



201609020123

Skagit County Auditor

\$78.00

9/2/2016 Page

1 of

6 2:44PM

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)
NICHOLSON JR, ROBERT GEORGE
Additional names on page _____ of document.

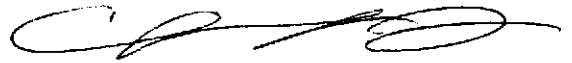
Grantee(s) (Last name first, then first name and initials)
NICHOLSON, CHERYL M
Additional names on page _____ of document.

Trustee
Legal description (abbreviated: i.e. lot, block, plat or section, township, range)
LT 8, BLK 1, PATCHEN'S 2ND ADD, VOL 7, PG 3
Additional legal is on page 5 of document.

Assessor's Property Tax Parcel/Account Number Assessor Tax # not yet assigned
37520010080103

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 / 80437143

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.



Chior Xiong Signature of Requesting Party

62059908-3610400

Rec 15+

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

Title Insurance Commitment No.: TI-62059908 County: Skagit

50437143

STATE OF WA)

SS:

COUNTY OF Skagit)

The undersigned, Cheryl M. Nicholson, executes this affidavit relating to the estate of Robert George Nicholson, Jr. (herein "Decedent"), who died on 12/11/2002, in the County of Yakima, State of Washington, then being a resident of the City of Selah, County of Yakima, 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 Cheryl Nicholson wife
 Address: 1470 S 15th Mt. Vernon, WA 98971
 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 Cheryl M. Nicholson.
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was:
 - married to Cheryl M. Nicholson.
 - 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): N/A

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ _____, 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 \$ _____, 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 Fidelity National 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: 8-18- _____, 2016

Cheryl M. Nicholson
(Signature)

Cheryl M. Nicholson
(Print or type full name)

1420 S 15th St Mount Vernon WA 98274
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 18th day of Aug, 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

Health
CERTIFICATE OF DEATH

OFFICE USE ONLY DISTRICT	1627 LOCAL FILE NUMBER	146 STATE FILE NUMBER	
1. NAME First Middle Last Robert George NICHOLSON, JR.	2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) December 11 2002	
4. AGE (LAST BIRTH DAY) (Yr) 40	5. UNDER 1 YEAR MO. DAY. HOURS. MIN.	6. UNDER 1 DAY HOURS. MIN.	
7. BIRTH-DATE (Mo, Day, Yr) [REDACTED]	8. BIRTH-PLACE (City, State or Foreign Country) Bronx, N.Y.	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	
10. COUNTY OF DEATH Yakima	11. CITY/TOWN OR LOCATION OF DEATH Selah	12. PLACE OF DEATH — (X) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. ROOM/PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE 514 Stacey Court	
13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes	14. MARRITAL STATUS (Married, Never Married, Divorced, Dissolved (Specify)) Married	15. SURVIVING SPOUSE (If wife, give maiden name) Cheryl Marie Caudill	
16. SOCIAL SECURITY NO. [REDACTED]	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 12+ College (1-4 or 5+) 4	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	
19. KIND OF BUSINESS OR INDUSTRY Sales	20. Was Decedent of Hispanic origin or descent? (Ancestry Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 514 Stacey Court	23. CITY/TOWN OR LOCATION Selah	24. INSIDE CITY (Yes / No) Yes	
25. COUNTY Yakima	26. LENGTH OF RES. IN CO. 6 yrs	27. STATE WA	
28. ZIP CODE 98942	29. FATHER'S NAME — FIRST, MIDDLE, LAST Robert George Nicholson, Sr.	30. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Georgette [REDACTED]	
31. INFORMANT — NAME Cheryl Nicholson	32. MAILING ADDRESS 514 Stacey Court	33. CITY OR TOWN Selah, WA	
34. STATE WA	35. ZIP 98942	36. FUNERAL DIRECTOR OR SIGNATURE <i>Janet Roy</i> Langevin-Mussetter Funeral Home	
37. NAME OF FACILITY Terrace Heights Crematory	38. ADDRESS OF FACILITY 1010 W. Yakima Avenue Yakima, Washington 98902	39. LOCATION — CITY/TOWN, STATE Yakima, WA	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER	
33. 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 <i>Maurice Q. Rice</i>		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 <i>Maurice Q. Rice</i>	
40. DATE SIGNED (Mo, Day, Yr) December 12, 2002	41. HOUR OF DEATH (Mo, Hr) 1600	44. DATE SIGNED (Mo, Day, Yr) December 11, 2002	45. HOUR OF DEATH (24 Hr) 1600
42. NAME AND TITLE OF ATTENDING PHYSICIAN (If other than certifier, type of permit)	46. PRONOUNCED DEAD (Mo, Day, Yr) December 11, 2002	47. HOUR PRONOUNCED DEAD (24 Hr) 1600	48. ME/CORONER FILE NUMBER 2002-326
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type of Permit) Maurice Q. Rice, Yakima Co. Coroner, Yakima County Courthouse Yakima, Washington 98902			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.			
IMMEDIATE CAUSE (First disease or condition resulting in death)		INTERVAL BETWEEN ONSET AND DEATH	
A. Cardiac Dysrhythmia		minutes	
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.		INTERVAL BETWEEN ONSET AND DEATH	
B. L.L. bacterial pneumonia		days	
C. Totally severe Atherosclerotic Cardiovascular disease		years	
D.		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.		52. ALTOGETHER? (Yes / No) Yes	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes
54. ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOURS OF DAY, DESCRIBE HOW INJURY OCCURRED.	
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY — AT HOME, FARM, BLDG., ETC. (Specify)	60. STREET OR RFD. NO. CITY/TOWN OF STATE	
61. RECORD AMENDMENT (Registrar use only) ITEM OCCURRED BY DATE	62. DATE RECEIVED (Mo, Day, Yr) 12-13-2002		63. SIGNATURE OF REGISTRAR <i>Richard Deputy Registrar</i>

COPY

EMIT

EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 37520010080103

Land Situated in the City of Mount Vernon in the County of Skagit in the State of WA

THE WEST 60 FEET OF LOT 5, BLOCK 1, "PATCHEN'S SECOND ADDITION TO MOUNT VERNON", AS PER
PLAT
RECORDED IN VOLUME 7 OF PLATS, PAGE 3, RECORDS OF SKAGIT COUNTY, WASHINGTON.
SITUATED IN SKAGIT COUNTY, WASHINGTON.
Parcel ID: 3752-001-008-0103 (P54102)

Commonly known as: 1420 S 15th St, Mount Vernon, WA 98274-5113

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U05964783

1632 8/30/2016 80437143/1