



RETURN TO:

Patrick M. Hayden  
P.O.Box 454  
Sedro-Woolley, WA 98284

DOCUMENT TITLE(S) (or transactions contained herein):

**1. Affidavit for Lack of Probate for Inheritance of Real Estate of Spouse**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

**1. Community Property Agreement, AF#200203040002**

GRANTOR(S) (Last name, first name and initials):

**1. Lindbloom, Ralph C. (Deceased)**

GRANTEE(S) (Last name, first name and initials):

**1. Lindbloom, Larry E., PR for Estate of Margaret M. Lindbloom  
2. Public**

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

**Ptn of Lots 18, 22, 23, and 26, Plat 1, Lakeview Tracts, Big Lake**

**Situated in the County of Skagit, State of Washington.**

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

**3941-000-018-0006/P67078; 3941-000-022-0000/P67083; 3941-000-023-0009/P67084**



DATED this 27 day of July, 2015.

Larry Lindbloom  
LARRY LINDBLOOM

STATE OF WASHINGTON )  
  : ss.  
COUNTY OF SKAGIT    )

On this day personally appeared before me **LARRY LINDBLOOM** to me known to be the individual 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 27 day of July, 2015.

Patrick M Hayes  
Notary Public in and for the State of  
Washington, residing at Sedro Woolley.  
My Commission Expires: 4.27.17  
Print Name Patrick M Hayes

UNOFFICIAL DOCUMENT

DESCRIPTION:

All of Tract 22 and that portion of Tract 18, "PLAT 1, LAKEVIEW TRACTS, BIG LAKE, SKAGIT CO., WASH.," as per plat recorded in Volume 5 of Plats, pages 2 and 3, records of Skagit County, Washington, lying Easterly of a line which runs across said tract at right angles to the Northerly line thereof, intersecting the said North line at a point which is 119 feet Easterly from the Northwest corner of said Tract 18.

TOGETHER WITH those portions of vacated alleys which have reverted thereto by operation of law.

TOGETHER WITH that portion of the 100 foot wide railroad right-of-way, commonly known as the Northern Pacific Railway, adjoining the East line of "PLAT 1, LAKEVIEW TRACTS, BIG LAKE, SKAGIT CO., WASH.," as per plat recorded in Volume 5 of Plats, pages 2 and 3, records of Skagit County, Washington, that lies between the following described lines: The Northeasterly extension of the Southeasterly line of Lot 22 of said Plat and the North line of Section 36, Township 34 North, Range 4 East, W.M., EXCEPT that portion thereof, if any, lying within the existing as-built right-of-way of State Highway No. 9 as Decreed in Skagit County Cause No. 91-2-00070-3 Quieting Title.

Lot 23, "PLAT 1, LAKEVIEW TRACTS, BIG LAKE, SKAGIT CO., WASH.," as per plat recorded in Volume 5 of Plats, pages 2 and 3, records of Skagit County, Washington,

TOGETHER WITH that portion of Lot 26, "PLAT 1, LAKEVIEW TRACTS, BIG LAKE, SKAGIT CO., WASH.," as per plat recorded in Volume 5 of Plats, pages 2 and 3, records of Skagit County, Washington, lying Easterly and Southerly of the following described line:

Begin at a point on the North line of said Lot 26 which is 200 feet East of the Northwest corner thereof; thence Southerly parallel with the East line thereof to a point on a line drawn parallel with and 10 feet Northerly of a line drawn parallel with the North line of Lot 26 from the Westerly extension of the South line of Lot 23 of said plat; thence Westerly along said parallel line to the West line of said Lot 26, the terminus of this line description.

TOGETHER WITH those portions of vacated alleys along the Northerly and Easterly lines thereof which have reverted thereto by operation of law.

