



201708180037

Skagit County Auditor

\$81.00

8/18/2017 Page

1 of

8 12:49PM

When recorded return to:

Michael A. Winslow
Attorney at Law
1204 Cleveland Avenue
Mount Vernon, Washington 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20173879

AUG 18 2017

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

AFFIDAVIT: LACK OF PROBATE
(Complies with DOR Form 84-0017)

GRANTOR: Ronald P. White, II
GRANTEE: Patricia L. White

LEGAL DESCRIPTION:

Parcel A

Lot 17, "PLAT OF CANDLE RIDGE," as per plat recorded in Volume 15 of Plats, pages 110 and 111, records of Skagit County, Washington.
Situate in the City of Mount Vernon, County of Skagit, State of Washington.

Parcel B

The South 10 feet of Lot 48, all of Lot 49, PLAT OF CHEASTY'S BIG LAKE TRACTS, according to the plat thereof recorded in Volume 4 of Plats, page 49, records of Skagit County, Washington.
Situate in Skagit County, Washington.

Parcel C

Lot 11, Bel-Air Manor Sixth Addition, according to the plat thereof recorded in Volume 10 of Plats, page 63, records of Skagit County, Washington, Situate in County of Skagit, State of Washington.
Subject to: any and all easements, restrictions, reservations, rights of way and zoning ordinances, if any, enforceable in law and equity.

Parcel D

The North 82 feet of Lot 1, Block 40, AMENDED PLAT OF BURLINGTON, according to the plat thereof, recorded in Volume 3 of Plats, page 17, records of Skagit County, Washington.
Situating in Skagit County, Washington.

Assessor's Property Tax Parcel or Account Nos.: P104257, P64441, P64442, P78366, P71563

Reference Numbers of Documents Assigned or Released: None.

Patricia L. White, being first duly sworn, deposes and says:

The undersigned Affiant is the rightful heir, as listed on the Heirs at Law, to the real property described below, as the surviving spouse of Ronald P. White, who died on May 29, 2017, at Mount Vernon, Washington. A certified copy of the Death Certificate is attached hereto as *Exhibit A*.

Real Property Description:

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Situated in Skagit County, Washington.

Status of Will

Decedent left a Last Will and Testament which has not been probated or revoked. Affiant is the successor to the property by virtue of the provisions of the Will and Community Property Agreement, which was recorded under Skagit County Auditor File No. 201708180036. A copy of Decedent's Last Will & Testament is attached hereto as *Exhibit B*.

Heirs At Law

Affiant hereby identifies all heirs at law of the Decedent:

Name and Address	Age	Relationship to Decedent
Patricia L. White 3519 E. Broadway Mount Vernon, WA 98274	Legal	Spouse
Riley Lynn White 3519 E. Broadway Mount Vernon, WA 98274	Minor	Daughter

Madison Parker White 3519 E. Broadway Mount Vernon, WA 98274	Minor	Daughter
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The Affiant states of her own knowledge that each of the obligations of the Estate of Ronald P. White, II, 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, if any, have been paid in full or provided for by the Decedent's surviving spouse. The amount of income tax due to the federal government is believed to be well provided for by the Decedent's 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, relieved from interference of the said Decedent, his heirs, creditors, and the taxing authorities.

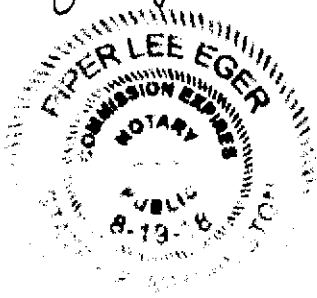
DATED this 13th day of July, 2017.

Patricia L. White
Patricia L. White, Affiant
3519 E. Broadway
Mount Vernon, WA 98274
(360) 424-5656

State of Washington)
) :ss
County of Skagit)

I certify that I know or have satisfactory evidence that Patricia L. White 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: July 13, 2017.



Piper Lee Eger
Piper Lee Eger, Notary Public
My appointment expires 8/19/18

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-024164

DATE ISSUED: 05/31/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): RONALD PARKER

LAST NAME(S): WHITE II

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 29, 2017

HOUR OF DEATH: 08:40 AM

SEX: MALE

AGE: 54 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEDRO WOOLLEY, SKAGIT COUNTY, WASHINGTON

MARITAL STATUS: MARRIED

SPOUSE: PATRICIA ANDERSON

OCCUPATION: OWNER

INDUSTRY: RESTAURANT/BAR

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: PATTY WHITE

RELATIONSHIP: WIFE

ADDRESS: 3519 EAST BROADWAY MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: RECTAL ADENOCARCINOMA, STAGE IV

INTERVAL: YEAR

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 3519 EAST BROADWAY

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER/PARENT: RONALD P WHITE SR

