



201712180117

Skagit County Auditor

\$80.00

12/18/2017 Page

1 of

7 1:51PM

Return Address:

Indecomm Global Services
as Recording Agent Only
1260 Energy Lane
St. Paul, MN 55108

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)**Document Title(s)** (or transactions contained therein): (all areas applicable to your document must be filled in) **LACK OF PROBATE AFFIDAVIT****Reference Number(s) of related Documents:***Record 1st*
80910511

Additional reference #'s on page _____ of document

Grantor(s) (Last name, first name, initials)

ERWIN W. BLATTER, II

Additional names on page _____ of document.

Grantee(s) (Last name first, then first name and initials)

ELIZABETH R. BLATTER

Additional names on page _____ of document.

Trustee**Legal description** (abbreviated: i.e. lot, block, plat or section, township, range)LOT 3, PLAT OF SPINNAKER COVE DIV. NO. 2, AUD. FILE NO. 200505180106,
SKAGIT CO., WAAdditional legal is on page 8 of document.**Assessor's Property Tax Parcel/Account Number**

48590000030000

☐ Assessor Tax # not yet assigned

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein. USR 7-80910511

I am requesting an emergency nonstandard recording for an additional \$50 fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Grace Bowers, Indecomm Global Serv. Signature of Requesting Party

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**

Title Insurance Commitment No.: 3388860031, County: Skagit

STATE OF WA)

SS:

COUNTY OF Skagit)

The undersigned, Elizabeth R. Blatter, executes this affidavit relating to the estate of Erwin W. Blatter, II (herein "Decedent"), who died on 03/04/2009, in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

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

That the undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
☐ Surviving child of the Decedent
☐ Registered domestic partner 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): _____

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20175839
DEC 18 2017

Amount Paid \$0
Skagit Co. Treasurer
By MM Deputy

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; and
2. children, adopted children, the issue 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); and
3. all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Krystal Blatter McCarthy Daughter

Address: W Hartford CT

Name & relationship Wd

Address: _____

Name & relationship Erwin W. Blatter III (Trey) Son

Address: Redmond WA 98053

Name & relationship _____

Address: _____

Name & relationship _____

Address: _____

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☐ Community property
☐ Separate property
☒ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
☒ married to Elizabeth R. Blatter
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
☒ married to Elizabeth R. Blatter
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____
3. ☒ That the decedent left a Will, a copy of which is attached hereto.
☐ That the decedent left no Will.
☐ That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____ (if unrecorded, attach a copy)
4. ☒ That the decedent's estate is not being probated.
☐ That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____
5. ☒ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
☐ That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. ☒ That the decedent has not received assistance from the State of Washington for medical care.
☐ That the decedent has received assistance from the State of Washington for medical care.
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): N/A

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 500,000; including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ -0-, and including the value of Decedent's separate property, if any, of approximately \$ -0-, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ -0-.

This affidavit is made to induce Little America TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: 10 November, 20 17

Elizabeth R. Blatter
(Signature)

Elizabeth R. Blatter
(Print or type full name)

1319 N 43 PL
(Full address and telephone number)

Mount Vernon WA 98273-8919

SUBSCRIBED and SWORN TO before me this 10 day of November, 20 17

Paul E Erickson
Notary Public in and for the State of
Washington, residing at DAK Harbor, WA 98277

PAUL E. Erickson

Notary Public
State of Washington
PAUL E ERICKSON
My Appointment Expires Sep 18, 2018

EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 48590000030000

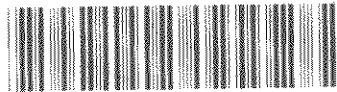
Land situated in the City of Mount Vernon in the County of Skagit in the State of WA

LOT 3, PLAT OF SPINNAKER COVE DIVISION NO. 2, ACCORDING TO THE PLAT THEREOF RECORDED
UNDER
AUDITORS FILE NO. 200505180106, RECORDS OF SKAGIT COUNTY, WASHINGTON.
Parcel ID: 4859-000-003-0000 P 122899