AND TOGETHER WITH that portion of the 100 foot wide railroad right-of-way commonly known as the Northern Pacific Railway, adjoining the East line of "PLAT 1, LAKEVIEW TRACTS, BIG LAKE, SKAGIT CO., WASH.," as per plat recorded in Volume 5 of Plats, pages 2 and 3, records of Skagit County, Washington that lies between the following described lines: The Northeasterly extensions of both the Southeasterly and Northwesterly lines of Lot 23 of said plat; EXCEPT that portion thereof, if any, lying within the existing, as built right-of-way of State Highway No. 9 as Decreed in Skagit County Court Cause No. 91-2-00070-3 Quieting Title.

Situate in the County of Skagit, State of Washington.

**EXHIBIT B**

**Death Certificate  
Of  
Ralph C. Lindbloom**

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

830  
LOCAL FILE NUMBER

1. NAME First: <b>Ralph</b> Middle: <b>C.</b> Last: <b>Lindbloom</b>			2. SEX (M / F) <b>Male</b>	3. DEATH DATE (Mo, Day, Yr) <b>Nov. 10, 2001</b>			
4. AGE (At Birth) <b>84</b>	5. UNDER 1 YEAR MOS. DAYS HOURS MINS	6. UNDER 1 DAY MINS	7. BIRTH DATE (Mo, Day, Yr)	8. BIRTH PLACE (City, State or Foreign Country) <b>Burlington, WA</b>	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>	10. COUNTY OF DEATH <b>Skagit</b>	
11. CITY/TOWN OR LOCATION OF DEATH <b>Mount Vernon</b>		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG. RM/OUT PTN 4 <input type="checkbox"/> HOSP. 5 <input type="checkbox"/> NURS HOME 6 <input type="checkbox"/> OTHER PLACE <b>Mira Vista Care Center</b>			13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>		
14. MARITAL STATUS (Give kind of work done during most of working life. DO NOT USE REIFIED) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Margaret M. Parker</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5-+)		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE REIFIED) <b>Brick Mason</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No/White</b>	21. RACE (Specify) <b>White</b>		
23. RESIDENCE — NUMBER AND STREET <b>17043 Lakeview Blvd.</b>		25. CITY/TOWN, OR LOCATION <b>Mount Vernon</b>	24. INSIDE CITY LIMITS? (Yes / No) <b>No</b>	25A. COUNTY <b>Skagit</b>	25B. LENGTH OF RES. IN CO. <b>50 Yrs.</b>	26. STATE <b>Wash.</b>	27. ZIP CODE <b>98274</b>
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Carl Lindbloom</b>			29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Anna [REDACTED]</b>				
30. INFORMANT — NAME <b>Margaret M. Lindbloom</b>			31. MAILING ADDRESS — STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>17043 Lakeview Blvd. Mount Vernon, WA 98274</b>				
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		33. DATE (Mo, Day, Yr) <b>11-13-2001</b>	34. CEMETERY/CREMATORY — NAME <b>Mount Vernon Crematory</b>		35. LOCATION — CITY/TOWN, STATE <b>Mount Vernon, Wash. 98273</b>		
36. SIGNATURE OF CERTIFYING PHYSICIAN <i>[Signature]</i>		37. NAME OF FACILITY <b>Kern Funeral Home</b>		38. ADDRESS OF FACILITY <b>Mount Vernon, 1122 S. 3rd St. 98273</b>			
39. 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>[Signature]</i> <b>MD</b>			40. 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 <b>X</b>				
41. DATE SIGNED (Mo, Day, Yr) <b>11-12-01</b>		42. HOUR OF DEATH (24 Hrs) <b>1035</b>		43. DATE SIGNED (Mo, Day, Yr)		44. HOUR OF DEATH (24 Hrs)	
45. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			46. PRONOUNCED DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)		
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Paul D. Johnson, MD 2116 E. Section St. WA 98274</b>			49. MEDICORNER FILE NUMBER				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<b>Respiratory Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>hours</b>			
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Essentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>			
		B. <b>COPD / emphysema</b>		INTERVAL BETWEEN ONSET AND DEATH			
		C. <b>Smoking cigarettes</b>		INTERVAL BETWEEN ONSET AND DEATH			
		D.		INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52. AUTOPSY? (Yes / No) <b>No</b>	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>			
54. ACC. SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED			
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY REVIEWED BY DATE			62. REG-STRAR SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo, Day, Yr) <b>NOV 13 2001</b>		



