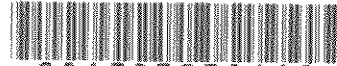


After recording, return to:

Wanda Jean Weldon  
905 Hughes Lane  
Granite Falls, WA 98252



201703230118

Skagit County Auditor

\$76.00

3/23/2017 Page

1 of

4 4:10PM

### INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA.

Abbreviated Legal: Lot 18, The Meadows  
Phase II

COUNTY OF Skagit

Tax Acct: P106483/4638-000-018-0007

The undersigned, Wanda Jean Weldon, executes this affidavit relating to the estate of  
Carrol Wayne Weldon (herein "Decedent"), who died on 3-31-08, in the  
County of Skagit, State of WA, then being a resident of the City of  
Mount Vernon, County of Skagit, State of Wa. (A  
copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

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

#### Relationship of the Affiant to the Decedent

2. The undersigned 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 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

Wanda Jean Weldon

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2017/1139  
MAR 23 2017

Amount Paid \$  
Skagit Co. Treasurer  
By WJW Deputy

(b) children, adopted children, the children 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).

[Use the reverse side or attaching a list if necessary]

Name & relationship Michael W. Weldon - Son

Name & relationship Melissa Weldon and Jessica Weldon -

Name & relationship daughters of deceased son David Weldon

Name & relationship Bill Weldon - Son

**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 Snohomish, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

Lot 18 in "The Meadows" in Mount Vernon, WA,  
which is 1215 Cherry PL., Mount Vernon, WA.

**5. Status of the Will (if any)**

- ☒ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

DATED: 2-27, 20 17

Wanda Jean Weldon  
(Signature)

WANDA J. Weldon  
(Print or type full name)

physical address: 101 W. Grand St, Granite Falls, WA 98252  
(Full address and telephone number)

mailing address: 905 Hughes Ln, Granite Falls, WA 98252

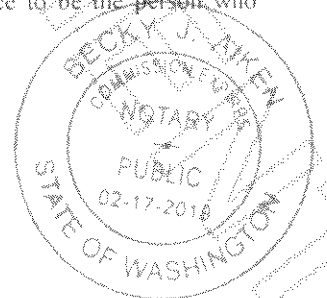
State of WA

County of Snohomish

SUBSCRIBED and SWORN TO before me this 28th day of February, 2017.

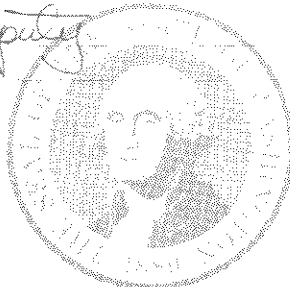
by Wanda J. Weldon, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Becky J. Aiken  
Notary Public in and for the State of WA Becky J. Aiken  
residing at Snohomish County Notary Public



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>223-08</b>		Washington State Certificate of Death			State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST Suffix <b>CARROL WAYNE WELDON</b>				2. Death Date <b>Mar 31, 2008</b>		
3. Sex: M/F <b>Male</b>	4a. Age - Last Birthday <b>71</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Skagit</b>	
7. Birthdate <b>[REDACTED]</b>		8a. Birthplace (City, Town, or County) <b>Lisman</b>	8b. (State or Foreign Country) <b>Kentucky</b>	9. Decedent's Education <b>8th Grade</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE St.) (Include Apt. No.) <b>1215 Cherry Place</b>				13b. City or Town <b>Mount Vernon</b>		
13c. Residence: County <b>Skagit</b>		13d. Total Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98273</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence <b>8 yrs</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Wanda Young</b>		
17. Usual Occupation: Indicate type of work (omit during most of working life. DO NOT USE RETIRED) <b>Operating Engineer</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Construction</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Boyd Weldon</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Lee-Ora [REDACTED]</b>		
21. Informant's Name <b>Wanda Weldon</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>1215 Cherry Place Mount Vernon, WA 98273</b>			
24. Place of Death, if Death Occurred in a Hospital				25. Facility Name (If not a facility, give number & street by locality) <b>1215 Cherry Place</b>		
26. Method of Disposition <b>Burial</b>				27. Place of Final Disposition (Burial, Crematory, other place) <b>Union Cemetery</b>		28. Location: City/Town, and State <b>Sedro-Woolley, WA</b>
29. Name and Complete Address of Funeral Facility <b>Lemley Chapel Inc. 1008 Third St Sedro-Woolley, WA 98284</b>				30. Date of Disposition <b>Apr 4, 2008</b>		
31. Funeral Director Signature <i>[Signature]</i>						
Cause of Death (See instructions and examples)						
32. 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. <b>CARDIAL ARRYTHMIA</b> Interval between Onset & Death: <b>MINUTES</b>						
Sequently 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. <b>CORONARY ARTERY DISEASE</b> Interval between Onset & Death: <b>YEARS</b>						
c. <b>ATHEROSCLEROSIS</b> Interval between Onset & Death:						
33. Other significant conditions contributing to death but not resulting in the underlying cause given above: d. <b>PROSTATIC CANCER</b>						
34. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
35. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No						
36. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
37. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
38. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending						
39. If female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant but pregnant within 42 days before 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						
40. Date of Injury (mm/dd/yyyy): <b>3/24/08</b>						
41. Hour of Injury (24 hrs): <b>1055</b>						
42. Place of Injury (e.g., Decedent's home, construction site, restaurant, school area): <b>3/24/08</b>						
43. Location of Injury (City/Town & State): <b>Mount Vernon, WA</b>						
44. Describe how injury occurred: <b>if transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)</b>						
45a. Certifying Physician <b>Wayne Martin</b>				45b. Medical Examiner/Coroner		
46. Name and Address of Coroner - Physician, Medical Examiner or Coroner (Type or Print) <b>Wayne S. Martin MD 1030 Fairhaven Burlington, WA 98233</b>						
47. Name and Title of Recording Physician (other than Coroner) (Type or Print)						
48. Title: <b>Physician</b>		49. License Number: <b>23548</b>		50. ME/Coroner File Number: <b>061-08</b>		51. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
52. Registrar Signature <i>[Signature]</i>						
53. Date Received (mm/dd/yyyy): <b>APR 2 2008</b>						



Memorandum for the Board of Health

DATE: 4/2/2008

TO:

FROM: Howard Leibrand, M.D., Health Officer

SUBJECT: Dissolution

1. On 3/27/2008, the Board of Health

received the following information:

2. The

Dissolution

of the [Name of the Corporation]

3. The [Name of the Corporation] is a [Type of Corporation]

4. The [Name of the Corporation]

5. The [Name of the Corporation]

6. The [Name of the Corporation]

7. The [Name of the Corporation]

8. The [Name of the Corporation]

9. The [Name of the Corporation]

10. The [Name of the Corporation]

11. The [Name of the Corporation]

12. The [Name of the Corporation]

13. The [Name of the Corporation]

14. The [Name of the Corporation]

**\*CERTIFIED\***

APR 02 2008

*Howard Leibrand*

Slack County Public Health Department  
Howard Leibrand M.D., Health Officer

PP00516987