



201912090137

12/09/2019 03:00 PM Pages: 1 of 4 Fees: \$106.50
Skagit County Auditor

FILED FOR RECORD AT REQUEST OF:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

LACK OF PROBATE AFFIDAVIT

GRANTOR: BETTY JOANNE BRYANT
GRANTEE: ROBERT T. BRYANT
ABBR. LEGAL DESCRIPTION: LOTS 34 AND 35, BLOCK 2, "LAKE CAVANAUGH
SUBDIVISION DIVISION NO. 3"
(Additional legal found on page 2)
ASSESSOR'S TAX PARCEL NUMBER: P66984
REFERENCE NUMBERS: 784094
201912090137

STATE OF WYOMING)
) ss.
COUNTY OF LARAMIE)

I, ROBERT T. BRYANT, being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of BETTY JOANNE BRYANT, who died on the 12th of November, 1994, in Cheyenne, Laramie County, Wyoming State, and was a resident of Cheyenne, Laramie County, Wyoming State, with a certified copy of said death certificate attached hereto as Exhibit A;

THAT said BETTY JOANNE BRYANT and I were married on the 13th day of June, 1954, and that there were two (2) children born of this marriage, namely, LEESA JO ENGLAND ENGLAD and JULIE ANNA SWEARINGIN all of whom are adults; that there were no other children born of BETTY JOANNE BRYANT who are now deceased leaving issue surviving, nor had she ever adopted any children;

ENGLAND ENGLAD
JJA

BETTY JOANNE BRYANT never executed a Last Will and Testament; however, BETTY JOANNE BRYANT's entire estate, including real property interests (all of which were community property), passed to the surviving spouse ROBERT T. BRYANT, pursuant to intestate succession laws, RCW 11.04.015(1)(a);

THAT pursuant to the above referenced documentation and pursuant to the operation of law. My name, age, relationship and address is as follows:

ROBERT T. BRYANT, age 86, Surviving Spouse
PO Box 21834, Cheyenne, Wyoming

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 BETTY JOANNE BRYANT has been instituted, nor is such probate contemplated;

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

LOTS 34 AND 35, BLOCK 2, "LAKE CAVANAUGH
SUBDIVISION DIVISION NO. 3", ACCORDING TO THE PLAT
RECORDED IN VOLUME 6 OF PLATS, PAGES 25 TO 31,
INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Parcel No.: P66984

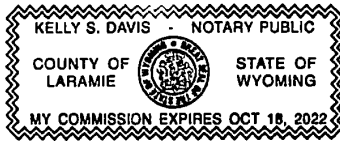
THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant(s) agree(s) to indemnify and hold the title company harmless from loss or damage which it may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

Dated this 22nd day of November, 2019.

Robert T. Bryant
ROBERT T. BRYANT

I certify that I know or have satisfactory evidence that ROBERT T. BRYANT signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 22nd day of November, 2019.



[Signature]

(Signature)

Kelly S Davis
(Printed Name)

