



201608190137

Skagit County Auditor

\$77.00

8/19/2016 Page

1 of

5 3:44PM

**Filed for Record at request of
and return to:**STILES LAW INC., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Address: 8298 Pinelli Road
 Legal: TR 1 SKAGIT CO SHORT PLAT NO. 31-79 EXCEPT N 50 FT; SE ¼ NW ¼
 Tax Parcel # P42927 / 350717-2-007-0119

Address: 18014 Dunbar Road
 Legal: MEMORIAL HWY TRS LESS S 197FT TR 28 DK 1
 Tax Parcel # P67462 / 3955-000-028-0007

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
 County of Skagit)

The affiant, ROBERT J. SMALL, executes this affidavit relating to the estate of KAREN E. SMALL, the Decedent, who died on September 9, 2011, in the County of Skagit, State of Washington, then being a resident of the City of Sedro Woolley, County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

ROBERT J. SMALL, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The affiant is (check one):

- ☒ The lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☐ Surviving child 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:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Robert J. Small 8298 Pinelli Road Sedro Woolley, WA 98284	legal	spouse

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

PARCEL P42927 / 350717-2-007-0119

TRACT 1 OF SHORT PLAT NO. 31-79, APPROVED APRIL 30, 1979, AND RECORDED MAY 1, 1979, UNDER AUDITOR'S FILE NO. 7905010038, IN BOOK 3 OF SHORT PLATS, PAGE 105, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF THE SOUTHEAST ¼ OF THE NORTHWEST ¼ OF SECTION 17, TOWNSHIP 35 NORTH, RANGE 7 EAST, W.M., EXCEPT THE NORTH 50 FEET THEREOF.

INCLUDING MANUFACTURED HOME 1982 LIBERTY SERIAL NUMBER 09LI122 60X14

PARCEL P67462 / 3955-000-028-0007

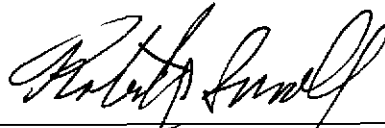
TRACT 28, "MEMORIAL HIGHWAY TRACTS", AS PER PLAT RECORDED IN VOLUME 5 PAGE 35, RECORDS OF SKAGIT COUNTY, WASHINGTON, EXCEPT THE SOUTH 197 FEET THEREOF.

5. Status of the Will (if any)

- ☐ The decedent left no Will that devises real property.
☒ The decedent left a Will that devises real property.
☒ The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated April 29, 2004. The Will devises and states that the rest, residue and remainder of the estate goes to the ROBERT J. SMALL and KAREN E. SMALL FAMILY TRUST. However, the trust has been terminated as of August 18, 2016 and therefore Karen E. Small's property passes intestate to the surviving spouse per RCW 11.04.015.

DATED: August 18 2016

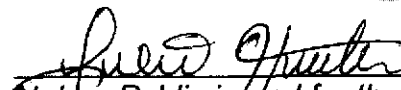


Robert J. Small - Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Robert J. Small** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 18th day of August, 2016.



(Notary Public in and for the State of Washington,
residing at Staro - Woolley
My appointment expires 12-20-18)

STATE OF WASHINGTON DEPARTMENT OF HEALTH CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 9411		Washington State Certificate of Death		State File Number	
Name Karen Ellalee Small		Date of Death 09/09/2011			
3. Sex (MF)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
Female	76	Months	Hours Minutes	526-42-4682	King
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education		
08/23/1935	Seligman	AZ	Some College, No Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No	
No		Caucasian			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town	
8298 Pinelli Rd				Sedro Woolley	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
Skagit			WA	98284	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
10 Years		Married		Robert James Small	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))			18. Kind of Business/Industry (Do not use Company Name)		
Realtor			Real Estate		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
Clyde Davis Thompson			Opal Almyra Mecham		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip		
Robert Small		Spouse	8298 Pinelli Rd, Sedro Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital					
Inpatient					
25. Facility Name (If not a facility, give number & street or location)			26a. City, Town, or Location of Death	26b. State	27. Zip Code
Kindred Hospital			Seattle	WA	98125
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Cremation		Seattle Service Group Crematory		Seattle, WA	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Neptune Society, 19324 40th Ave W, Ste A, Lynnwood, WA 98036				09/20/2011	
33. Funeral Director Signature X					
Les Lippitt					
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. Chronic Obstructive Pulmonary Disease		Interval between Onset & Death years	
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. End Stage Renal disease		Interval between Onset & Death months	
		c.		Interval between Onset & Death	
		d.		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	
diabetes, hypertension				37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<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		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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:		City or Town		State	
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 my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated			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) and manner stated		
Susan B. Steward MD			Susan B. Steward MD		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)			50. Hour of Death (24hrs)		
Susan B. Steward MD 1101 1st Ave S, WA 98125			1715		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed Autopsy		
			1509/14/2011		
53. Title of Certifier	54. License Number	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MD	AP 30004071				
57. Registrar Signature		58. Date Received by Registrar			
[Signature]		SEP 19 2011			
59. Amendments					

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

STATE OFFICE USE ONLY

State File Number	Case Name	Initials	Date	Arbitrator Number
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Use the section below for requesting any changes on the record.

Record Type	Birth	Death	Marriage	Dissolution
1. Name of record	2. Date of Event	3. Place of Event	4. Name of Event	

4. Father's Full Name (Last, First, Middle, Maiden or Previous) _____ 5. Mother's Full Name (Last, First, Middle, Maiden or Previous) _____

The Record is incorrect or incomplete as follows:

6.	The Record now shows:	The true fact is:
8.		
10.		
12.		

14. I represent the person as:	Self	Parent	Guardian	Informant	Telephone Number
	Funeral Director		Other (Specify)		

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

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received.

All changes must be established by documentary proof submitted with the affidavit.

Examples of deaurative proof: (a) to (d) 'integrated' as

• *Chrysomelidae* (Coleoptera): 10 species, including *Chrysomelids* and *Chrysomelids*.

...and the fact that the *Journal* is a journal of the American Psychological Association, the largest and most influential organization in the field of psychology, adds to the impact of the *Journal* on the field.

1. *Journal of the American Medical Association*, 1997; 278: 1039-1044.

St. Louis, Mo. 63101

Figure 5. Frequency distribution of the observed collective data.

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

transferring college credit to a new college

Part C: Conclusions

1. Only one last name can be added to a birth certificate. If a woman has two last names, only one can be added.
2. The proof(s) must match exactly the last name. The mother for example, if called 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.
3. Proof must be live (for most years often have been established within five years of birth).
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court-registered name change.
 - The new last name may be the mother's maiden name or father's name if present on the birth certificate or any combination of the two.
 - After age one, last name changes require a certified copy of a court order of name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's last to middle name by completing and signing an affidavit for correction (not after child's 18th birthday).
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit form DCH-CHS 021)

Death Certificates:

1. Only the informed, the target doctor, or the diastomatologists (pediatrician and dentist) (if possible) (presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the attending medical examiner.
3. If it is less than sixty days from the date of death, the doctor may change the information when the doctor is required to make changes.

Manager/Developer (D. area) Certificates

2. To change the date or place of marriage, the declaration, the official proceedings to be filed at court at \$500 fee, including the affidavit.

VVO 022044