ABBREVIATED LEGAL: LOT 3, SPINNAKER COVE DIV NO. 2 AUD FILE NO. 200505180106, SKAGIT COUNTY
WA

Commonly known as: 1319 N 43rd Pl, Mount Vernon, WA 98273-8919

THE PROPERTY ADDRESS AND TAX PARCEL IDENTIFICATION NUMBER LISTED ARE PROVIDED SOLELY FOR
INFORMATIONAL PURPOSES



•U06532813•

1632 11/20/2017 80910511/1

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 2545		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST Suffix Ret. Lt. Col. Erwin W. BLATTER II			2. Death Date 3/4/2009		
3. Sex (M/F) Male	4a. Age Last Birthday 74	4b. Under 1 Year Months 0	4c. Under 1 Day Hours 0	5. Social Security Number	6. County of Death King
7. Birthdate	8a. Birthplace (City, Town or County) El Reno	8b. (State or Foreign Country) Oklahoma		9. Decedent's Education Master's Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 St SE) (Include Apt No.) 1319 N. 43rd Pl.			13b. City or Town Mount Vernon		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA	13f. Zip Code + 4 98273-8919
14. Estimated length of time at residence 3 1/2 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Elizabeth Reising	
17. Usual Occupation (Indicate type of work done during most of working life (DO NOT USE RETIRED)) Lieutenant Colonel			18. Kind of Business/Industry (Do not use Company Name) U.S. Army		
19. Father's Name (First, Middle, Last, Suffix) Erwin W. Blatter MD			20. Mother's Name Before First Marriage (First, Middle, Last) Hazel E.		
21. Informant's Name Elizabeth R. Blatter		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1319 N. 43rd Pl. Mount Vernon, WA 98273-8919	
24. Place of Death, if Death Occurred in a Hospital: Inpatient			25. Facility Name (If not a facility, give number & street or location) Kindred Hospital		
26a. City, Town, or Location of Death Seattle		26b. State WA		27. Zip Code 98125	
28. Method of Disposition Cremation			29. Place of Final Disposition (Name of cemetery, crematory, other place) Yahn & Son Crematory		30. Location: City/Town, and State Auburn, WA
31. Name and Complete Address of Funeral Facility Yahn & Son Funeral Home P.O. Box 7 Auburn, WA 98071			32. Date of Disposition 3/6/2009		
33. Funeral Director Signature <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
34. 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. Pulmonary Fibrosis		Interval between Onset & Death years	
Sequentially 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. COPD		Interval between Onset & Death years	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above CAT				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <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"/> Pregnant at time of death <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. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Location of Injury: Number & Street City or Town: County: State: Zip Code + 4:		45. Describe how injury occurred			
46. Date of Injury (MM/DD/YYYY)		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician Joanna Fesler		48b. Medical Examiner/Coroner Joanna Fesler			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 10631 8th Ave. NE, Seattle, WA 98125		50. Hour of Death (24hrs) 0050		51. Date Signed (MM/DD/YYYY) 3/4/09	
52. Name and Title of Attending Physician if other than Certifier (Type or Print)		53. Title of Certifier ARNP		54. License Number AP30007011	
55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
57. Registrar Signature <i>[Signature]</i>		58. Date Received (MM/DD/YYYY) MAR 06 2009			
59. Amendments					

Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.
STATE OFFICE USE ONLY

State of Washington

Use the section below for requesting any changes on the record

Record Type Birth

Death

Marriage

Dissolution

1 Name on record

4 Father's Full Name

6

8

10

12

14 I represent I am acting as:

Self

Parent

Guardian

Informant

Other (Specify):

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

15 Signature

All changes must be established by documents, records, or other reliable evidence.

All changes must be established by documents, records, or other reliable evidence.
Examples of acceptable evidence:

Birth Certificates

1. Original birth certificate
2. Birth record
3. Hospital birth record
4. Baptismal record
5. Census record
6. This affidavit cannot be used to establish a change of name unless the affidavit is signed by the person whose name is being changed.

Death Certificates

1. Original death certificate
2. Death record
3. Burial record

Marriage Certificates

1. Original marriage certificate
2. Marriage record

Dissolution Certificates



RR00631666