



202101270120

01/27/2021 03:51 PM Pages: 1 of 12 Fees: \$114.50
Skagit County Auditor

When Recorded Please Return To:

BAILEY, DUSKIN & PEIFFLE, P.S.
P.O. BOX 188
ARLINGTON, WA 98223

Our File No: 4-534

Document Title(s) (or transactions contained therein): AFFIDAVIT (LACK OF PROBATE)
Grantor(s) (Last name first, then first name and initials) LEDFORD, GARY E.
Grantee(s) (Last name first, then first name and initials) MILLER, KIMBERLY J.; and LEDFORD, ANDREW C.
Legal Description (abbreviated i.e. lot, block, plat or section, township, range, qtr./qtr.) PTN S1/2 SE1/4 SE1/4 EXC RD & TH PTN CONV TO SKAGIT CO FOR RD AF #646176 & EXC N 132 FT OF E 330FT OF SD PTN 30-33-10
Reference Number(s) of Documents assigned or released: N/A
Assessor's Property Tax Parcel/Account Number 331030-4-006-0207 (P18803)
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information


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Client No. 11884

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-382
JAN 27 2021

Amount Paid \$ 0
Skagit Co. Treasurer
By  Deputy

AFFIDAVIT (LACK OF PROBATE)

KIMBERLY J. MILLER, and ANDREW C. LEDFORD, being first duly sworn, depose and say:

The undersigned affiants are the rightful heirs to the real property described below and are the children of GARY E. LEDFORD who died on December 16, 2020 at Everett, Snohomish County, Washington.

A COPY OF THE DEATH CERTIFICATE IS ATTACHED HERETO.

REGARDING DISPOSITION OF REAL PROPERTY:

The full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of:

22996 State Route 520, Darrington, Washington 98241

Legal Description:

The South ½ of the Southeast ¼ of the Southeast ¼ of Section 30, Township 33 North, Range 10 East, W.M. EXCEPT road; EXCEPT that portion, conveyed to Skagit County for road purposes by deed dated and recorded February 3, 1964 under Auditor's File No. 646176; and EXCEPT the North 132 feet of the East 330 feet of that portion of said subdivision lying West of the Sauk Valley Road., situate in the County of Skagit, State of Washington.

AFFIDAVIT LACK OF PROBATE
(11884 BEN/lw)

WILL OF
GARY E. LEDFORD

I, GARY E. LEDFORD, a resident of Darrington, 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. My beloved wife, HAZEL ANN LEDFORD, is deceased, and I am not married at this time. My only children, living or deceased, are KIMBERLY JANE MILLER and ANDREW CARL LEDFORD, both of Darrington, Washington, and all references to "my children" are to them. While I have great love and affection for both of my children, I have intentionally not made equal distributions to them under this Will. I intentionally make no provision in this Will for any member of my family or their descendants except as specifically described.

ARTICLE 2

Legal Representatives

2.1 PERSONAL REPRESENTATIVE. I name KIMBERLY JANE MILLER as my personal representative. If she fails to qualify or ceases to act as my personal representative, I name ANDREW CARL LEDFORD as my personal representative.

5.4 TRANSFER TO CUSTODIAN. If any interest passes under this Will to a person under the age of twenty-five (25), I name my friend, CHRISTOPHER MILLER of Darrington, Washington, as custodian for that interest under the Washington Uniform Transfers to Minors Act. If CHRISTOPHER MILLER is unable or unwilling to serve as custodian, any court having jurisdiction shall name a professional fiduciary to act as custodian. Under no circumstances shall JESSICA LYNN STEVENS be named as custodian, or placed in any position of fiduciary responsibility for any interest passing under this Will.

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. 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. If by means of this list I gift a work of art or any intellectual property to which I own the copyright, I hereby state that such

copyright is given along with the specific gift, unless copyrights are given by a different specific gift in this Will. 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 KIMBERLY JANE MILLER if she survives me. If KIMBERLY JANE MILLER does not survive me, I give this property to ANDREW CARL LEDFORD.

3.3 SPECIAL DIRECTION RE: PETS. I ask my personal representative to allow my friends RONNIE DEAN and STACY DEAN to direct the placement of any pets I own at the time of my death.

3.4 SPECIAL DIRECTION RE: JESSICA LYNN STEVENS. JESSICA LYNN STEVENS shall not be permitted to set foot on any real property owned by me or by my probate estate. My personal representative is hereby instructed to enforce this restriction. If JESSICA LYNN STEVENS is caught on my property, my personal representative shall have her prosecuted for trespassing to the full extent of the law.

