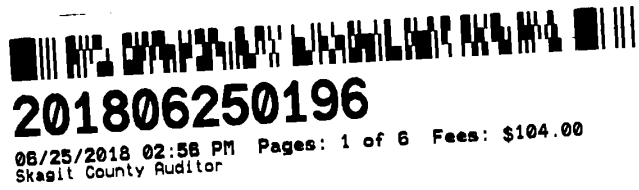


JONES BUTLER DOLAN, PS
P.O. Box 2784
Mount Vernon, WA 98273
360-336-2939



**LACK OF PROBATE AFFIDAVIT
COMMUNITY PROPERTY**

Document Title: Lack of Probate Affidavit – Community Property
Grantor: Kaye M. Taylor, deceased
Grantee: Robin L. Taylor, a single man
Assessor Parcel No: P81392, 4397-000-015-0006
Abbreviated Legal: LOGAN CREEK P.U.D. LT 15
Reference No: 8711160066

STATE OF WASHINGTON)
) ss:
COUNTY OF SKAGIT)

Robin L. Taylor, being first duly sworn, declares as follows:

1. Status. I am the surviving spouse of Kaye M. Taylor, who died on November 1, 2017, in Skagit County, Washington, then being a resident of Skagit County, State of Washington. A certified copy of her Death Certificate is attached to this Affidavit.

2. Real Property. Decedent left a community interest in the real property fully described in Exhibit "A" attached to this Affidavit. Decedent and I acquired the real property as community property by a Deed of Trust dated November 13, 1987, and recorded under Skagit County Recording No. 8711160066.

3. Decedent's Will & Probate. Decedent left a Last Will and Testament which has not been Probated or Revoked. Decedent left her entire estate to me as her surviving spouse.

4. Character and Value of Decedent's Estate. The estimated value of Decedent's share of this property at death was eighty-one thousand, six hundred fifty dollars (\$81,650), consisting of her share of community property interest in real property.

5. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full.

6. Federal Estate Tax. Decedent's estate was not liable for federal estate tax.

7. Washington Estate Tax. Decedent's estate was not liable for Washington estate tax.

8. Washington Assistance. Decedent was not liable for repayment for subsistence or medical care to the state of Washington

9. Purpose of Affidavit. I am making this Affidavit to induce any title insurance company in reliance on the representations made in this Affidavit, to issue one or more policies of title insurance on the real property passing to me, as Decedent's surviving spouse, because the real property was Decedent's and my community property.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2018 2753
JUN 25 2018

Amount Paid \$ 0
Skagit Co. Treasurer
By HB Deputy
Back of Probate Affidavit - Community Property - 2 of 4

Exhibit A

Legal Description

Lot 15, "LOGAN CREEK P.U.D.", as per plat recorded in Volume 12 of Plats, pages 56 and 57, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

SUBJECT to Right of the public to make necessary slopes for cuts or fills; Easement Provisions delineated on the face of Plat for all public and private utilities; General Easement delineated on the face of Plat affecting the North 5 feet; Easement for access and drainage affecting the East 35 feet of the West 50 feet; Covenants, Conditions, Restrictions and Easement contained in Declaration of protective Restrictions and Easement recorded October 24, 1980, under Auditor's No. 8010240039 and Amendments recorded under Auditor's File Nos. 8405170054 and 8603110028; Easement for ingress, egress, drainage and utilities in favor of Lots 13, 14 & 15 recorded October 24, 1980, under Auditor's File No. 8010240040 affecting the West 50 feet; and Covenant to bear equal share of the cost of maintenance of that certain Easement granted under Auditor's File No. 8010240040 by the present and future owners of Lots 13, 14 & 15.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

201 56 3 of 6

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-047147

DATE ISSUED: 11/03/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): KAYE MARIE
LAST NAME(S): TAYLOR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 01, 2017
HOUR OF DEATH: 06:30 AM
SEX: FEMALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 535 N WAUGH ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 535 N WAUGH ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BELOIT, WI

FATHER/PARENT: LESTER BUCKWALTER
MOTHER/PARENT: DARLENE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: ROBIN L TAYLOR

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: SECRETARY
INDUSTRY: LEGAL
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 03, 2017

INFORMANT: ROBIN L TAYLOR
RELATIONSHIP: HUSBAND
ADDRESS: 535 N WAUGH ROAD MOUNT VERNON, WA 98273

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 96264
FUNERAL DIRECTOR: RICK B. LEMLEY

CAUSE OF DEATH:
A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: NOVEMBER 01, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: NOVEMBER 03, 2017

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction 201806250196

Center for Health Statistics
P.O. Box 47814
King, WA 98146-47814
360-236-4300

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

06/25/2018 02:56 PM Page 6 of 6

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Required	Required information must match current information on record			
	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:

8. The record now shows:	9. The true fact is:
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:	Printed name:
Date:	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



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED

NOV 03 2017

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



0 1 5 1 9 2 4 9