



201606270092

Skagit County Auditor

\$129.00

6/27/2016 Page

1 of

7 10:13AM

**Return Address:**

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

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)

CHAPMAN JR, JOHN H

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

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

CHAPMAN, BETTY A

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

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

UNIT 11, BLDG 6, RIDGE CONDO PHASE II

Additional legal is on page 6 of document.**Assessor's Property Tax Parcel/Account Number**

P109088/4678-000-011-0000

☐ 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 / 80341346

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

CHOE XIONG

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

Title Insurance Commitment No.: \_\_\_\_\_, County: \_\_\_\_\_

80341346

61663533-3488424

STATE OF WA )

SS:

COUNTY OF SKagit )

The undersigned, BETTY A CHAPMAN, executes this affidavit relating to the estate of JOHN H. CHAPMAN JR (herein "Decedent"), who died on 2/2/2004, in the County of SKagit, State of WASHINGTON, then being a resident of the City of ANACORTES, 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 CRAIG CHAPMAN, SON  
Address: 24619 PATTERSON WAY, REDMOND, WA 98053  
Name & relationship DIANNE THOMPSON, DAUGHTER  
Address: 134 168TH AVE, BELLEVUE, WA 98008  
Name & relationship BETTY A. CHAPMAN, WIFE  
Address: 3803 BRIDGETOP, ANACORTES, WA 98221  
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 BETTY A CHAPMAN  
☐ unmarried, not a registered domestic partner  
☐ unmarried, a registered domestic partner of \_\_\_\_\_.

2. That on the date of death the Decedent was:

- ☒ married to BETTY A CHAPMAN  
☐ 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 \$ 550,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 550,000, 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 \$ \_\_\_\_\_.

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 26, 2016

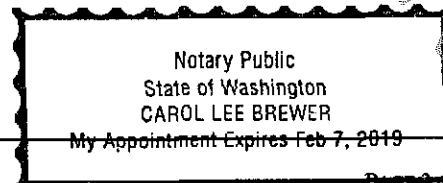
Betty A. Chapman  
(Signature)

BETTY A. CHAPMAN  
(Print or type full name)

3803 RIDGETOP, ANACORTES, WA, 98221 360-293-4450  
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 26 day of May, 2016

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



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-002538

DATE ISSUED: 06/20/2016

FEE NUMBER: 4606160684

GIVEN NAMES: JOHN HERSEY  
LAST NAME: CHAPMAN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 02, 2014  
HOUR OF DEATH: 03:07 A.M.  
SEX: MALE  
AGE: 90 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: LOS ANGELES, LOS ANGELES CNTY, CALIFORNIA

MARITAL STATUS: MARRIED  
SPOUSE: BETTY GREGERSEN

OCCUPATION: ACCOUNTANT  
INDUSTRY: MANUFACTURING  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? YES

INFORMANT: BETTY CHAPMAN  
RELATIONSHIP: WIFE  
ADDRESS: 3803 RIDGETOP DR., ANACORTES, WA 98221

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: ISLAND HOSPITAL  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3803 RIDGETOP  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 982214431  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER/PARENT: JOHN HERSEY CHAPMAN  
MOTHER/PARENT: MARJORV [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM  
CITY, STATE: BLAINE, WA  
DISPOSITION DATE: FEBRUARY 05, 2014

FUNERAL FACILITY: SIMPLE CREMATION OF BELLINGHAM  
ADDRESS: 1313 EAST MAPLE ST  
CITY, STATE, ZIP: BELLINGHAM WA 98225  
FUNERAL DIRECTOR: MICHAEL GALAVIZ

CAUSE OF DEATH:  
A. ASPIRATION PNEUMONIA  
INTERVAL: HOURS  
B. MYOCARDIAL INFARCTION  
INTERVAL: HOURS  
C. END STAGE CONGESTIVE HEART FAILURE  
INTERVAL: 10 YEARS  
D. HYPERTENSION  
INTERVAL: 30 YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

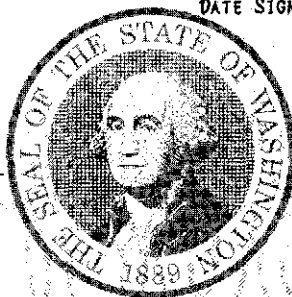
MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ROB RIEGER, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 2511 M AVENUE, SUITE A  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: FEBRUARY 05, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: RESIDENCE

NUMBER(S): 2014060942  
DATE(S): 02/18/2014



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: FEBRUARY 05, 2014

DOH 01-003 (10/15)



# 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
-------------------	------------	----------	------	------------------

### Required information must match current information on record

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 2<sup>nd</sup> parent (if required):

Printed name:

Date:

Printed name:

Date:

### INSTRUCTIONS - go to [www.doh.wa.gov](http://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)**

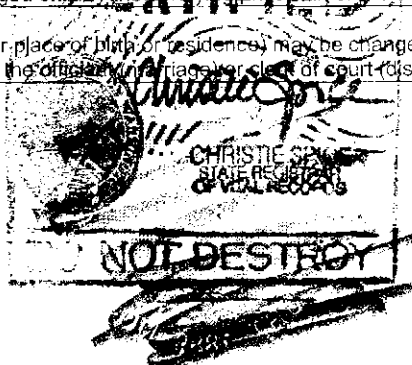
#### Death Certificates

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 attending 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 or judge or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015



360-236-4300

FF00069583

Title No TI-61663533

**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:

UNIT 11, BUILDING 6, THE RIDGE CONDOMINIUM PHASE II, A CONDOMINIUM, ACCORDING TO THE DECLARATION THEREOF RECORDED JULY 17, 1996, UNDER AUDITOR'S FILE NO. 9607170028 AND ANY AMENDMENTS THERETO, AND SURVEY MAP AND PLANS THEREOF RECORDED IN VOLUME 16 OF PLATS, PAGES 111 THROUGH 114, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

Parcel ID: P109088/4678-000-011-0000

Commonly known as 3803 Ridgetop, Anacortes, WA 982214431  
However, by showing this address no additional coverage is provided

Recording jurisdiction: Skagit

ABBREVIATED LEGAL: RIDGE CONDOMINIUM PHASES 1 AND 2, UNIT 11, BUILDING 6, OF PHASE 2.



\*U05846286\*

1632 6/6/2016 80341346/1