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09/18/2020 11:28 AM Pages: 1 of 10 Fees: \$112.50
Skagit County Auditor

After recording please return to:

Sharon Curran
P.O. Box 983
Anacortes, WA 98221

RECORDING COVER PAGE

DOCUMENT TITLE: LACK OF PROBATE AFFIDAVIT

RELATED REFERENCE NUMBERS: 200605080192

GRANTORS: HENRY CURRAN AND SHARON M. CURRAN

GRANTEE: THE PUBLIC

5100-002-342-0000 / P128856

LACK OF PROBATE AFFIDAVIT

State of Washington)
) ss.
 County of Skagit)

Sharon M. Curran, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information regarding the estate of Henry Curran, deceased, and the statements herein are representations of fact which may be relied upon by all persons dealing with the following described real property:

Lot No. 342, Survey of Shelter Bay Division No. 2 as recorded June 27, 1969 in official records of Skagit County, Washington under Auditor's Filing No. 728258. Situated in the County of Skagit, State of Washington, with a Skagit County Tax Parcel Number of P128856;
 SUBJECT TO: Easements, restrictions, and reservations of record.

SECOND, that said Decedent died on January 29, 2020, in Indio, Riverside County, California. A certified copy of decedent's death certificate is attached as Exhibit A, and is incorporated by this reference.

THIRD, that I am the Decedent's surviving spouse, and his sole heir at law.

FOURTH, that the Decedent executed a Last Will and Testament on August 21, 2019, in which he bequeathed his entire estate to me. The original of that Will is attached as Exhibit B, and is incorporated by this reference.

FIFTH, that the Decedent executed no other Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor of this county, and the Will attached to this Affidavit.

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SKAGIT COUNTY WASHINGTON
 REAL ESTATE EXCISE TAX

2020 3740
 SEP 18 2020

Amount Paid \$ 0
 Skagit Co. Treasurer
 By HB Deputy

SIXTH, that the probate estate of said Decedent at the date of death was of the approximate value of \$268,500, including the real property described above, in which decedent's interest had an approximate market value of \$165,000. SEVENTH, that all obligations of the estate owing at the date of death of the Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

Dated this 9-15-2020 day of September, 2020

Sharon M. Curran

Sharon M. Curran

STATE OF WASHINGTON)

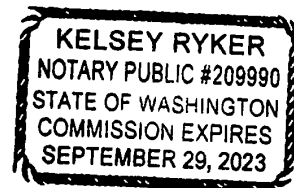
: ss

County of Skagit)

I certify that I know or have satisfactory evidence that Sharon M. Curran is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated 09/15/2020

Kelsey Ryker
Notary Public in and for the State
of Washington, residing at Anacortes.
My Commission Expires: 09/29/2023



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052020022625

CERTIFICATE OF DEATH

3202033001433

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) HENRY		3. LAST (Family) CURRAN	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy 82	
5. AGE Yrs. 82		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 01/29/2020		8. HOUR (24 hours) 0235	
9. BIRTH STATE/FOREIGN COUNTRY SCOTLAND		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 11		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) SCOTTISH		16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)	
17. US OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PIPE FITTER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OIL REFINERY	
19. YEARS IN OCCUPATION 40		20. DECEASED'S RESIDENCE (Street and number, or location) 84250 INDIO SPRINGS DR	
21. CITY INDIO		22. COUNTY/PROVINCE RIVERSIDE	
23. ZIP CODE 92203		24. YEARS IN COUNTY UNK	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP SHARON CURRAN, SPOUSE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 84250 INDIO SPRINGS DR, INDIO, CA 92203		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST SHARON	
29. MIDDLE MARIE		30. LAST (BIRTH NAME) WESTFORD	
31. NAME OF FATHER/PARENT - FIRST FRANK		32. MIDDLE -	
33. LAST CURRAN		34. BIRTH STATE SCOTLAND	
35. NAME OF MOTHER/PARENT - FIRST ELIZABETH		36. MIDDLE -	
37. LAST (BIRTH NAME) [REDACTED]		38. BIRTH STATE SCOTLAND	
39. DISPOSITION DATE mm/dd/yyyy 02/05/2020		40. PLACE OF FINAL DISPOSITION RES SHARON CURRAN 342 SNOHOMISH DR, LA CONNER, WA 98257	
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT SIMPLICITY	
45. LICENSE NUMBER FD2178		46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
47. DATE mm/dd/yyyy 02/05/2020		48. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. CITY INDIO	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 84250 INDIO SPRINGS DR		106. CITY INDIO	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. DO NOT ABBREVIATE. (A) CARDIAC ARREST (B) CORONARY ARTERY DISEASE SENILE DEMENTIA, CEREBELLAR INFARCTION		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy 01/08/2020 01/29/2020		115. SIGNATURE AND TITLE OF CERTIFIER DAVID B KO M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DAVID B KO M.D. 39000 BOB HOPE DR STE P308, RANCHO MIRAGE, CA 92270		117. LICENSE NUMBER A94772	
118. DATE 02/03/2020		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city and state)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. SIGNATURE OF REGISTRAR	
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**WILL OF
HENRY CURRAN**

I, HENRY CURRAN, a resident of Anacortes, Skagit County, Washington, and a citizen of the United States, declare that this is my Will. I revoke all prior Wills and Codicils.

