

Return recorded document to:
Konrad A. Miernowski
Lasher Holzapfel Sperry & Ebberson
601 Union Street, Suite 2600
Seattle, WA 98101-4000

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Heather Beauvais
Affidavit No. 2021-120
Date 01/11/2021

LACK OF PROBATE AFFIDAVIT: SURVIVING SPOUSE

Grantor: Margaret Ann Wilskie (aka Margaret Allyn Wilskie), Deceased
Wayne R. Wilskie, Surviving Spouse

Grantee: Wayne R. Wilskie

Abbv. Legal Descriptions:

Tax Parcel Number: P17760 (See full legal description on Exhibit 1 attached hereto)

(15.5700 ac) E 561FT OF S1/2 NE1/4 NE1/4 & E 561FT OF N1/2
SE1/4 NE1/4, SECTION 34, TOWNSHIP 33 NORTH, RANGE 4
EAST, W.M., N OF CR TGW PTN OF N1/2 NE1/4 NE1/4 LY SLY
OF FDL BAT SW COR SD SEC TH S 83-51-42 E ALG S LI
244.82FT TPOB TH N 81-40-27 E 1097.92FT TH N 89-48-23 E
17.05FT TO E LI OF SD SEC

Tax Parcel Number: P17845 (See full legal description on Exhibit 2 attached hereto)

(0.5300 ac) TH PTN NW1/4 NW1/4, SECTION 35, TOWNSHIP
33 NORTH, RANGE 4 EAST, W.M., DAF COM AT NW COR SD
SEC 35 TH S 05-33-13 W OF W LN OF SD SEC 321.14FT TPOB
TH N 89-48-23 E 103.9 6FT TH S 05-33-13 W 225.53FT TH N 86-
26- 47 W 103.45FT TH N 05-33-13 E 215.12FT FT TO POB EXC
MINED ORES & DEPOSITS17760

Affiant, Wayne R. Wilskie, being first duly sworn, deposes and says:

1. The undersigned Affiant was the wife and surviving spouse of Margaret Allyn Wilskie, who died on April 2, 2020, in Skagit County, Washington, then being a resident of Mount Vernon, Skagit County, Washington. That among items of the Decedent's estate was real estate described as set forth previously, and more commonly known as 23091 Odessa Drive, Mount Vernon, WA 98274.

2. A copy of the Death Certificate is attached hereto as **Exhibit A**.

3. Regarding Disposition of the Real Property:

a. The Decedent left a Last Will and Testament dated November 11, 2005 (the "Will"). Said Will has not been probated or revoked. The Will provides for the distribution of all of the Decedent's estate to the surviving spouse, Wayne R. Wilskie.

b. The Decedent and surviving spouse executed a Community Property Agreement dated November 11, 2005, which is being recorded with the Skagit County Auditor concurrently herewith as **Exhibit B**. The Community Property Agreement provides that upon the death of the first spouse, all community property vests in the surviving spouse effective as of date of death.

4. The Affiant states of his own knowledge that all debts and obligations of the Estate of Margaret Allyn Wilskie and/or the marital community, including but not limited to all of Decedent's medical, funeral and cremation expenses, promissory notes, installment contracts, mortgages, and all applicable succession and/or inheritance taxes, if any, have been paid in full or provided for by the Affiant. Affiant further declares that the Decedent has not received assistance from the State of Washington for subsistence or medical care (Medicaid/Welfare) in the past. Affiant further declares that the total amount of all community property had a net value of at least \$100,000, and that Decedent did not own separate property.

5. This Affidavit may be used to induce a title company to insure title to the real property described above, in which Decedent held an interest at the time of her death. Any title company may fully rely upon the herein representations in making an insurance determination.

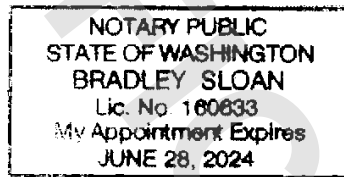
Dated: Nov 18, 2020


Wayne R. Wilskie

STATE OF WASHINGTON)
)ss.
COUNTY OF KING)

I certify that I know or have satisfactory evidence that Wayne R. Wilskie is the person who appeared before me, and that person acknowledged signing this instrument as a free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: 11/18/2020





Print Name: Bradley Sloan
NOTARY PUBLIC in and for the State WA
of Washington, residing at Mt Vernon
My Commission expires: 6-28-2024

EXHIBIT 1
Full Legal Description

Tax Parcel Number: P17760

The East 561 feet of the South half of the Northeast quarter of the Northeast quarter and the East 561 feet of the portion of the North half of the Southeast quarter of the Northeast quarter, lying North of Creek, ALL in Section 34, Township 33 North, Range 4 East, W.M.;

TOGETHER WITH an easement for ingress and egress across the North half of the Northeast quarter of the Northeast quarter of said Section 34 as disclosed by instrument dated October 27, 1966, recorded November 14, 1966, under Auditor's file No. 690870, records of Skagit County, Washington.

ALSO TOGETHER WITH an easement for ingress and egress over and across the West 60 feet of the South half of the Northeast quarter of the Northeast quarter of Section 34, Township 33 North, Range 4 East, W.M.

Situate in the County of Skagit, State of Washington.

