



201811150087

11/15/2018 03:55 PM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

AFTER RECORDING RETURN TO:
Jayne Marsh Gilbert
314 Pine St., Suite 211
Mount Vernon, WA 98273

AFFIDAVIT: LACK OF PROBATE
(With Death Certificate)

GRANTOR: LINDA LEESER (a/k/a Linda C. Leaser), now deceased, and EARL
TERRY LEESER (a/k/a Terry Leaser and E. Terry Leaser, Surviving
Spouse

GRANTEE: EARL TERRY LEESER

ASSESSOR'S PROPERTY TAX
PARCEL OR ACCOUNT NOS. P116440 / 330421-2-034-0300

ABBREV LEGAL: PTN NW ¼, 21-33-4 E, WM
FULL LEGAL ON PAGE: 3

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20185041
NOV 15 2018

Amount Paid \$ 0
Skagit Co. Treasurer
By *man* Deputy

EARL TERRY LEESER, being first duly sworn upon oath, deposes and says:

The undersigned Affiant is the rightful heir, as listed on the Heirs at Law, to the real property described below, and is the surviving spouse of the Decedent, Linda C. Leaser, who died on September 21, 2000, at Mount Vernon, Skagit County, Washington. A certified copy of the Death Certificate is attached hereto.

Status of Will

No Will has been located for the decedent and the Affiant believes no Will existed at the time of decedent's death.

Heirs At Law:

Affiant hereby identifies all heirs at law of the Decedent:

<u>Name and Address</u>	<u>Age</u>	<u>Relationship</u>
Earl Terry Leeser 21047 Bulson Rd. Mount Vernon, WA 98273	Legal	Surviving Spouse
Mogan Dale Barger (Mogan Survived Decedent but passed away on April 18, 2013 unmarried and with no children)	Legal	Son

The Affiant states of his own knowledge that each of the obligations of the Estate of Linda C. Leeser, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, and state and federal succession taxes, if any, have been paid in full or provided for by the Decedent's surviving spouse.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of said Decedent, her heirs, creditors, and the taxing authorities.

DATED this 30 day of October 2018.

Earl Terry Leeser
EARL TERRY LEESER,
Surviving Spouse

STATE OF WASHINGTON)
COUNTY OF SKAGIT)

On this day personally appeared before me EARL TERRY LEESER, to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal this 30th day of October 2018.



Jayne Marsh Gilbert
NOTARY PUBLIC in and for the state of Washington
Residing at: Burlington, WA
My commission expires: 1-29-21

EXHIBIT "A" – LEGAL DESCRIPTION**Parcel No. P116440 (commonly known as 21047 Bulson Road, Mount Vernon, WA 98273):**

PARCEL A: Lot 1, Short Plat No 99-009 as recorded February 14, 2000, under Auditor's File No. 200002140159 and being a portion of the Northwest $\frac{1}{4}$ of the Northwest $\frac{1}{4}$, Section 21, Township 33 North, Range 4 East, W.M.

PARCEL B: That portion of Tract "B", Revised Short Plat No. 55-75, approved July 30, 1979, recorded July 31, 1979 in Volume 3 of Short Plats, page 153, under Auditor's File No. 7907310042, and being a portion of the North $\frac{1}{2}$ of the Northwest $\frac{1}{4}$ of Section 21, Township 33 North, Range 4 East, W.M., described as follows:

Beginning at the Northeast corner of Tract "C" of said revised Short Plat No. 55-75; Thence South $1^{\circ}36'00''$ East along the East line of said Tract "C", 116.68 feet to the Southeast corner of said Tract "C"; Thence South $69^{\circ}35'09''$ East 149.88 feet; Thence East 250 feet, more or less, to the centerline of an unnamed creek; Thence Northerly along said centerline to the South line of Lot 2, Short Plat No. 99-009, as recorded February 14, 2000, under Auditor's File No. 200002140159 and being a portion of the Northwest $\frac{1}{4}$ of the Northwest $\frac{1}{4}$, Section 21, Township 33 North, Range 4 East, W.M.; Thence along the South line of said Lot 2 and the South line of Lot 1 of said Short Plat No. 99-009 to the point of beginning.

All situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

146

STATE FILE NUMBER

1 NAME First Middle Last Linda C. Leeser				2 SEX (M / F) Female		3 DEATH DATE (Mo. Day, Yr) Sept. 21, 2000		
4 AGE LAST BIRTHDAY (Yrs) 50		5 UNDER 1 YEAR MOS DAYS HOURS MINS		7 BIRTHDATE (Mo Day Yr) [REDACTED]		8 BIRTHPLACE (City, State or Foreign Country) Mount Vernon, Wash.		
11 CITY/TOWN OR LOCATION OF DEATH Mount Vernon				12 PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 2406 Moody St.			13 SMOKING IN LAST 15 YEARS? (Yes / No) No	
14 MARITAL STATUS—Married Never Married Widowed Divorced (Specify) Married				15 SURVIVING SPOUSE (If wife, give maiden name) Terry E. Leeser		16 SOCIAL SECURITY NO. [REDACTED]		
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Secretary				19 KIND OF BUSINESS OR INDUSTRY Secretarial		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-) 12 0		
22 RESIDENCE NUMBER AND STREET 2406 Moody St.				23 CITY/TOWN OR LOCATION Mount Vernon		24 INSIDE CITY LIMITS? Yes		
25A COUNTY Skagit				25B LENGTH OF RES IN CO 50yrs.		26 STATE Wash.		
27 ZIP CODE 98274								
28 FATHER'S NAME—FIRST MIDDLE LAST Bervin Passmore				29 MOTHER'S NAME—FIRST MIDDLE MAIDEN SURNAME Ellen [REDACTED]				
30 INFORMANT NAME Terry E. Leeser				31 MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP 2406 Moody St. Mount Vernon, Washington 98274				
32 BURIAL CREMATION REMOVAL OTHER (Specify) Burial				33 DATE (Mo Day Yr) Sept. 26, 2000		34 CEMETERY/CREMATORY—NAME Anderson Cemetery		
36 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>				37 NAME OF FACILITY Kern Funeral Home		35 LOCATION—CITY/TOWN, STATE Stanwood, Wash. 98292		
38 ADDRESS OF FACILITY 1122 S. 3rd Street Mount Vernon, Wa. 98273								
39 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> Paul D. Johnson MD				43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i>				
40 DATE SIGNED (Mo. Day, Yr) 9-22-00				41 HOUR OF DEATH (24 Hrs) 1530		44 DATE SIGNED (Mo. Day, Yr)		
42 NAME AND TITLE OF ATTENDING PHYSICIAN (If other than certifier (Type or Print)) Paul D. Johnson MD				45 PRONOUNCED DEAD (Mo., Day, Yr)		47 HOUR PRONOUNCED DEAD (24 Hrs)		
48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Paul D. Johnson, MD 2116 E. Section St. Mount Vernon, Wa. 98274				49 ME/CORONER FILE NUMBER NJA-182				
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:								
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A Dehydration				INTERVAL BETWEEN ONSET AND DEATH days		
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B Esophageal Carcinoma				INTERVAL BETWEEN ONSET AND DEATH 8 months		
		C				INTERVAL BETWEEN ONSET AND DEATH		
		D				INTERVAL BETWEEN ONSET AND DEATH		
51 OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE								
54 ACC SUICIDE HOM UNDET OR PENDING INVEST (Specify)				55 INJURY DATE (Mo Day Yr)		56 HOUR OF INJURY (24 Hrs)		
57 DESCRIBE HOW INJURY OCCURRED				52 AUTOPSY? (Yes / No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes		
58 INJURY AT WORK? (Yes / No)				59 PLACE OF INJURY—AT HOME FARM STREET FACTORY OFFICE BLDG ETC (Specify)		60 LOCATION—STREET OR RFD NO CITY/TOWN, STATE		
61 RECORD AMENDMENT (Registrar use only) TEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62 REGISTRAR SIGNATURE <i>[Signature]</i> Sandra Berlits, Deputy		63 DATE RECEIVED (Mo. Day, Yr) SEP 25 2000		



DOH-01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

AFFIDAVIT FOR CORRECTION 201811150087

USE BELOW FOR REQUESTING OFFICIAL CHANGES 5/2018 03:55 PM Page 5 of 5

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1 STATE FILE NUMBER	for
2. NAME			3 DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)			6 MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8	
9.			10	
11.			12	
13.			14	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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

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

Howard Leibrand

Date Issued SEP 25 2000

HH00635767