ARTICLE 1

Family

1.1 FAMILY. I am married to SHARON M. CURRAN, and all references to "my spouse" are to her. I have no descendants, living or deceased. My spouse has three children now living, namely NICOLA A. BROZOVICH of Sedro-Woolley, Washington; KRISTINN D. KINNEY of Bow, Washington; and TIMOTHY P. KINNEY of Eola, Illinois. All references to "my spouse's children" are to them. My spouse's only other child, JAMIE MICHAELS, is now deceased, with one descendant surviving, namely RAEHELLE BRADY of Erie, Pennsylvania. I intentionally make no provision in this Will for TIMOTHY P. KINNEY or RAEHELLE BRADY. I intentionally make no provision in this Will for any other member of my family or my spouse's family, or their descendants, except as specifically described.

ARTICLE 2

Legal Representatives

2.1 PERSONAL REPRESENTATIVE. I name my spouse as my personal representative. If my spouse fails to qualify or ceases to act as my personal representative, I name NICOLA A. BROZOVICH as my personal representative. If she fails to qualify or ceases to act as my personal representative, I name KRISTINN D. KINNEY as my personal representative.

ARTICLE 3

Specific Gifts And Special Directions

3.1 LIST OF GIFTS. I may leave a handwritten and/or signed list which refers to this provision in my Will and directs the distribution of certain items of tangible personal property. This list or other separate writing is subject to change from time to time. I intend such list to conform to RCW 11.12.260, and if I leave such writing, my personal representative shall distribute my property as directed therein. However, if my spouse survives me, the list shall instead be considered an expression of my desire about how such property should ultimately be distributed on the death of my spouse; provided that, if my spouse joins in the gift of any item of listed tangible personal property, such item may be distributed on my death as directed. Any property distributed pursuant to such list shall be considered as a specific bequest and not as part of a legatee's remaining distributive share, if any. Any property not specifically identified in such a list, or any property allocated to a beneficiary named therein who does not survive me by ninety (90) days, shall pass

according to this Will. All such tangible personal property is given subject to outstanding mortgages, liens and encumbrances. My personal representative shall pay any costs of distribution, including, but not limited to, appraisal, insurance, postage, shipping and handling from the residue of my estate. If no such writing is found within ninety (90) days of the appointment of my personal representative, this Article shall have no force or effect whatsoever.

3.2 HOUSEHOLD AND PERSONAL EFFECTS. Aside from the specific gifts, if any, disposed of in the list described above, I give any interest I have in household goods and furnishings, personal vehicles, recreational equipment, clothing, jewelry, personal effects, and other property for personal or household use, together with any insurance on this property, to my spouse, if my spouse survives me. If my spouse does not survive me, I give this property in substantially equal shares to NICOLA A. BROZOVICH and KRISTINN D. KINNEY, one share to each of them who survives me, not by right of representation, but *per capita*.

3.3 CONVENIENCE ACCOUNTS. I may have placed one or more of my beneficiaries' names on bank or brokerage accounts, or named them as a beneficiary of a non-probate asset. I hereby declare that if such a beneficiary is also entitled to receive a distribution under this Will, then any such arrangement has been done for convenience purposes, and not with the intent that such person or persons should take such accounts in addition to the devises and bequests of this Will. In such a case, I direct that any such accounts should be considered a part of my estate for accounting and distribution purposes and, to the extent that any such account may not be brought back into my estate, it shall be charged towards any probate distribution to the account holder.

ARTICLE 4

Residue

4.1 IF SPOUSE SURVIVES. I give the residue of my estate to my spouse, if my spouse survives me.

4.2 IF SPOUSE DOES NOT SURVIVE. If my spouse does not survive me, I give the residue of my estate in substantially equal shares to NICOLA A. BROZOVICH and KRISTINN D. KINNEY, one share to each of them who survives me, not by right of representation, but *per capita*.

ARTICLE 5

Personal Representative

5.1 NO BOND REQUIRED. No bond shall be required of any personal representative named in this Will, in any jurisdiction, for any purpose.

5.2 NONINTERVENTION POWERS. My personal representative shall have nonintervention powers to settle my estate in the manner set forth in this Will. It is my intention to avail myself of the provisions of the nonintervention Will statutes of the State of Washington, and these nonintervention powers shall be unrestricted.

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5.3 POWERS. I give my personal representative all powers conferred on a personal representative by Washington law as now existing or later amended, whether or not those powers are exercised in Washington.

