201712150076
Skagit County Auditor $82.00
12/15/2017 Page 1 of 9 12:30PM

When recorded return to:

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

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20175804
DEC 15 2017
Amount Paid $ -0-
Skagit Co. Treasurer
By HB Deputy

AFFIDAVIT: LACK OF PROBATE
(With Statement of Community Property)

GRANTOR: Otto W. Rouw

GRANTEE: Marjolyn A. Rouw

LEGAL DESCRIPTION:

Tract 22, "LINDA VISTA ADDITION, SKAGIT COUNTY, WASH.", as per plat recorded in Volume 7 of Plats, page 74, records of Skagit County, Washington.

ASSESSOR'S PROPERTY TAX PARCEL OR ACCOUNT NO. 67224 / 3945-000-022-0006

REFERENCE NOS OF DOCUMENTS ASSIGNED OR RELEASED: None.

Marjolyn A. Rouw, 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, and is the surviving spouse of Otto W. Rouw, who died on January 2, 2014, at Mount Vernon, Skagit County, Washington. A certified copy of the Death Certificate is attached hereto as *Exhibit A*.

Real Property Description:

Tract 22, "LINDA VISTA ADDITION, SKAGIT COUNTY, WASH.", as per plat recorded in Volume 7 of Plats, page 74, records of Skagit County, Washington.

Status of Will

The Decedent left a Last Will and Testament, a copy of which is attached hereto as Exhibit "B." This Will provides for the distribution of all of the Decedent's estate to his surviving spouse, Marjolyn A. Rouw.

Heirs At Law

Affiant hereby identifies all heirs at law of the Decedent:

Name and Address	Age	Relationship to Decedent
Marjolyn A. Rouw 20463 James Street Mount Vernon, WA 98274	Legal	Spouse
Tamra Lavonne Nelson 892 Lyndhurst Bay Drive Cloquet, MN 55720	Legal	Daughter
Juli Rochelle Oostra 3821 Ridge Way Mount Vernon, WA 98273	Legal	Daughter
Sheri Kristine Link c/o 20463 James Street Mount Vernon, WA 98274	Legal	Daughter
Lisa Michelle Sakuma 15522 Benson Road Bow, WA 98232	Legal	Daughter

The Affiant states of her own knowledge that each of the obligations of the Estate of Otto W. Rouw, 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 Affiant. The amount of income tax due to the federal government is not known at this time, but is believed to be well provided for by the Affiants and 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 7 day of November, 2017.

Marjolyn A. Rouw

Marjolyn A. Rouw, Affiant
20463 James Street
Mount Vernon, WA 98274
(360) 428-5693

Read and approved: Nov. 15, 2017

Tamra Lavonne Nelson

Tamra Lavonne Nelson, Heir at Law

Read and approved: 11-28, 2017

Juli Rochelle Oostra, Heir at Law

Read and approved: 12-1, 2017

Sheri Kristine Link, Heir at Law

Read and approved: 12/1, 2017

Lisa Michelle Sakuma, Heir at Law

State of Washington)
) :ss
County of Skagit)

I certify that I know or have satisfactory evidence that Marjolyn A. Rouw 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: November 7, 2017.

Piper Lee Eger

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

PIPER LEE EGER
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
8-19-18

State of Minnesota)
) :ss
County of Carlton)

I certify that I know or have satisfactory evidence that Tamra Lavonne Nelson 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: 11-15, 2017.

Kristen Gill

Kristen Gill, Notary Public
My appointment expires Jan 31, 2021

KRISTEN KAY GILL
Notary Public
Minnesota
My Commission Expires
Jan 31, 2021

State of Washington)
) :ss
County of Skagit)

I certify that I know or have satisfactory evidence that Juli Rochelle Oostra 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: November 27, 2017.

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

State of Washington)
) :ss
County of Skagit)

I certify that I know or have satisfactory evidence that Sheri Kristine Link 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: December 1, 2017.

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

State of Washington)
) :ss
County of Skagit)

I certify that I know or have satisfactory evidence that Lisa Michelle Sakuma 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: December 1, 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: 2014-000094

DATE ISSUED: 01/07/2014

FEE NUMBER: 0000000029

GIVEN NAMES: OTTO WILLIAM
LAST NAME: ROUW

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 02,2014
HOUR OF DEATH: 03:05 P.M.
SEX: MALE
AGE: 65 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [redacted]
BIRTHPLACE: S'HEER ARENDSKERK, NETHERLANDS

MARITAL STATUS: MARRIED
SPOUSE: MARJOLVN DEGROOT

OCCUPATION: ACCOUNTANT
INDUSTRY: SELF EMPLOYED
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

INFORMANT: MARJOLVN ROUW
RELATIONSHIP: WIFE
ADDRESS: 20463 JAMES STREET MOUNT VERNON, WA 98274

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 20463 JAMES STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 20463 JAMES STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 26 YEARS

FATHER: MARK ROUW
MOTHER: KATIE [redacted]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: JANUARY 07,2014

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: REX E. WATT

CAUSE OF DEATH:
A. COLON CANCER
INTERVAL: MONTHS
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
HISTORY OF CELIAC SPRUE

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

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: PAUL JOHNSON, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY,STATE,ZIP: MOUNT VERNON WA 98273
DATE SIGNED: JANUARY 06,2014

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-008
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JANUARY 06,2014

EXHIBIT 4

DOH 01-003 (1/13)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE RAISED OFFICIAL SEAL.

Affidavit for Correction

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

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

Use the section below for requesting any changes on the record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event:

4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (specify)

Telephone Number:

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

15. Signature:	16. Date:	17. Address:
(Printed Name)		

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit.**
We do not accept a driver's license, Social Security card or hospital-issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:
- Birth Record
- Certificate of Naturalization
- Military Record (DD-214)
- Passport
- Nuniber of Report (Social Security Administration)
- Marriage/Divorce Record
- Life Insurance Policy
- Hospital/Medical Record
- Voter's Registration Card (if it bears an effective date)
- School Transcripts (Official)
- Alien Registration (front and back)

Birth Certificates:
1. Only a parent, 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 exactly the asserted true fact(s). For example, if the affidavit lists the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
3. **Child under 18**
   - Only parent(s) or legal guardian can change the birth certificate.
   - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
   - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
   - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
   - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.

   Adult (18 years or older)
   - Only the adult themselves can change the birth certificate.
   - If first or middle name is absent, three pieces of documentary proof are required.
   - If the first, middle and/or last name is misspelled, two pieces of documentary proof are required.
   - To correct person's birth date, place of birth, or name, one documentary proof is required.
   - Proof must be five (or more) years old or have been established within five years of birth.
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgement form DOH 422-032)**

Death Certificates:
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such positions is presented) may change the non-medical information. Proof is required to make changes if requested by someone other than the informant listed on the certificate. 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED*
JAN 07 2014
Skagit County Health Department
Howard Leibrand M.D., Health Officer

ZZ00026539

Last Will and Testament

of

OTTO W. ROUW

I, OTTO W. ROUW, of legal age, residing at Mount Vernon, Skagit County, Washington, and being of sound and disposing mind and memory and not acting under duress, menace, fraud or undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament and do hereby expressly revoke all other and former Wills and Codicils to Wills by me made.

FIRST: I direct that my body be decently buried without undue ceremony or ostentation, but with due regard to my station in life and the circumstances of my estate.

SECOND: I direct that my executrix or executor hereinafter named as soon as she or he shall have sufficient funds in her or his hands for that purpose and can lawfully and conveniently do so, pay the expenses of my last sickness, funeral expenses, and all just debts by me owing.

THIRD: I hereby declare that I am a married man, and that my wife's name is MARJOLYN A. ROUW, and that we have no children.

FOURTH: Subject to the provisions in Paragraph Second hereof, I give, devise and bequeath to my beloved wife, all of the property of which I may die seized and possessed, real, personal and mixed and howsoever held and wheresoever situate.

FIFTH: In the event I should survive my said wife, or should we both die in a common disaster under such circumstances that the order of our deaths will be subject to doubt, or if my said wife should die within ninety (90) days after my death, then and in any of such events, I give, devise and bequeath my property to my child or children, if any, in equal shares. In the event there are no children surviving me, then my estate shall be distributed to my parents, or the surivivor of them.

EXHIBIT B

SIXTH: I hereby nominate and appoint my wife, MARJOLYN A. ROUW, executrix of this my Last Will and Testament, and direct that she shall serve without bond. If my said wife is unable or unwilling to serve as such executrix, I then nominate and appoint my father-in-law, HAROLD DE GROOT, as executor hereof, and further direct that he shall serve without bond.

SEVENTH: I hereby give and confer full power upon my said executrix or executor, whichever may serve under this Will, to grant, bargain, sell, convey, deed, mortgage and liquidate any and all real and personal property and to discharge mortgages belonging to my estate as to her or him 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 so to do or for a 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 non-intervention Wills.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15th day of March, 1974.

_____(SEAL)

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

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

1. I am at least 21 years of age and am a competent witness.

2. Each of the affiants hereto and the Notary Public taking this Affidavit are known to me to be at least 21 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:

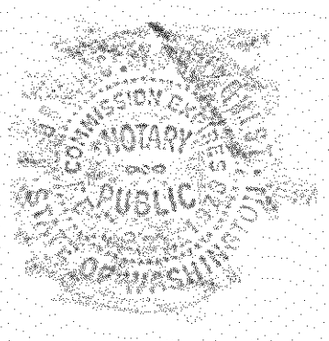
(a) At least 21 years of age;
(b) Aware of the nature and extent of his property;
(c) Aware of the natural objects of his bounty;
(d) Competent to make a plan for testamentary disposition of his property;
(e) Aware that he is by this action making a Last Will and Testament;
(f) Of sound and disposing 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 pages, including this Affidavit, was on the date hereof signed and published by OTTO W. ROUW, and declared by him to be his Last Will and Testament. He did further request 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, and in the presence of the undersigned Notary Public, all of whom signed in testator's presence, and in the presence of each other, and we signed our names to this Affidavit on this 15th day of March, 1974.

Jeanne Dow residing at Mount Vernon, Washington.

Ruth Breitenbucher residing at Mount Vernon, Washington.

SUBSCRIBED AND SWORN to before me this 15th day of March, 1974.



Notary Public in and for the State of Washington, residing at Mount Vernon, and as a witness.