



201609290067

Skagit County Auditor

\$76.00

9/29/2016 Page

1 of

4 12:59PM

When recorded return to:

Felicia Value  
Attorney at Law  
PO Box 578  
La Conner, WA 98257

**AFFIDAVIT OF COMMUNITY PROPERTY (LACK OF PROBATE)**

**GRANTOR:** Lois Smith, Deceased.

**GRANTEE:** Vernard Smith, Surviving Spouse.

**LEGAL DESCRIPTION:** SHELTER BAY, BLOCK 2, LOT 394

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20164433

SEP 29 2016

**ASSESSOR'S PROPERTY TAX**

**PARCEL OR ACCOUNT NO. P129206**

Amount Paid ~~\$0~~  
Skagit Co. Treasurer  
By *mem* Deputy

I, Sandra Williams, being first duly sworn, depose and say:

Vernard Smith is the rightful heir, as listed on the Heirs at Law, to the real property described below, as the surviving spouse of Lois Smith ("Decedent"), who died on September 14, 2013 at Anacortes, Skagit County, Washington. A certified copy of Lois Smith's Death Certificate is attached hereto as *Exhibit A*. The Affiant is the duly appointed personal representative of the estate of Vernard Smith, now deceased, under Skagit County Superior Court Case No. 16-4-00303-6. A certified copy of the Letters Testamentary for the estate is attached hereto as *Exhibit B*.

**Real Property Description:** Lot 394, Survey of Shelter Bay Division No. 2 as recorded June 27, 1969 in official records of Skagit County, Washington under Auditor's Filing No. 728258.

The Decedent executed no Wills, agreements to convey, Community Property Agreements, conveyances in escrow, mortgages, deeds of trust, lien agreements, revocable trusts, or other instruments for the purpose of conveying or encumbering the land subject of this affidavit. The Affiant is entitled to distribution of the subject property from the Decedent because Decedent and Vernard Smith were Husband and Wife, took title to the property as Husband and Wife, and as such property is community in nature, belonging to the Affiant as personal representative of the estate of Vernard Smith, the surviving spouse.

### Heirs At Law

Affiant hereby identifies all heirs at law of the Decedent:

Name and Address	Age	Relationship to Decedent
Vernard Smith c/o Sandra Williams 403 E. State St., Apt 2 La Conner, WA 98257	<u>n/a</u>	Surviving Spouse

The Affiant states of her own knowledge that each of the obligations of the Estate of Lois Smith, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, and state and federal succession taxes, and federal income taxes, if any, have been paid in full or provided for by the Affiant and the Decedent's surviving spouse.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, as relieved from interference of the said Decedent, heirs, creditors, and the taxing authorities, and the Affiant, for herself, and any heirs, executors and administrators, covenants to indemnify any such purchaser, title insurer or other person for any loss arising from reliance on a misstatement of fact herein.

DATED this 28 day of September, 2016.

Sandra Williams

Sandra Williams, Personal Representative  
Affiant

State of Washington )

) :ss

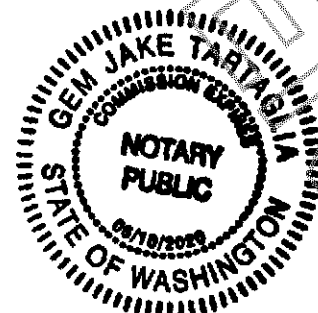
County of Skagit )

I certify that I know or have satisfactory evidence that Sandra Williams is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes in the instrument.

Dated: September 28, 2016.

Gem Jake Tartaglia

Notary Public in and for the State  
of Washington, residing at LaConner WA  
My Commission Expires: 5/10/2020



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-016849

DATE ISSUED: 09/18/2013

FEE NUMBER: 0000000029

GIVEN NAMES: LOIS ELLEN  
LAST NAME: SMITH

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 14, 2013  
HOUR OF DEATH: 05:15 A.M.  
SEX: FEMALE  
AGE: 83 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: VERNARD JOSEPH SMITH

OCCUPATION: REGISTERED NURSE  
INDUSTRY: MEDICAL  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

INFORMANT: VERN SMITH  
RELATIONSHIP: HUSBAND  
ADDRESS: 394 CHILKAT PLACE, LA CONNER, WA 98257

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: SAN JUAN REHABILITATION AND CARE CEN  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 394 CHILKAT PLACE  
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: CHESTER YOUNG  
MOTHER: IVY UNKNOWN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: SEPTEMBER 18, 2013

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: JAMES C. HADDON

CAUSE OF DEATH:  
A. PARKINSONS DISEASE  
INTERVAL: YEARS

B.  
INTERVAL:

C.  
INTERVAL:

D.  
INTERVAL:

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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE

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: NANCY H. LLEWELLYN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: PO BOX 190  
CITY, STATE, ZIP: LA CONNER WA 98259  
DATE SIGNED: SEPTEMBER 16, 2013

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NSA #510  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: SEPTEMBER 17, 2013

UNOFFICIAL DOCUMENT

**\*CERTIFIED\***

SEP 18 2019

*H. E. L. L. E. R. A. N. O.*

Shagit County Public Health Department  
Honada L. E. L. E. R. A. N. O. M.D., Health Officer

YY00037257