5.4 TRANSFER TO CUSTODIAN. If any interest passes under this Will to a person under the age of twenty-one (21), I authorize my personal representative to name a custodian for that person, and to transfer that interest to the custodian for that person under the Washington Uniform Transfers to Minors Act.

ARTICLE 6

Taxes And General Administrative Provisions

6.1 SURVIVORSHIP. A beneficiary under my Will shall be considered to survive me only if the beneficiary is living on the ninetieth (90th) day after the date of my death.

6.2 TAXES. All estate, inheritance, and other death taxes (including interest and penalties) payable by reason of my death, whether on property passing under this Will or otherwise, shall be apportioned according to Washington law.

6.3 DEBTS AND EXPENSES. I direct my personal representative to pay my debts as they come due, and my funeral and estate administration expenses.

6.4 ELECTIONS, DECISIONS, AND DISTRIBUTIONS.

6.4(a) GENERAL AUTHORITY. I authorize my personal representative to make any election or decision available to my estate under federal or state tax laws, to make pro rata or non pro rata distributions without regard to any differences in tax basis of assets distributed, and to make distributions in cash, in specific property, in undivided interests in property, or partly in cash and partly in property.

6.4(b) GOOD FAITH DECISIONS BINDING. The good faith decisions of my personal representative in the exercise of these powers shall be conclusive and binding on all parties, and my personal representative need not make any adjustments among beneficiaries because of any election, decision, or distribution.

6.5 DIGITAL ASSETS. My personal representative shall have all of the powers set forth in RCW 11.120, including (or in addition) the authority:

6.5(a) DEVICES. To access, use and control my digital devices, including, but not limited to, desktop computers, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones and any similar digital device which currently exists or may exist as technology develops, or such comparable items as technology develops, for the purpose of accessing, modifying, deleting, controlling or transferring my digital information and assets, and

6.5(b) ACCOUNTS. To access, modify, delete, control and transfer my digital information and assets, including, but not limited to, emails received, email accounts, digital music, digital photographs, digital videos, software licenses, social network accounts, file sharing accounts, financial accounts, domain registrations, DNS service accounts, web hosting accounts, tax
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preparation service accounts, online stores, affiliate programs, other online accounts, and similar digital items which currently exist or may exist as technology develops, or such comparable items as technology develops.

6.6 DESCENDANTS. As used in this document, "descendants" includes naturally born persons, and persons who were legally adopted before their twenty-first (21st) birthday.

6.7 WILLS MAY BE AMENDED. My spouse and I have not entered into any agreement to make Wills or agreement not to revoke Wills, and each of us reserves the right to unilaterally amend, revoke and execute a new Will during our joint lives or following our spouse's death.

6.8 GOVERNING LAW. The validity and construction of my Will shall be determined under Washington law in effect on the date my Will is signed.

6.9 CAPTIONS. The captions are inserted for convenience only. They are not a part of this instrument and do not limit the scope of the section to which each refers.

I have signed this Will on this 21st day of August, 2019.

Henry Curran
HENRY CURRAN

This instrument, consisting of six (6) typewritten pages, including this page and the attached Affidavit of Attesting Witnesses, was on the above date and in our presence, signed by Henry Curran, the testator. We, at his request, have signed our names as attesting witnesses this 21st day of August, 2019.

[Signature]
Signature

[Signature]
Signature

Felicia Valua
Printed Name

Aaron Rasmussen
Printed Name

Residing at:
Le Conner, WA

Residing at:
Anacortes, WA

AFFIDAVIT OF WITNESSES

STATE OF WASHINGTON)
) ss.
County of Skagit)

We, the undersigned, being sworn, each say:

On August 21st, 2019:

1. I am over the age of 18 years and am competent to be a witness to the foregoing Will of Henry Curran.

2. The testator, in my presence and in the presence of the other witness whose signature appears below:

(a) Declared the foregoing instrument, consisting of six (6) pages, of which this is the fifth (5th) page, to be his Will;

(b) Requested me and the other witness to act as witnesses to his Will and to make this affidavit; and

(c) Signed such instrument.

3. I believe the testator to be of sound mind and that in so declaring and signing, he was not acting under any duress, menace, fraud, or undue influence.

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Affidavit of Witnesses to
Will of Henry Curran

Page 5 of 6

4. The other witness and I, in the presence of the testator and each other, now affix our signatures as witnesses to the Will and make this affidavit.

[Signature]

Signature

Felicia Value

Printed Name

Residing at:

La Conner, WA

[Signature]

Signature

Aaron Rasmussen

Printed Name

Residing at:

Anacortes, WA

SUBSCRIBED AND SWORN TO before me on August 21, 2019

Gem Jake Tartaglia
Notary Public in and for the State
of Washington, residing at La Conner WA.
My Commission Expires: 5-10-2020