Notary Public in and for the
State of Wyoming

Residing in Laramie County

My commission expires: 10-18-22

STATE OF WYOMING

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH

476

STATE OF WYOMING
DIVISION OF HEALTH AND MEDICAL SERVICES
CERTIFICATE OF DEATH

94-02873

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CERTIFIER

CAUSE OF DEATH

LOCAL FILE NUMBER 476		STATE OF WYOMING DIVISION OF HEALTH AND MEDICAL SERVICES CERTIFICATE OF DEATH			STATE FILE NUMBER 94-02873	
1. DECEDENT NAME FIRST MIDDLE LAST Betty JoAnne Bryant			2. SEX female		3. DATE OF DEATH (Mo., Day, Yr.) November 12, 1994	
4. AGE (Last Birthday) 59			5. UNDER 1 YEAR Months Days Hours		6. UNDER 1 DAY Minutes	
7. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Home <input checked="" type="checkbox"/> Establishment <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)						
7a. FACILITY NAME (If not institution, give street and number) United Medical Center West			7b. CITY, TOWN OR LOCATION OF DEATH Cheyenne		7c. COUNTY OF DEATH Laramie	
8. STATE OF BIRTH (If not in U.S., name country) Kansas		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		10. SURVIVING SPOUSE (If wife, give maiden name) Robert Thomas Bryant		
11. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify year or no) NO		12a. US OCCUPATION (Give type of work done during last working life, even if recent) Data Processor		12b. KIND OF BUSINESS OR INDUSTRY Insurance		
13a. RESIDENCE - STATE Wyoming		13b. COUNTY Laramie		13c. CITY, TOWN OR LOCATION Cheyenne		
13d. STREET AND NUMBER 607 West Prosser Road		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify race or ethnicity, specify Cuban, Mexican, Puerto Rican, Etc.) NO		15. RACE (American Indian, Black, White, Etc.) White		
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		17. FATHER'S NAME (First Middle Last) Andrew Gaylord Hood		18. MOTHER'S NAME (First Middle Maiden Surname) Naomi Esther		
19a. INFORMANT NAME (Type or Print) Robert T. Bryant			19b. RELATIONSHIP TO DECEDENT Husband			
19c. MAILING ADDRESS (Street or RFD Number City or Town State ZIP Code) 607 West Prosser Road Cheyenne Wyoming 82007						
20a. Burial, Cremation, Removal, Home State, Other (Specify) Cremation		20b. DATE (Mo., Day, Yr.) 11/14/94		20c. CEMETERY OR CREMATORY NAME Sunset Park Crematory		
20d. LOCATION CITY OR TOWN STATE Cheyenne, Wyoming		21a. FUNERAL SERVICE LICENSE OR Burial License (No. of State Signature) Harmon H. Davis, M.D.		21b. NAME OF FACILITY Schrader Funeral Home		
21c. ADDRESS OF FACILITY Cheyenne, Wyoming		22. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) H. Davis, M.D.		23a. On the basis of dissection and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature and Title) H. Davis, M.D.		
22b. DATE SIGNED (Mo., Day, Yr.) November 14, 1994		22c. HOUR OF DEATH 4:35 P M		23b. DATE SIGNED (Mo., Day, Yr.)		
22d. NAME OF ATTENDING PHYSICIAN (If other than certifier, type or print)		23c. PRONOUNCED DEAD (Mo., Day, Yr.)		23d. PRONOUNCED DEAD (Hour)		
24. NAME AND ADDRESS OF CERTIFIER (Physician or Coroner) (Type or Print) Harmon H. Davis, II, M.D. 1200 East 20th Street Cheyenne, WY 82001						
25a. REGISTRAR (Signature) Kris Beaudoin Deputy			25b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Nov. 17, 1994			
PART I. Enter the diagnosis, injury, or complication that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or sequence.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Cardiac arrest						
DUE TO (OR AS A CONSEQUENCE OF) → Possible ventricular arrhythmia						
DUE TO (OR AS A CONSEQUENCE OF) →						
DUE TO (OR AS A CONSEQUENCE OF) →						
PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not listed as cause given in PART I. Severe COPD, ROAD Pothole near Lincoln S/PCVA						
27. AUTOPSY (Specify yes or no) No		28. WAS CASE REFERRED TO CORONER (Specify yes or no) Yes				
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		30a. DATE OF INJURY (Month, Day, Year)		30b. TIME OF INJURY		
30c. INJURY AT WORK? (Specify yes or no)		30d. DESCRIBE HOW INJURY OCCURRED		30e. PLACE OF INJURY (If home, farm, street, factory, office building, etc.) (Specify)		
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

VR 2-89
1/89 15M



* 001113074 *

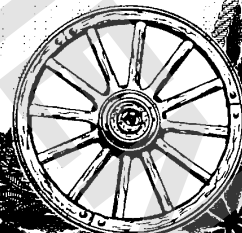
This is a true certification of the document on file in the office of Vital Statistics Services, Cheyenne, Wyoming.

DATE ISSUED: JUL 08 2019

This copy is not valid unless prepared on paper with an engraved border.

Guy Beaudoin

Guy Beaudoin
Deputy State Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE