

Recorded at the Request of and Return to:  
GILBERT & GILBERT LAWYERS, INC., PS  
Jayne Marsh Gilbert  
314 Pine Street #208  
Mount Vernon, WA 98273  
360-336-9515



201510260141

Skagit County Auditor

10/26/2015 Page

1 of

\$78.00

6 3:17PM

**DOCUMENT TITLE:** Lack of Administration  
Affidavit of Surviving Spouse

**WAC NO.:** WAC#458-61AA-211(8)(g)  
(Community Property Interest  
to Surviving Spouse)

**GRANTOR:** JOAN CAROLYN KRUEGER, Successor of  
LYLE KINGSLEY KRUEGER

**GRANTEE:** JOAN CAROLYN KRUEGER

**PHYSICAL ADDRESS:** 1712 12<sup>TH</sup> Street, Anacortes, WA 98221

**ABBREVIATED LEGAL:** BARBER'S ADD TO ANA E 25FT OF 15 & ALL  
OF 16 BLK 1 TOGETHER WITH MUNK'S  
QUEEN ANN TO ANA LT 5 & W1/2 OF LT 6  
BLK 3

**PARCEL NO:** 56549  
**XrefID:** 3773-001-016-0009

**Lack of Administration Affidavit**  
RCW 11.04.015(1)(a)

JOAN CAROLYN KRUEGER, being first duly sworn, declares as follows:

- BARBER'S ADD TO ANA. E 25FT OF 15 & ALL OF 16 BLK 1  
TOGETHER WITH MUNK'S QUEEN ANN TO ANA LT 5  
W1/2 OF LT 6 BLK 3**

4. Will: LYLE KINGSLEY KRUEGER died intestate.

5. Character and Value of Decedent's Estate: On the Decedent's date of death the Approximate Value of his Estate was:

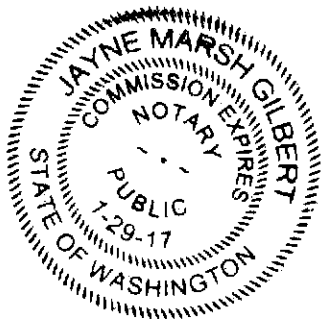
6. Intestacy Statute: RCW 11.04.015(1)(a): Under the Intestacy Statute the real property described in number "3" above with a tax parcel number of 56549 vested in JOAN C. KRUEGER in fee simple absolute upon the death of LYLE KINGSLEY KRUEGER ON July 7, 2000;

7. Decedent's Debts & Expenses: All of the debts and expenses of the Decedent, including expenses of last illness, funeral, and burial and the liabilities and other obligations of the marital community have been paid in full;
8. Federal Estate Tax: The Decedent's Estate was not liable for Federal Estate Tax;
9. Washington Estate Tax. The Decedent's Estate was not liable for Washington Estate Tax;
10. Washington Assistance: The Decedent was not liable for repayment for subsistence or medical care to the State of Washington;
11. Purpose of Affidavit: I am making this Affidavit to induce a title insurance company to issue one or more policies of title insurance on the real property that passed to me upon the death of my husband, LYLE KINGSLEY KRUEGER.
12. Intent to Deed Property: I am making this Affidavit to facilitate the execution of a transfer on death deed to LYLE KINGSLEY'S and my only child, MARK EDWARD KRUEGER..

Dated: October 21, 2015.

Jean Carolyn Krueger  
Jean Carolyn Krueger, Surviving Spouse

SUBSCRIBED & SWORN TO before me on: October \_\_, 2015.



Jayne Marsh Gilbert  
NOTARY PUBLIC in and for the State of Washington  
Residing at: Burlington, WA  
My appointment expires on: 1-29-17

Exhibit "A"  
Full Legal Description

The East 25 feet of Lot 15, and all of Lot 16, Block 1, "H. H. Barbers Addition to the City of Anacortes", according to the plat recorded in Volume 2 of Plats, page 99, records of Skagit County, Washington.

