

**Return Address:**

Beverly F. Bowen  
2206 37<sup>th</sup> Court  
Anacortes, WA 98221



201802150062

Skagit County Auditor

\$81.00

2/15/2018 Page

1 of

8 1:05PM

ORDER # 8934129n

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)

1. LACK OF PROBATE  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**Reference Number(s) of Documents assigned or released:**

Additional reference #'s on page \_\_\_\_\_ of document

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

1. BEVERLY F. BOWEN  
2. \_\_\_\_\_

Additional names on page 2 of document.

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

1. PUBLIC  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Additional names on page 2 of document.

**Legal description** (abbreviated: i.e. lot, block, plat or section, township, range)

LOTS 8, 9 AND 10, BLOCK 10, BEALE'S MAPLE GROVE ADDITION TO ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 19, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Additional legal is on page \_\_\_\_\_ of document.

**Assessor's Property Tax Parcel/Account Number** **P56632**  
assigned

☐ Assessor Tax # not yet

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.

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2018 588  
FEB 15 2018

Amount Paid \$0  
By Skagit Co. Treasurer  
WON Deputy  
File No: 8934129n (SSC)

AFFIDAVIT  
LACK OF PROBATE

Date: December 28, 2017

STATE OF Washington )  
COUNTY OF SKAGIT )-ss.  
B

BEVERLY F. BOWEN  
being first duly sworn, deposes and says:

1. That the undersigned Affiant is the wife (relationship to decedent)

of Terry L. Bowen (decedent name),

who died on March 7, 2009 (date of death), at 7206 37th Court (City),

State of WA, then being a legal resident of 2206 37th Court, Everett, WA (City),

Skagit (County), WA (State).

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

- [ ] Decedent and surviving spouse executed a Community Property Agreement dated \_\_\_\_\_, a copy of which is attached hereto; or
- [ ☒ ] Decedent left no last Will; or
- [ ] Decedent left a last Will which has not been probated nor revoked; a copy of which is attached hereto; or
- [ ] Decedent left a last Will which was probated in \_\_\_\_\_ County, State of \_\_\_\_\_, A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. Please read and initial the following:

The undersigned acknowledges that without a full probate of the Decedent's estate, there may be additional excise tax requirements as per WAC 458-61A-202. (6)(h)

4. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows:

## HEIRS AT LAW

(full name)	(age)	(relationship)	(residence)
BEVERLY F. BOWEN <sup>RE</sup>		SPOUSE <sup>RE</sup>	2006 37th Court, Anacortes, WA
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)

5. All the debts of the decedent's and/or the marital community, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:
6. The decedent [ ] had [X] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
7. As of the date of death, the value of all community property of decedent was approximately \$ 600,000. The value of all separate property of decedent was approximately \$ \_\_\_\_\_.
8. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

This affidavit is made to induce First American Title Company, (The Company) to issue its policy or policies of Title Insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant agrees to indemnify and hold The Company harmless from loss or damage which it may suffer as a result of said reliance.

File No.: 8834129n (SSC)

Affidavit Lack of Probate - continued

Date: 12/28/2017

Beverly F. Bowen  
BEVERLY F. BOWEN<sup>16</sup>

# ALL-PURPOSE ACKNOWLEDGEMENT

State of Washington

County of Skagit

SS.

On 28 December 2017

before me, Scott S Burnett

Notary Public, personally appeared

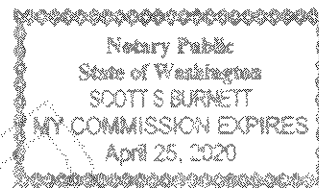
Beverly F. Bowser

who proved to me on the basis of satisfactory evidence to be the person~~s~~ whose name~~s~~ is~~s~~ are subscribed to the within instrument and acknowledged to me that he~~she~~ they executed the same in his~~her~~ their authorized capacity~~s~~, and that by his~~her~~ their signature~~s~~ on the instrument the person~~s~~, or entity upon behalf of which the person~~s~~ acted, executed the instrument.

I certify under Penalty of Perjury under the Laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

[Signature]  
Notary's Signature



## OPTIONAL INFORMATION

### CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual(s)
- ☐ Corporate Officer
- ☐ Partner(s)
- ☐ Attorney-in-Fact
- ☐ Trustee(s)
- ☐ Other

(Title)

### DESCRIPTION OF THE ATTACHED

Affidavit Lack of Probate

Title of Document

5

Number of Pages

28 December 2017

Document Date

Other Information

**EXHIBIT 'A'**

File No.: 8934129n (SSC)  
Property: 817 34TH STREET, ANACORTES, WA 98221

**LOTS 8, 9 AND 10, BLOCK 10, BEALE'S MAPLE GROVE ADDITION TO ANACORTES,  
ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 19,  
RECORDS OF SKAGIT COUNTY, WASHINGTON.**

**A.P.N. P56632**

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **262-09**

## Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Terrill Lynn BOWEN</b>		2. Death Date <b>Mar 7, 2009</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>55</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. Birth Date <b>[REDACTED]</b>		8. Birthplace (City, Town, or County) <b>Idaho Falls</b>	
9. Decedent's Education <b>Some College, No Degree</b>		10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. <b>No</b>	
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 5th St.) (Include Apt. No.) <b>2206 - 37th Court</b>		13b. City or Town <b>Anacortes</b>	
13c. Residence, County <b>Skagit</b>		13d. Zip Code + 4 <b>98221</b>	
14. Estimated length of time at residence <b>8 years</b>		15. Marital Status at Time of Death <b>Married</b>	
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Beverly Faye Bierlink</b>		17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE)) <b>Lead Training Coordinator</b>	
18. Kind of Business/Industry (Do not use Company Name) <b>County EMS</b>		19. Father's Name (First, Middle, Last, Suffix) <b>Gerald William Bowen</b>	
20. Mother's Name Before First Marriage (First, Middle, Last) <b>Norma LaRue [REDACTED]</b>		21. Informant's Name <b>Beverly Bowen</b>	
22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or R.F.D. No. City or Town State Zip <b>2206 - 37th Court Anacortes WA 98221</b>	
24. Place of Death, if Death Occurred in a Hospital <b>Decedent's Residence</b>			
25. Facility Name (if not a facility, give number & street or location) <b>2206 - 37th Court</b>		26a. City, Town, or Location of Death <b>Anacortes</b>	
26b. State <b>WA</b>		27. Zip Code <b>98221</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Northwest Crematory</b>	
30. Name and Complete Address of Funeral Facility <b>Evans Funeral Chapel &amp; Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-</b>		31. Date of Disposition <b>March 12, 2009</b>	
32. Funeral Director Signature X <i>Kenneth Thellman</i>			
33. 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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Blast Crisis, Chronic Myelogenous Leukemia</b> Interval between Onset & Death: <b>4 Months</b> Due to (or as a consequence of): 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. Interval between Onset & Death: Due to (or as a consequence of): c. Interval between Onset & Death: Due to (or as a consequence of): d. Interval between Onset & Death:			
34. Other significant conditions contributing to death but not resulting in the underlying cause given above			
35. 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		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		38. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		40. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
41. Date of Injury (mm/dd/yyyy) <b>X</b>		42. Hour of Injury (24hrs) <b>X</b>	
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>X</b>		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street <b>X</b>		46. Describe how injury occurred <b>X</b>	
47. City or Town <b>X</b>		48. State <b>X</b>	
49. Zip Code + 4 <b>X</b>		50. Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
51. Certifying Physician: To the best of my knowledge, health, and good faith, I certify that the above information is true and correct, and I am a duly qualified and licensed physician. <b>X</b>		52. Medical Examiner/Coroner: I am a duly qualified and licensed medical examiner or coroner, and I am satisfied that the above information is true and correct, and I am a duly qualified and licensed medical examiner or coroner. <b>X</b>	
53. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Mehrdad Jafari, M.D. PO Box 1376, Mount Vernon, WA 98273</b>		54. Hour of Death (24hrs) <b>15:12 PM</b>	
55. Name and Title of Attending Physician if other than Certifier (Type or Print) <b>[REDACTED]</b>		56. Date Signed (mm/dd/yyyy) <b>March 10, 2009</b>	
57. Title of Certifier <b>MD</b>		58. License Number <b>MD08648907</b>	
59. ME/Coroner File Number <b>NJA # 119</b>		60. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
61. Registrar Signature <i>Connie Anderson, Deputy</i>		62. Date Received (mm/dd/yyyy) <b>MAR 12 2009</b>	
63. Amendments			

DOH/CHS 003 Rev 07/2007

DOH 01-003 (5/99)

# Affidavit for Correction

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

Use the section below for requesting any changes on the record.

Birth Death Marriage Dissolution  
3. Partial Event (any other)

1. I am requesting a change to the record of the following person:  
Name: [Name] Date of Birth: [Date]  
I am requesting a change to the record of the following person:  
Name: [Name] Date of Birth: [Date]  
I am requesting a change to the record of the following person:  
Name: [Name] Date of Birth: [Date]

Self-Deception Guardian Informant  
Parental Order Other (Specify)  
I am requesting a change to the record of the following person:  
Name: [Name] Date of Birth: [Date]  
I am requesting a change to the record of the following person:  
Name: [Name] Date of Birth: [Date]  
I am requesting a change to the record of the following person:  
Name: [Name] Date of Birth: [Date]

All changes must be established by the person making the change or by a court order.

I am requesting a change to the record of the following person:  
Name: [Name] Date of Birth: [Date]  
I am requesting a change to the record of the following person:  
Name: [Name] Date of Birth: [Date]  
I am requesting a change to the record of the following person:  
Name: [Name] Date of Birth: [Date]

I am requesting a change to the record of the following person:  
Name: [Name] Date of Birth: [Date]  
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Name: [Name] Date of Birth: [Date]  
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Name: [Name] Date of Birth: [Date]

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Name: [Name] Date of Birth: [Date]  
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Name: [Name] Date of Birth: [Date]  
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Name: [Name] Date of Birth: [Date]  
I am requesting a change to the record of the following person:  
Name: [Name] Date of Birth: [Date]

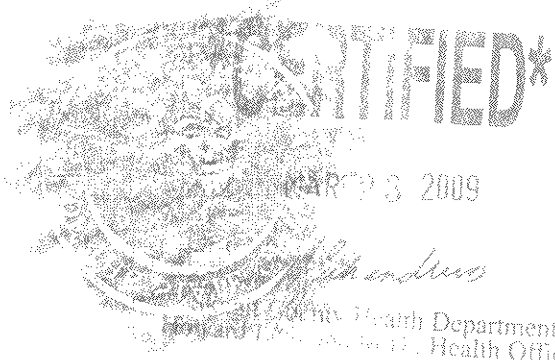
I am requesting a change to the record of the following person:  
Name: [Name] Date of Birth: [Date]  
I am requesting a change to the record of the following person:  
Name: [Name] Date of Birth: [Date]  
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Name: [Name] Date of Birth: [Date]



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