ARTICLE 4

Residue

4.1 IF KIMBERLY JANE MILLER SURVIVES. I give the residue of my estate to KIMBERLY JANE MILLER if survives. If KIMBERLY JANE MILLER does not survive me, this gift shall lapse.

4.2 IF KIMBERLY JANE MILLER DOES NOT SURVIVE. If KIMBERLY JANE MILLER does not survive me, I give the residue of my estate to ANDREW CARL LEDFORD. If ANDREW CARL LEDFORD does not survive me, this gift shall lapse.

4.3 CONTINGENT BENEFICIARIES. If neither KIMBERLY JANE MILLER nor ANDREW CARL LEDFORD survives me, I give the residue of my estate in equal shares to my grandchildren, one share to each of them who survives me, not by right of representation, but *per capita*.

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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.
- 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.

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 CHANGE IN CORPORATE FIDUCIARY. If any corporate fiduciary is merged or voluntarily liquidated into or consolidated with another entity having the required fiduciary powers, the successor shall have all powers granted to the original corporate fiduciary.

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

6.8 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 25 day of September, 2013.

Gary E. Ledford
GARY E. LEDFORD

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 GARY E. LEDFORD, the testator. We, at his request, have signed our names as attesting witnesses this 25th day of September, 2013.

[Signature]
Signature

[Signature]
Signature

Felicia Valuc
Printed Name

Lupe Morg
Printed Name

Residing at:
La Conner, WA

Residing at:
La Conner, WA

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 Valer

Printed Name

Residing at:

La Conner, WA

[Signature]

Signature

Lupe Mora

Printed Name

Residing at:

La Conner, WA

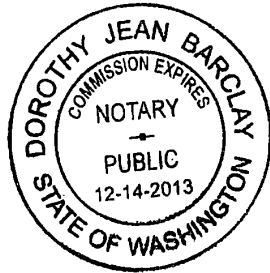
SUBSCRIBED AND SWORN TO before me on September 25, 2013

[Signature]

Notary Public in and for
the State of Washington

Residing at [Signature]

My commission expires: 12-14-2013



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-059476

LOCAL FILE NUMBER: 5491

DATE ISSUED: 12/22/2020
FEE NUMBER:FIRST AND MIDDLE NAME(S): ERVIN GARY
LAST NAME(S): LEDFORDCOUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: DECEMBER 16, 2020
HOUR OF DEATH: 01:58 PM
SEX: MALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: FRANKLIN, NCMARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: EQUIPMENT OPERATOR
INDUSTRY: CONSTRUCTION
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NOINFORMANT: KIM MILLER
RELATIONSHIP: DAUGHTER
ADDRESS: PO BOX 711 DARRINGTON, WA 98241CAUSE OF DEATH:
A: COVID-19 PNEUMONIA
INTERVAL: WEEKSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,
DELIRIUMDATE 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: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201RESIDENCE STREET: 22996 STATE ROUTE 530
CITY, STATE, ZIP: DARRINGTON, WA 98241
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 45 YEARSFATHER: ERVIN CARL LEDFORD
MOTHER: AMANDA LOUIS [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 21, 2020

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: ADAM J. CRENNNAMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: MICHAEL D. LIANG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1700 13TH ST
CITY, STATE, ZIP: EVERETT, WA 98201
DATE SIGNED: DECEMBER 18, 2020CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: KAREN KINDER-CARA
DATE RECEIVED: DECEMBER 21, 2020



Affidavit for Correction

01/27/2021 03:51 PM Page 1 of 2
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

Required information must match current information on record
Record Type: Birth Death Marriage 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 Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

7. Return Mailing Address: PO 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 currently shows: The true fact is:
8. 9.
10. 11.
12. 13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.
14a. Signature: 14b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:
• Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report
• Certificate of Naturalization • Hospital/medical record • Copy of Passport / Enhanced ID • Green/Permanent Resident card (I-551)
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).
Child under 18
• If legal guardian(s), include certified court order proving guardianship.
• Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
• To correct the sex of the child, one proof documentation from a medical provider 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.
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 proof documentation are required.
• If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
• To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



CERTIFIED

DEC 22 2020

Handwritten signature

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



0 4 1 4 4 4 1 8

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