EXHIBIT 2
Full Legal Description

Tax Parcel Number: P17845

That portion of the Northwest $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of Section 35, Township 33 North, Range 4 East, W.M., described as follows:

Commencing at the Northwest corner of said Section 35; thence South $5^{\circ} 33' 13''$ West along the West line of said Section 35, for a distance of 321.14 feet to the true point of beginning of this description; thence North $89^{\circ} 48' 23''$ East for a distance of 103.96 feet; thence South $5^{\circ} 33' 13''$ West for 225.53 feet; thence North $84^{\circ} 26' 47''$ West for 103.45 feet; thence North $5^{\circ} 33' 13''$ East for 215.12 feet to the point of beginning and the termination of this description.

EXCEPT all coal, minerals, mineral ores and valuable deposits of oil and gases, together with the right to prospect for an extract or remove the same, as conveyed to instrument recorded under Auditor's File No. 526705.

Situate in County of Skagit, State of Washington.

SUBJECT TO: Restrictions, reservations, covenants, easements and agreements of record.

EXHIBIT A

Death Certificate

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-015348

DATE ISSUED: 04/07/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARGARET ANN

LAST NAME(S): WILSKIE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 02, 2020

HOUR OF DEATH: 02:04 PM

SEX: FEMALE

AGE: 76 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: AUGUST 25, 1943

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: WAYNE WILSKIE

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: WAYNE WILSKIE

RELATIONSHIP: HUSBAND

ADDRESS: 23091 ODESSA DRIVE MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: LUNG CANCER

INTERVAL: 2 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METS TO BRAIN

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: HOME

FACILITY OR ADDRESS: 23091 ODESSA DRIVE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 23091 ODESSA DRIVE

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 33 YEARS

FATHER: WILLIAM ALLYN

MOTHER: MARJORIE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: APRIL 06, 2020

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES

ADDRESS: 281 S BURLINGTON BLVD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: APRIL 05, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: APRIL 06, 2020



Affidavit for Correction

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

 Washington State Department of Health
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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 and County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last	
	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: Street 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 2nd parent (if required):	
Printed name:	Date:	Printed name:	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

- 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 <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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 using this form, 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). 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 January 2015

CERTIFIED

APR 07 2020

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

 Certificate not valid unless the Seal of the State of
 Washington changes color when heat applied.


0 3 8 0 3 3 6 5

EXHIBIT B

Community Property Agreement

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is entered into effective November 11, 2005 between WAYNE R. WILSKIE ("Wayne") and MARGARET ALLYN WILSKIE ("Margaret"), husband and wife, pursuant to Section 26.16.120 of the Revised Code of Washington.

For good and valuable consideration the parties agree as follows:

1. Status of Property. All property (including, but not limited to, property owned at the time of their marriage, property received up to the date of this Agreement by gift, bequest, legacy, devise or inheritance, or proceeds, income, rents, issues, profits, gains and appreciation from such property) of whatsoever nature or description, whether real or personal, wheresoever situated, now owned or hereafter acquired by Wayne and Margaret, or by either of them, during the existence of the marital community, is and shall be considered community property. All such property is referred to in this Agreement as the "Community Property." Notwithstanding the foregoing, property acquired after the date of this Agreement by gift, bequest, legacy, devise or inheritance, or the proceeds, income, rents, issues, profits, gains and appreciation thereof shall be and remain the separate property of the party acquiring such property unless intentionally thereafter converted by such party into the Community Property of the parties.

2. Vesting Upon Death of a Spouse. If one spouse dies and the other spouse survives by thirty (30) days, all of the Community Property shall vest in the surviving spouse effective at the moment of death of the first spouse to die.

3. Disclaimer. Upon the death of either spouse, the surviving spouse may disclaim any Community Property interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or property. The interest disclaimed shall pass as if the provisions of Section 2 above had been revoked as to such interest, with the surviving spouse entitled to the benefits provided by any alternate disposition of such property applicable to the disclaimed interest.

4. Powers of Appointment. This Agreement shall not affect any power of appointment that is now held or is hereafter given to Wayne, Margaret, or either of them, nor shall it obligate Wayne, Margaret, or either of them, to exercise any such power of appointment in any way.

5. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with the provisions of any community property agreement or other arrangement previously made by the parties affecting the community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

6. Marriage Termination. This Agreement shall terminate (the "Termination") upon the earliest to occur of: (i) the termination of the marital community; (ii) the filing by either party of a petition for dissolution of their marriage,

for legal separation, or for the annulment of their marriage, or (iii) the parties are living separate and apart in a defunct marriage. However, such Termination shall not affect the character of property acquired during the term of this Agreement. Following the Termination, property thereafter acquired by Wayne or Margaret shall be the acquiring spouse's separate property, and the income, rents, issues, profits, gains and appreciation attributable to property which was their community property shall be their respective separate property in equal shares.

7. Independent Counsel. Each party hereto acknowledges that (i) prior to signing this Community Property Agreement, the party has been advised of his or her right to seek separate legal counsel regarding this Agreement, and (ii) if the party has not consulted an attorney of the party's own choosing, it is because the party understands his or her rights and obligations and has decided to sign this Agreement without such consultation.

DATED as first above stated.


WAYNE R. WILSKIE



MARGARET ALLYN WILSKIE

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I certify that I know or have satisfactory evidence that WAYNE R. WILSKIE and MARGARET ALLYN WILSKIE, husband and wife, signed this instrument and acknowledge it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED 11/11/05




Printed Name: MAY E. PABLO
NOTARY PUBLIC in and for the
State of Washington
Residing at Seattle
My commission expires 2-9-07