**AFFIDAVIT FOR CORRECTION**

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

FATHER'S NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH		AFFIDAVIT NUMBER	
STATE OFFICE USE ONLY				STATE OFFICE USE ONLY	
THE RECORD OF Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with _____ for		STATE SET NUMBER		DATE OF EVENT	
PLACE OF EVENT (City and County)		PLACE OF EVENT (City and County)		FATHER'S MAIDEN NAME (IF Birth, WIFE IF Marriage/Dissolution)	
THE RECORD IS INCOMPLETE OR INCOMPLETE AS FOLLOWS THE RECORD NOW SHOWS				THE TRUE FACT IS	
REPRESENT THE PERSON AS (C, S, PARTIAL, GUARDIAN, ETC) SPECIFY				PHONE NUMBER	
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT				SIGNATURE	
ADDRESS				ADDRESS	

All vital records are preserved forever. All changes must be made by affidavit. A name may be changed by affidavit only once. Subsequent changes must be made by court order. If a certificate was obtained under a name and the holder was issued to receive a replacement copy free of charge.

**Birth Certificates**

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian or the child (if over 18) or the child's immediate next of kin may change the birth certificate.
- The names of a minor child's birth parents must be as they appeared at the time of birth. If the affidavit says the name is Mary Ann Doe, then the proof must show the name as Mary Ann Doe. Mary Ann Doe is not a proper name for a child, but Ann Doe.
- Parents, legal guardians or next of kin of a child born within three years of birth.
- Review of documents of proof:
  - Civilian or Naturalization
  - Marriage Record
  - Medical Record
  - Church Record
  - Medical Record
  - Birth Registration Card (if it bears an effective date)
  - Hospital records
  - Marriage Record (M, D, Y)
  - Birth Registration Card (front and back)
  - Business Records
  - Year (1911-1900) Record
  - 1900-1911
- Up to age one, the parents or legal guardian may change the child's surname with an affidavit for correction provided:
  - This is a one-time only change. Subsequent changes will require a court-ordered, court-approved name change.
  - The new surname may be the mother's maiden name or father's surname (if present) or the combination of the two.
  - After age one, surname changes require a certified copy of a court-ordered name change. Other surname changes may be made with an affidavit and documentary proof.
- Parents may change their child's first or middle name by completing and signing an affidavit for correction until their child's 18th birthday.
- This affidavit cannot be used to add a father to a birth certificate; use the paternity affidavit form (SDH 100101).

**Death Certificates**

- Only a doctor, coroner, medical examiner, or a licensed funeral director, if a copy of a death certificate containing such information is present, may change the non-medical information.
- The date of a non-medical cause of death may be changed only by the attending physician or the coroner/medical examiner.

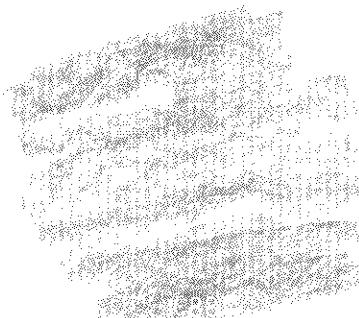
**Marriage/Dissolution/Divorce Certificates**

- This is a one-time only change in name, date of place of birth or residence; may be obtained by affidavit filed only by the person. See description of procedure on page 2. A previous court birth certificate (if acceptable) must be provided.
- Divorce, dissolution or place of marriage or location of the officiant (in marriage) or date of court (dissolution) must sign affidavit.

Please send a representative of this county to attend:

Wm. C. Anderson  
 Center for Health Statistics  
 1111 Olive Street, Seattle  
 P.O. Box 1199  
 Olympia, WA 98501-0199

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



Skagit County Health Department  
 Howard Leibrand M.D., Health Officer

*H. Leibrand*

Date Issued

NOV 13 2001

II00305605