD [REDACTED] Representative of my estate, to serve without bond, to have all of the powers granted to a Personal Representative under non-intervention

I hereby give, devise and bequeath my entire estate to my husband, DONALD DILLS, provided he survives me by thirty days, but in the event that I should survive my husband, or we die within thirty days of each other, I hereby give, devise and bequeath my estate to my children, STEVEN RAY DILLS, RANDALL SCOTT DILLS and MELISSA DIANN SMITH, share and share alike.

THIRD

I hereby appoint DONALD DILLS, to act as Personal Representative of my estate, to serve without bond, to have all of the powers granted to a Personal Representative under non-intervention Wills with full power to sell, convey, pledge, mortgage and dispose of my entire estate without the intervention of any Court. I hereby further provide that my estate shall be settled in the manner herein provided and stated and without the intervention of any Court except

Kathryn Dills
KATHRYN DILLS

to file an inventory of all property of said estate, give the required notice to creditors and to the State Board or person having charge of collection of inheritance tax and to make the settlement required by law.

FOURTH:

In the event that DONALD DILLS, is unable to serve as Personal Representative of my estate, I direct that STEVEN RAY DILLS, ~~shall be the~~ Personal Representative of my estate. I direct that he **serve without bond** and without the intervention of any Court as provided by law and with the powers stated in Paragraph "THIRD", above.

FIFTH:

I hereby revoke any and all Wills by me made and declare this to be my Last Will and Testament.

IN WITNESS WHEREOF, I, KATHRYN DILLS, have hereunto set my hand on this 13th day of April, 1998, and I have called Lindy L. Bullard and Jayne Marsh Gilbert, to attest this Will by witnessing my signature hereto and by signing their names hereto as attesting witnesses.

Kathryn Dills
KATHRYN DILLS

TESTATION

Lindy L. Bullard and Jayne Marsh Gilbert, of Washington, hereby certify that on this day of April, 1998, KATHRYN DILLS, well known to us, exhibited to us a document in writing which she then and there signed and thereunto set her name thereto; whereupon we, at her request, signed our names thereto in the presence of each other and in the presence of the said Testatrix and we hereby certify that the signature of the said Testatrix to said document is the true signature of the said Testatrix. We further certify that said Testatrix is of sound mind and was not acting under duress or fraud.

Lindy L. Bullard
WITNESS

Jayne Marsh Gilbert
ADDRESS

1101 1st St NW

13th day of April, 1998, KATHRYN DILLS, "testatrix"
to us the foregoing instrument in writing which she then and there
declared to be her Last Will and Testament, consisting of three
(3) sheets of typewritten matter and the Testatrix then and there
in our presence signed her name thereto; whereupon we, at her
request, have signed our names thereto in the presence of each
other and in the presence of the said Testatrix and we hereby
further attest that the signature of the said Testatrix to said
Will is the true signature of the said Testatrix. We further
certify that said Testatrix is of sound mind and was not acting
under duress or fraud.

Shirley H. Bullard
WITNESS

Jayne Marsh Gilbert
WITNESS

John Woolley, WA
ADDRESS

Mt. Vernon, WA
ADDRESS

Kathryn Dills
KATHRYN DILLS

Form No. 3301 (01/08)
Short Form Commitment

ORDER NO: 8578544n
FILE NO: 8578544n
CUSTOMER REF: 252348751

Exhibit "A"

Real property in the City of **MOUNT VERNON**, County of **SKAGIT**, State of **Washington**, described as follows:

LOT 18, "GREENSTREET'S SECOND ADDITION, MOUNT VERNON, WASHINGTON", AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 15, RECORDS OF SKAGIT COUNTY.

FOR INFORMATION ONLY:

LOT 18, GREENSTREET'S 2ND ADD.

Commonly known as: 1504 SHIRLEY PL, MOUNT VERNON, WA 98274

APN #: **P52981**

 **DILLS**
50287144

WA

FIRST AMERICAN ELS
AFFIDAVIT