MOTHER/PARENT: JEAN [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JUNE 02, 2017

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: MASOUD TALEGHANI, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: MAY 30, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: MAY 31, 2017



Affidavit for Correction

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:	2. Date of Event:	3. Place of Event:	
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
	6. Name of Person Requesting Correction:			Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)

7. Return Mailing Address:

Telephone Number:

Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 nd parent (if required):		
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

MAY 31 2017

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



0 1 4 4 0 5 9 7

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LAST WILL & TESTAMENT
of
RONALD PARKER WHITE, II

I, Ronald Parker White, II, of legal age, residing at Mount Vernon, Skagit County, Washington, do make, publish and declare this my Last Will and Testament and do hereby expressly revoke all other former Wills and Codicils to Wills made by me.

ARTICLE I.
Identification of Family

I hereby declare that I am a single person on the date of making this my Last Will & Testament; however, I have been in a long-term, committed intimate relationship with Patricia Lynn Smith for more than 24 years. We have two children born of our relationship, namely, Riley Lynn White and Madison Parker White. I further declare that I have no other children, living or dead, as of date of this Will. All references to "my children" or "children of mine" shall include the aforesaid children. Except as herein provided, I intend to make no provision for any relative or child of mine who may survive me. If any person who, if I died intestate, would be entitled to any part of my estate, shall either directly or indirectly, alone or in conjunction with any other person, claim, in spite of my Last Will and Testament, an intestate share of my estate, I give that person ONE DOLLAR (\$1.00) and no more, in lieu of any other share or interest in my estate.

ARTICLE II.
Personal Representative

I hereby nominate and appoint Patricia Lynn Smith as Personal Representative of this my Last Will and Testament.

EXHIBIT B

ARTICLE III.
Devises and Bequests

I give all of the rest, residue and remainder of my estate, real, personal and mixed and howsoever held and wheresoever situate, to Patricia Lynn Smith.

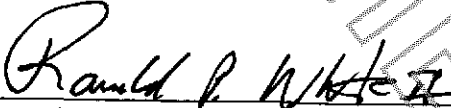
ARTICLE IV.
Disposition of Remains

I hereby direct that my body be decently cremated, without undue ceremony or elaborate services, but with due regard to my station in life and the circumstances of my estate.

ARTICLE V.
Non Intervention Powers

I hereby give and confer full power upon my Personal Representative to grant, bargain, sell, convey, deed, mortgage and liquidate any and all real personal property and to discharge mortgages belonging to my estate as may seem wise and proper in carrying out the provisions of this my Last Will and Testament and to do such acts without the necessity of applying to the Court for an order to do so or for confirmation thereof. I further direct that my estate shall be settled in the manner herein provided without the intervention of any court, all in compliance with the laws of the state of Washington relating to nonintervention Wills. I direct that my Personal Representative named herein shall be required to furnish bond.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on May 12, 2017.

 (SEAL)
Ronald P. White, II

State of Washington)
)ss
County of Skagit)

The undersigned witnesses, after being sworn on oath, each states:

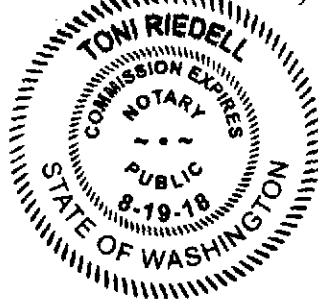
1. I am at least 18 years of age and am a competent witness.
2. Each of the witnesses hereto and the Notary Public taking this Affidavit are known to me to be at least 18 years of age and competent witnesses herein.
3. On this day the testator of the foregoing Will is known to me to be, and appears to be:
 - (a) At least 18 years of age;
 - (b) Aware of the nature and extent of his property;
 - (c) Aware of the natural objects of his bounty;
 - (d) Competent to make a plan for testamentary disposition of his property;
 - (e) Aware that he is by this action making a Last Will and Testament;
 - (f) Of sound and disposing mind and memory;
 - (g) Not acting under duress, menace, fraud, undue influence or misrepresentation of any nature whatsoever.

4. The foregoing instrument, consisting of three (3) pages, including this Affidavit, was on the date hereof signed and published by Ronald P. White, II, and declared by him to be his Last Will and Testament. He requested at the time of executing said instrument that we act as witnesses hereto, and that we execute this Affidavit. The foregoing signature, declaration and request of Testator were made in our presence, all of whom signed in Testator's presence, and in the presence of each other, and we signed our names to this Affidavit on May 12, 2017.

Piper Lee Eger
(Signature of Witness)

[Signature]
(Signature of Witness)

Signed and sworn to (or affirmed) before me on May 12, 2017, by Michael A. Winslow and Piper Lee Eger.



Toni Riedell
Toni Riedell, Notary Public
My commission expires 8.19.18