



**201808200033**

08/20/2018 08:49 AM Pages: 1 of 12 Fees: \$110.00  
Skagit County Auditor

Filed at the request of:  
ADAMS LAW GROUP, P.S.  
7127 – 196<sup>th</sup> Street SW, Ste. 201  
Lynnwood, WA 98036  
ATTN: Kokie Adams

**LACK OF PROBATE AFFIDAVIT**

Grantor	SHIRLEY MARGARET ZACHRY (deceased)
Grantee	JAMES L. ZACHRY, a single person
Legal Description	Lot 25, Plat of Hillcrest Landing as recorded on April 15, 2013, under Auditor's File No. 201304150001, Records of Skagit County, Washington.
Tax Parcel ID#	6012-000-000-025 P131463
Ref Nos of Documents Released or Assigned	N/A

STATE OF WASHINGTON )  
 ) SS:  
COUNTY OF SNOHOMISH)

JAMES L. ZACHRY (herein, "Affiant"), being first duly sworn, on oath deposes and says:

THAT I am the surviving spouse of SHIRLEY MARGARET ZACHRY ("Decedent") who died testate on March 20, 2018, in the County of King, 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.**

ORIGINAL

UNO  
THAT SHIRLEY MARGARET ZACHRY and I were married and there were two children born of this marriage, namely, Leanne S. Volz and Scott A. Zachry all of whom are adults; that there were no other children born to SHIRLEY MARGARET ZACHRY who are not deceased leaving issue surviving, nor had she ever adopted any children;

I hereby identify all heirs at law of decedent:

Name & relationship: James L. Zachry, husband

Address: 1758 Hillcrest Loop, Mount Vernon, WA 98274

Name & relationship: Leanne S. Volz, daughter

Address: 27015 NE Dorothy Street, Duvall, WA 98019

Name & relationship: Scott A. Zachry, son

Address: 9625 146<sup>th</sup> Place SE, Snohomish, WA 98296

THAT SHIRLEY MARGARET ZACHRY executed her Last Will and Testament on March 3<sup>rd</sup> 1994, which Will has not been probated, but a copy of which is attached hereto as Exhibit A. 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 documentation and pursuant to the operation of law, I am the sole and rightful heir to the real property commonly known as 1758 Hillcrest Loop, Mount Vernon, Washington 98274 and legally described as Lot 25, Plat of Hillcrest Landing, as recorded on April 15, 2013, under Auditor's File No. 201304150001, Records of Skagit County, Washington.

THAT the expenses of last illness and funeral and burial of the Decedent have been paid, as evidenced by receipts in my possession.

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

THAT there is no State of Washington Estate Tax or Federal Estate tax due as a result of Decedent's death

THAT no probate of the Estate of SHIRLEY MARGARET ZACHRY has been instituted, nor is such probate contemplated;

THAT all real property owned by the Decedent at the time of her death, or in which she had an interest was community property, was situated in Skagit County, Washington and is legally described as follows:

Lot 25, Plat of Hillcrest Landing, as recorded on April 15, 2013, under Auditor's File No. 201304150001, Records of Skagit County, Washington.

DATED: August 10, 2018

James L. Zachry  
(Signature)

James L. Zachry

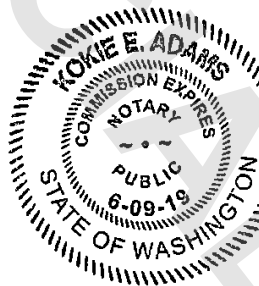
1758 Hillcrest Loop, Mount Vernon, WA 98274

STATE OF WASHINGTON )

) ss.

COUNTY OF SNOHOMISH)

On this 16<sup>th</sup> day of August, 2018, I certify that I know or have satisfactory evidence that JAMES L. ZACHRY is the person who appeared before me, and said person acknowledged that he signed this record and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the record.



Kokie E. Adams  
Printed Name: Kokie E. Adams

NOTARY PUBLIC in and for the State of  
Washington, residing at Seattle  
My appointment expires: 06/09/2019

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Page 4 of 12

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-013953

DATE ISSUED: 03/28/2018  
FEE NUMBER: 2711

FIRST AND MIDDLE NAME(S): SHIRLEY MARGARET  
LAST NAME(S): ZACHRY

COUNTY OF DEATH: KING  
DATE OF DEATH: MARCH 20, 2018  
HOUR OF DEATH: 04:52 PM  
SEX: FEMALE AGE: 81 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: VANCOUVER, BC CANADA

MARITAL STATUS: MARRIED  
SPOUSE: JAMES LEE ZACHRY

OCCUPATION: ADMINISTRATIVE ASSISTANT  
INDUSTRY: GENERAL BUSINESS  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: LEANNE S VOLZ  
RELATIONSHIP: DAUGHTER  
ADDRESS: 27015 NE DOROTHY ST, DUVALL, WA 98019