Together with Lot 5 and the West half of Lot 6, Block 3, "Munks' First Queen Anne Addition to the City of Anacortes", according to the plat recorded in Volume 3 of Plats, page 1, records of Skagit County, Washington.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

<p><b>529</b> LOCAL FILE NUMBER</p>				<p><b>Health</b> <b>CERTIFICATE OF DEATH</b></p>				<p><b>146</b> STATE FILE NUMBER</p>					
1. NAME — First Middle Last <b>Lyle Kingsley Krueger</b>						2. SEX (M / F) <b>M</b>		3. DEATH DATE (Mo, Day, Yr) <b>Jul 7, 2000</b>					
4. AGE (Last Birth Day) Yrs <b>75</b>		5. UNDER 1 YEAR a. UNDER 1 YEAR b. UNDER 1 DAY <b>75</b>		7. BIRTHDATE (Mo, Day, Yr) <b>[REDACTED]</b>		8. BIRTHPLACE (City, State or Foreign Country) <b>Kimberly, WI</b>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>		10. COUNTY OF DEATH <b>Skagit</b>			
11. CITY, TOWN OR LOCATION OF DEATH <b>Anacortes</b>				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. IN BERS. AMOUNT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE <b>1712 12th Street</b>				13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>					
14. MARITAL STATUS — Married Never married Widowed Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Joan Carolyn Coberly</b>				16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16 or 5+) <b>3</b>					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE "RETIRED") <b>Instrument Technician</b>				19. KIND OF BUSINESS OR INDUSTRY <b>Aerospace</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>(Yes / No) Specify No</b>				21. RACE (Specify) <b>White</b>			
22. RESIDENCE — NUMBER AND STREET <b>1712 12th Street</b>		23. CITY/TOWN OR LOCATION <b>Anacortes</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>		25A. COUNTY <b>Skagit</b>		25B. LENGTH OF RES. IN CO. <b>37yrs</b>		26. STATE <b>WA</b>			
27. ZIP CODE <b>98221</b>		28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Edwin (unknown) Krueger</b>				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Eva Rose [REDACTED]</b>							
30. INFORMANT — NAME <b>Joan Carolyn Krueger</b>				31. MAILING ADDRESS — STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>1712 12th Street, Anacortes, WA 98221</b>									
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		33. DATE (Mo, Day, Yr) <b>7/11/2000</b>		34. CEMETERY/CREMATORY — NAME <b>Northwest Crematory</b>				35. LOCATION — CITY/TOWN, STATE <b>Anacortes, WA</b>					
36. FUNERAL DIRECTOR SIGNATURE <b>[Signature]</b>				37. NAME OF FACILITY <b>Evans Funeral Chapel</b>				38. ADDRESS OF FACILITY <b>1105 32nd Street Anacortes, WA 98221-</b>					
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER							
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <b>[Signature]</b>						43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>[Signature]</b>							
40. DATE SIGNED (Mo, Day, Yr) <b>July 10, 2000</b>		41. HOUR OF DEATH (24 Hrs.) <b>0020</b>		44. DATE SIGNED (Mo, Day, Yr)		45. HOUR OF DEATH (24 Hrs.)		46. PREVIOUSLY DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Richard C. Kirkwood M.D. 2511 M Avenue Suite A, Anacortes, WA 98221</b>						48. ME/CORONER FILE NUMBER <b>NJA 145</b>							
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:													
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. <b>Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1w/c</b>		B. <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5yrs</b>			
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury which initiated events resulting in death) LAST.		B. <b>Myocardial Infarction</b>				INTERVAL BETWEEN ONSET AND DEATH		C. <b>Myocardial Infarction</b>				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:		52. AUTOPSY (Yes / No) <b>No</b>				53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>							
54. ACC. SUICIDE (HOM. UNDET. OR PENDING INVEST. (Specify))		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED							
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)				60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE							
61. RECORD MAINTENANCE (Registrar use only) ITEM DOCUMENTARY EVIDENCE		62. REGISTRAR SIGNATURE <b>[Signature]</b>		63. DATE RECEIVED (Mo, Day, Yr) <b>JUL 13 2000</b>									



# AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES		FEE NUMBER		INITIALS	DATE	AFFIDAVIT NUMBER	
STATE OFFICE USE ONLY				STATE OFFICE USE ONLY			
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER		for			
2. NAME		3. DATE OF EVENT		4. PLACE OF EVENT (City and County)			
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)				6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)			
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:							
THE RECORD NOW SHOWS:				THE TRUE FACT IS:			
7.				8.			
9.				10.			
11.				12.			
13.				14.			
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY						15.	
PHONE NUMBER:							
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.							
16. SIGNATURE		17. DATE		18. ADDRESS			

DOH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

## Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). 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 does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or established within five years of birth.
- Examples of documents of proof:
 

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
  - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

## Death Certificates

- Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

## Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections  
Center for Health Statistics  
1112 Quince Street South  
P.O. Box 9709  
Olympia, WA 98507-9709

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

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

*Howard Leibrand*

Date Issued JUL 17 2000

HH490681