

Return Address:

Indecomm Global Services
as Recording Agent Only
1260 Energy Lane
St. Paul, MN 55108



Skagit County Auditor
5/31/2016 Page

1 of

\$129.00
7 11:04AM

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**

Rec 1st

Reference Number(s) of related Documents:

Additional reference #'s on page _____ of document

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

LEWIS, GEORGE WASHINGTON

Additional names on page _____ of document.

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

LEWIS, JUDITH L

Additional names on page _____ of document.

Trustee

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

LT 2, BURLINGTON HILL EST DIV 2

Additional legal is on page 6 of document.

Assessor's Property Tax Parcel/Account Number

4378-000-002-0004

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 / 80323239

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

CATOR XIONG

rec 1st
LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No.: _____, County: Skagit

611602057-3464551

80323239

STATE OF WA)

SS:

COUNTY OF Skagit)

The undersigned, Judith L. Lewis, executes this affidavit relating to the estate of George W. Lewis (herein "Decedent"), who died on JUNE 7 2010, in the County of King, State of Washington, then being a resident of the City of Burlington, 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): _____

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 Judith L Lewis wife

Address: 1988 Hill Ct Burlington WA 98233

Name & relationship _____

Address: _____

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 Judith L. Lewis.
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - married to Judith L. Lewis.
 - 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): Real Estate mortgage

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 193000.00 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 \$ 0, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 193000.00.

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: MAY 11, 2016

Judith L. Lewis
(Signature)

Judith L Lewis
(Print or type full name)

19888 Hill Ct Burlington WA 98233
(Full address and telephone number)
360-540-1452

SUBSCRIBED and SWORN TO before me this 11th day of May, 2016

Carol Lee Brewer
Notary Public in and for the State of
Washington, residing at Mount Vernon

Notary Public
State of Washington
CAROL LEE BREWER
My Appointment Expires Feb 7, 2019

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics
CERTIFIED COPY OF DEATH CERTIFICATE

Date Issued: 4/13/2016

Local File Number 5439		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA & # any) First Middle LAST George Washington Lewis				2. Death Date 6-7-2010		
3. Sex (M/F) Male	4a. Age - Last Birthday 70	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death King	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Ithaca		8b. (State or Foreign Country) Michigan		9. Decedent's Education Bachelor's Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence Number and Street (e.g., 524 SE 3 rd St., include Apt. No.) 1988 Hill Ct				13b. City or Town Burlington		
13c. Residence County Skagit		13d. Tribal Reservation Name (if applicable) XXXXXXXXXXXXXXXXXXXX	13e. State or Foreign Country WA	13f. Zip Code + 4 98233	13g. Outside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 3 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Judith Lynne Snodgrass		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Medical Technician				18. Kind of Business/Industry (Do not use Company Name) Hospital		
19. Father's Name (First, Middle, Last, Suffix) Ford Lewis				20. Mother's Name Before First Marriage (First, Middle, Last) Unknown		
21. Informant's Name Judith Lewis		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No City or Town State Zip 1988 Hill Ct Burlington WA 98233		
24. Place of Death, if Death Occurred in a Hospital. Hospital Inpatient				25. Facility Name (If not a facility, give number & street or location) Harborview Medical Center 325 9th ave		
26a. City, Town, or Location of Death Seattle		26b. State Wa		27. Zip Code 98104		
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia FH & Crematory		30. Location, City/Town, and State Seattle, Washington		
31. Name and Complete Address of Funeral Facility Howden-Kennedy FH, 3909 SW Alaska St, Seattle, WA 98116				32. Date of Disposition 6/9/2010		
33. Funeral Director Signature X <i>Dawn Scott</i>						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT include 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. Left Middle Cerebral Artery Ischemic Stroke Interval between Onset & Death: days 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. 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 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. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
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. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:						
45. 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 my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. <i>[Signature]</i>				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) as determined above. <i>[Signature]</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Jinfong Ong M.D. HMC Dept of Neurology Service				50. Hour of Death (24hrs) 2351		51. Name and Title of Attending Physician (Type or Print) Clair J Creutzfeldt M.D. HMC Attending Dept of Neurology service
52. Date Signed (mm/dd/yyyy) 6-8-2010				53. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
53. Title of Certifier Resident M.D.		54. License Number ML00092826		55. ME/Coroner File Number NWA-FD-3404		56. Date Received (mm/dd/yyyy) JUN 0 9 2010
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy)		
59. Amendments						

Part 1 completed by Funeral Director

C110-04105





Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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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Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____

Telephone Number: _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

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

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.

2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.

3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

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. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.

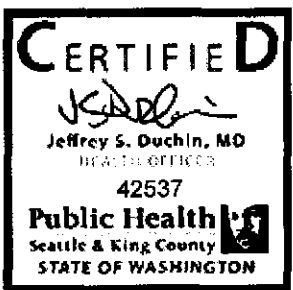
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.

2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015



FF00042537

Title No TI-61602057

LEGAL DESCRIPTION

EXHIBIT "A"

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

LOT 2, CORRECTED PLAT OF BURLINGTON HILL ESTATES, DIVISION #2, AS PER PLAT RECORDED IN VOLUME 12 OF PLATS, PAGE 23, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Parcel ID: P80823 AND 4378-000-002-0004

Commonly known as 19888 Hill Ct, Burlington, WA 98233
However, by showing this address no additional coverage is provided

Recording jurisdiction: Skagit

ABBREVIATED LEGAL: LOT 2, CORRECTED PLAT OF BURLINGTON HILL ESTATES, DIVISION #2



U05824347

1632 5/19/2016 80323239/1