CAUSE OF DEATH:  
A: HEMORRHAGIC SHOCK  
INTERVAL: HOURS  
B: SUBDURAL AND SUBARACHNOID HEMORRHAGE, PELVIC FRACTURE, RIGHT HUMERUS FRACTURE  
INTERVAL: HOURS  
C: BLUNT FORCE INJURY OF HEAD, TORSO, AND EXTREMITY  
INTERVAL: HOURS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HEPATIC CIRRHOSIS LIKELY  
SECONDARY TO NON-ALCOHOLIC HEPATIC STEATOSIS; HYPERTENSION; MILD  
DEMENTIA (NOS); OSTEOPOROSIS

DATE OF INJURY: MARCH 20, 2017  
HOUR OF INJURY: 02:00 AM  
INJURY AT WORK: NO  
PLACE OF INJURY: DECEDENTS HOME

LOCATION OF INJURY: 1758 HILLCREST LOOP

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
COUNTY: SKAGIT  
DESCRIBE HOW INJURY OCCURRED: DECEDENT SLIPPED AND STRUCK  
HEAD ON BATHROOM COUNTER

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: EMERGENCY ROOM  
FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

RESIDENCE STREET: 1758 HILLCREST LOOP  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER/PARENT: CHARLES L EASTON  
MOTHER/PARENT: KATHERINE MARGARET [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: PUGET SOUND CREMATORY

CITY, STATE: PUYALLUP, WASHINGTON  
DISPOSITION DATE: MARCH 28, 2018

FUNERAL FACILITY: CREMATION SOCIETY OF WASHINGTON

ADDRESS: PO BOX 7506  
CITY, STATE, ZIP: TACOMA, WASHINGTON 98417  
FUNERAL DIRECTOR: TIMOTHY GRANT

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

CERTIFIER NAME: TIMOTHY L. WILLIAMS, MD  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER  
CITY, STATE, ZIP: SEATTLE, WA 98104  
DATE SIGNED: MARCH 21, 2018

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 18-0611  
ATTENDING PHYSICIAN: BRYCE ROBINSON, MD

LOCAL DEPUTY REGISTRAR: RUTH ROBERSON  
DATE RECEIVED: MARCH 28, 2018



# Affidavit for Correction

201808200033

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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

## 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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last Maiden	
	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: P.O. Box or Street Address City State Zip				
Telephone Number:		Email Address:		

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

### INSTRUCTIONS - go to [www.doh.wa.gov](http://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

- 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.
- 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.
- 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)

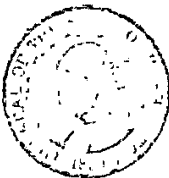
#### Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of chapter 70.58 RCW

### CERTIFIED



Anthony L-Chen, MD, MPH  
DIRECTOR

DO NOT DESTROY

2709535



0 1 5 6 0 2 3 5

**LAST WILL AND TESTAMENT**

**OF**

**SHIRLEY M. ZACHRY**

Prepared by:

Gregg G. Heckley, Esquire  
Crown Building, Suite 200  
3825 Henderson Blvd  
Tampa, Florida 33629  
(813) 282-3102

**LAST WILL AND TESTAMENT****OF****SHIRLEY M. ZACHRY**

I, SHIRLEY L. ZACHRY, domiciled in Hillsborough County, Florida, being of sound and disposing mind and memory, do hereby make, publish and declare this to be my Last Will and Testament, that is to say:

**ARTICLE I**

I revoke, cancel and annul any and all previously executed Wills and Codicils by me heretofore made.

**ARTICLE II**

I direct that all of my just debts and funeral expenses be paid as soon after my death as may be done in the exercise of sound business judgment. This direction is not obligatory upon my Personal Representative and said Personal Representative is specifically given the right to renew and extend, in any form that it deems best, any debt or charge existing at the time of my death.

**ARTICLE III**

I direct that my Personal Representative may in its discretion, pay out of that portion of my residuary estate which is not included in the share qualifying for the marital deduction, without apportionment, all estate, inheritance, succession and other taxes, excluding any generation skipping tax imposed on any property of which I am considered to be a deemed transferor (together with any penalty thereon), assessed by reason of my death imposed by the government of the United States, or any state or territory thereof, in respect to all property required to be included in my gross estate for estate or like death tax purposes by any of such governments, including property over which I have a power of appointment, without contribution by any recipient of any property.

**ARTICLE IV**

I hereby give, devise and bequeath any property, both real and personal, which may be registered or issued in my name and that of any other person as tenants by the entirety or joint tenants with the right of survivorship, or as payable to either a co-owner or a survivor of them at the time of my death, unto the surviving joint owner, co-owner or beneficiary named in any instrument pertaining to such property. I make this provision in order to eliminate any doubt or question as to the right of any such person apparently entitled thereto to succeed to the full possession and ownership of such property upon my death, and to provide for the possible contingency of an ineffective attempt to create a joint tenancy with right of survivorship, or an estate by the entirety.

**ARTICLE V**

I may leave a separate writing identifying devises of tangible personal property pursuant to Florida Statute 732.515, which writing may be altered subsequent to its initial preparation, but will show with reasonable certainty the items devised and the devisees. I direct that this writing be admissible according to law to dispose of the tangible personal property stated therein to the respective devisees. In the event I do not leave a separate writing, the tangible personal property shall be distributed under Article VII. Tangible personal property does not include money and property used in a trade or business.

