

THAT REGINALD D. HAHN had no Last Will and Testament at the time of his passing.

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:

SANDRA M. HAHN, age 73, Surviving Spouse
810 Upland Drive, Mount Vernon, Washington, 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 REGINALD D. HAHN has been instituted, nor is such probate contemplated;

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

LOT 3, "THE UPLANDS", AS PER PLAT RECORDED IN
VOLUME 10 OF PLATS, PAGE 43, RECORDS OF SKAGIT
COUNTY, WASHINGTON.

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

SUBJECT TO: SCHEDULE "B-1" ATTACHED HERETO AND
MADE A PART THEREOF.

PARCEL NO.: 4206-000-003-0001

LACK OF PROBATE AFFIDAVIT
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ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225
Phone: (360) 647-8846 Fax: (360) 647-8854

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.

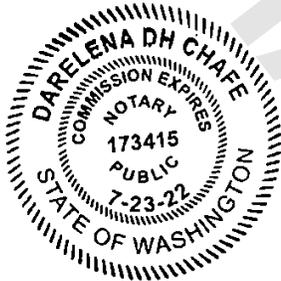
Dated this 4th day of August, 2020.



SANDRA M. HAHN

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

Dated this 4th day of August, 2020.





DARELENA DH CHAFE
Notary Public in and for the
State of Washington
Residing in Burlington
My commission expires: 07/23/2022

SCHEDULE "B-1"**EXCEPTIONS:**

A. THE RIGHT RESERVED IN THE DEDICATION OF THE PLAT TO MAKE ALL NECESSARY SLOPES FOR CUTS AND FILLS, AND THE RIGHT TO CONTINUE TO DRAIN SAID ROADS OVER AND ACROSS ANY LOT OR LOTS, WHERE WATER MIGHT TAKE A NATURAL COURSE IN THE ORIGINAL, REASONABLE GRADING OF THE ROADS SHOWN ON THE FACE OF THE PLAT.

B. EASEMENT PROVISIONS AS CONTAINED IN SAID PLAT, AS FOLLOWS:

"AN EASEMENT IS HEREBY RESERVED FOR AND GRANTED TO PUGET SOUND POWER & LIGHT COMPANY AND WASHINGTON TELEPHONE COMPANY AND THEIR RESPECTIVE SUCCESSORS AND ASSIGNS UNDER AND UPON THE EXTERIOR SEVEN FEET PARALLEL AND ADJACENT TO THE STREET FRONTAGE OF ALL LOTS, IN WHICH TO INSTALL, LAY, CONSTRUCT, RENEW, OPERATE AND MAINTAIN UNDERGROUND CONDUITS, CABLES AND WIRES WITH NECESSARY FACILITIES AND OTHER EQUIPMENT FOR THE PURPOSE OF SERVING THE SUBDIVISION AND OTHER PROPERTY WITH ELECTRIC AND TELEPHONE SERVICE, TOGETHER WITH THE RIGHT TO ENTER UPON THE LOTS AT ALL TIMES FOR THE PURPOSES STATED"

C. COVENANTS, CONDITIONS AND RESTRICTIONS CONTAINED IN DECLARATION OF PROTECTIVE RESTRICTIONS, BUT OMITTING RESTRICTIONS, IF ANY, BASED ON RACE, COLOR, RELIGION OR NATIONAL ORIGIN, AS HERETO ATTACHED.

DECLARATION DATED: SEPTEMBER 27, 1973
RECORDED: SEPTEMBER 27, 1973
AUDITOR'S NO.: 791411
EXECUTED BY: FIRST SAVINGS, INC., A WASHINGTON CORPORATION

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-006578

DATE ISSUED: 02/13/2018

FEE NUMBER: 310218

FIRST AND MIDDLE NAME(S): REGINALD DENNIS

LAST NAME(S): HAHN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: FEBRUARY 02, 2018

HOUR OF DEATH: 01:30 AM

SEX: MALE AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: WA

MARITAL STATUS: MARRIED

SPOUSE: SANDRA SEFTON

OCCUPATION: FINANCIAL PLANNER

INDUSTRY: FINANCE

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: SANDRA HAHN

RELATIONSHIP: SPOUSE

ADDRESS: 810 UPLAND DRIVE, MT VERNON, WA 98273

CAUSE OF DEATH:

A: UNDETERMINED NATURAL CAUSES

INTERVAL: MONTHS

B: NONTRAUMATIC HEMORRHAGE OF RIGHT CEREBELLAR HEMISPHERE

INTERVAL: YEARS

C: ESSENTIAL HYPERTENSION

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DYSARTHRIA, DYSPHAGIA, ATAXIA, RIGHT HEMIPARESIS

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: MIRA VISTA

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

RESIDENCE STREET: 810 UPLAND DR

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER/PARENT: DENNIS HAHN

MOTHER/PARENT: RUTH [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: CADY CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: FEBRUARY 12, 2018

FUNERAL FACILITY: A SACRED MOMENT FUNERAL SERVICE

ADDRESS: 1910 120TH PLACE SE, #102

CITY, STATE, ZIP: EVERETT, WASHINGTON 98208

FUNERAL DIRECTOR: CHAR C. BARRETT

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JOHN S. DEW, DO

TITLE: DO

CERTIFIER ADDRESS: 1415 E KINCAID

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: FEBRUARY 02, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: JOHN DEW, PA

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: FEBRUARY 12, 2018



Affidavit for Correction

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
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Required information must match current information on record

Required	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 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.



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