



201803160177

Skagit County Auditor

\$77.00

3/16/2018 Page

1 of

4 4:00PM

WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF BARRY M. MEYERS, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

LACK OF PROBATE AFFIDAVIT

GRANTOR(S): ERNIE W. OLSON
GRANTEE: KATHRINE M. OLSON
ABBREVIATED LEGAL: FIRWEST ESTATES LT 20
(Full Legal can be found on Page 2)
PARCEL NUMBER: P81574
REFERENCE NUMBER OF RELATED DOCUMENTS: N/A

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20181061

MAR 16 2018

Amount Paid \$
Skagit Co. Treasurer
By *BT* Deputy

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I, KATHRINE M. OLSON, being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of ERNIE W. OLSON, who died testate on the 4th day of January, 2018, in Roatan, Islas De La Bahia, Honduras, and who at the time of his death was a resident of Mount Vernon, Skagit County, Washington State. A certified copy of the Report of Death of a U.S. Citizen Abroad is attached hereto as Exhibit A;

THAT ERNIE W. OLSON and I were married on the 26th day of March, 1960 and that there were two children born of this marriage, namely, LIBBY M. OLSON and THOMAS W. OLSON, both of whom are adults; that there were no other children born of ERNIE W. OLSON who are now deceased leaving issue surviving, nor had he ever adopted any children;

THAT ERNIE W. OLSON executed his Last Will and Testament on the 7th day of September, 2011, which Will has been filed with the Skagit County Clerk, under Skagit County Superior Court Cause No. 18-4-00110-24. Since title to the subject

community property herein passed to the Affiant, surviving spouse, via operation of law, it is Affiant's intent not to probate said Will (as it is not required);

THAT pursuant to the above referenced documentation and pursuant to the operation of law, I am the sole and rightful heir to the real property described herein below. My name, age, relationship and address is as follows:

KATHRINE M. OLSON, age 79, Surviving Spouse
2636 N. 27th St.
Mount Vernon, WA 98273

THAT the expenses of the last illness and funeral and burial of the decedent have been paid, as evidenced by receipts in my possession, or provisions have been made for full payment of any and all future and currently unknown expenses connected therewith;

THAT the decedent had never received from the State of Washington assistance consisting or nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance;

THAT there is no State of Washington Inheritance Tax due as a result of the decedent's death;

THAT there is no Federal Estate Tax due as a result of the decedent's death;

THAT no probate of the Estate of ERNIE W. OLSON has been instituted, nor is such probate contemplated;

THAT all of the real property owned by the decedent situated in Skagit County, Washington State at the time of his death, or in which he had an interest, was community property, and is more particularly described as follows:

LOT 20, "REVISION TO PLAT OF FIRWEST ESTATES, DIVISION NO. 1", AS PER PLAT RECORDED IN VOLUME 12 OF PLATS, PAGES 89 AND 90, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT, STATE OF WASHINGTON.

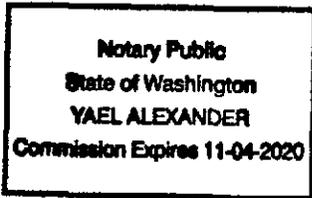
THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant(s) agree(s) to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance.

Dated this 13 day of March, 2018.

Kathrine M. Olson
KATHRINE M. OLSON

I certify that I know or have satisfactory evidence that KATHRINE M. OLSON signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 13th day of March, 2018.



Yael Alexander
Yael Alexander
[printed name]

Notary Public in and for the
State of Washington
Residing in Mount Vernon.
My commission expires: 11-04-2020.



U.S. Department of State
REPORT OF DEATH OF A U.S. CITIZEN OR U.S. NON-CITIZEN NATIONAL ABROAD

TGG 01-22-2018
 Post Date of Issue (mm-dd-yyyy)

SSA No. _____

Name in full Ernie William Olson Age 81

Date (mm-dd-yyyy) and Place of Birth [REDACTED] Mount Vernon, Washington United States Of America

Evidence of U.S. Citizenship Regular Passport #482403068 Issued On May 27, 2011

Address in U.S.A. 2636 N 27th Mount Vernon, Washington United States Of America

Permanent or Temporary Address Abroad _____

Date of death Jan 4 10 30 2018
 Month Day Hour Minute Year

Place of death Roatan, Islas De La Bahia Honduras
 Number and street or Hospital/hotel City Country

Cause of death Per autopsy report; MANNER: Accidental.
 Including authority for statement - if physician, include full name and official title, if any.

CAUSE: Asphyxia By Drowning

Disposition of the remains Cremated and repatriated.

Local law governing disinterment of remains provides that N/A

Disposition of the effects In Possession Of Next Of Kin.

Person or official responsible for custody of effects and accounting therefore
Kathrine Olsen

Traveling/residing abroad with relatives or friends as follows:

NAME	ADDRESS

Informed by telegram or telephone	DATE (mm-dd-yyyy)
NAME ADDRESS	NOTIFIED
Kathrine Olson 2636 N 27th St. Mount Vernon, WA USA 98275	1/4/2018

Copy of this report sent to:	DATE (mm-dd-yyyy)
NAME ADDRESS	SENT
Kathrine Olson 2636 N 27th St. Mount Vernon, WA USA 98275	1/24/2018

Notification or copy sent to Federal Agencies: SSA VA CSC Other Department of State
 State Agency

The original copy of this document and information concerning the effects are being placed in the permanent files of the U.S. Department of State, Washington, DC 20520.

Remarks:
Passport recovered and cancelled.

(Continue on reverse if necessary.)

Signature on all copies.
 of the United States of America.

Alex Jones
 Consul

(Last name) Olson
 (First name) Ernie
 (Middle name) William
 (Date (mm-dd-yyyy) of death) 01-04-2018

[SEAL]

EXHIBIT A