All costs of safeguarding, insuring, packing, and storing my tangible personal property prior to its distribution and of delivering such items of tangible personal property to the place of residence of the beneficiary of that item shall be deemed expenses of administration of my estate.

**ARTICLE VI**

In the event that pursuant to the terms of this Last Will and Testament, a minor is to receive property, then, the Personal Representative is hereby authorized and empowered to pay such property, in its sole and absolute discretion, either to the minor, to the natural parent of the minor, or to a guardian or trustee, and upon such delivery of said property and obtaining a receipt for such property, the Personal Representative shall be completely and fully absolved of any responsibility or liability for distribution of same.



**ARTICLE VII**

I give, devise and bequeath all of the rest, residue and remainder of the estate, whether real, personal or mixed, and wherever the same may be situate, including any interest that I might have in any estate, and including any property over which I have a power of appointment, to that certain Trust known as the SHIRLEY M. ZACHRY REVOCABLE TRUST AGREEMENT which is described in Article VIII of this Last Will and Testament. The principal of this Trust and the devise and bequest made in this paragraph shall be administered as a single Trust. Upon transmission by my Personal Representative of the assets given under paragraph to the said Trustee and upon receipt by said Trustee from said Personal Representative, the said Personal Representative shall be free of all responsibility in connection with said assets and the Trustee shall then be responsible for faithfully carrying out the terms of said Trust as applied to the assets given to it thereunder.

If for any reason the Trust referred to in the immediate preceding paragraph of this Article shall not be in existence at the time of my death, or if for any reason a court of competent jurisdiction shall declare said transfer to said Trust to be invalid, then I declare that the property disposed of under this Article of my Last Will and Testament shall be held, managed, invested and reinvested by the Trustee named therein in exactly the same manner as described in the Trust referred to in the immediate preceding paragraph of this Article of my Last Will and Testament, and for that purpose I do hereby incorporate said Trust by reference into this my Last Will and Testament.

**ARTICLE VIII**

The SHIRLEY M. ZACHRY REVOCABLE TRUST AGREEMENT referred to in this Last Will and Testament is the SHIRLEY M. ZACHRY REVOCABLE TRUST AGREEMENT wherein SHIRLEY M. ZACHRY was the Grantor and SHIRLEY M. ZACHRY was the Trustee, and which said Trust Agreement was executed on the 3rd day of March, 1994, prior to the execution of this Last Will and Testament to such Trustee shall be held by said Trustee under the same conditions and for the same purposes stated therein, it being my specific intention and direction to incorporate by reference the terms of said Trust in this Last Will and Testament as a prior existing instrument.

**ARTICLE IX**

I authorize my Personal Representative to request such amounts from the Trust executed on March 3, 1994, by myself as Grantor and myself as Trustee, as said Personal Representative deems advisable for the payment in whole or in part of my debts, administration and funeral expenses, and the estate and inheritance taxes due by reason of my death (whether due with respect to the Trust Property or otherwise, but excluding the federal generation skipping tax). I further direct that the remainder of my said debts, expenses and taxes, if any, shall be paid out of my estate as an expense of administration.

**ARTICLE X**

I hereby nominate, constitute and appoint my spouse, James L. Zachry of Valrico, Florida, to be my Personal Representative of this my Last Will and Testament. I give and grant unto my said Personal Representative full power to serve without giving bond for the faithful performance of his or her duties, with full power in said Personal Representative's sole discretion to do any and all things permitted by Chapter 733 of the Florida Statutes, and further give and grant unto my said Personal Representative full power and authority to sell any asset of my estate, upon such terms and conditions as he or she may deem for the best interest of my estate, and to make, execute, and deliver good and sufficient deed of conveyance thereto.

In the event my said Personal Representative should predecease me or for any reason fail to qualify as Personal Representative, or having qualified resign or be otherwise discharged as Personal Representative, or fail to serve for any reason, then, in that event, I nominate, constitute and appoint to serve as Personal Representative the first in the order named who is able and willing to serve of the following: first, my son, Scott Alan Zachry of Monroe, Washington; and second my daughter, Leanne Susan Volz of Duval, Washington; said alternate Personal Representative to succeed to and have all the rights, powers, duties, privileges and discretions herein vested in my Personal Representative first named, requesting that said Personal Representative be permitted to serve with bond.

IN WITNESS WHEREOF, I have hereunto set my hand and seal  
in the City of \_\_\_\_\_, State of Florida, this  
\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Shirley M. Zachry  
SHIRLEY M. ZACHRY

On the date last above written, we saw Shirley M. Zachry,  
in our presence sign the foregoing instrument at its end. She  
then declared it to be her Last Will and Testament, and requested  
us to act as witnesses to it. We then, in her presence and  
in the presence of each other, signed our names as attesting  
witnesses, believing her at all times mentioned to be of sound  
mind and memory and not acting under constraint of any kind.

[Signature]  
(WITNESS)

Jacksonville, FL.  
(CITY, STATE)

[Signature]  
(WITNESS)

[Signature]  
(CITY, STATE)

6