



**202101270121**

01/27/2021 03:53 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

<b>Document Title(s)</b> (or transactions contained therein): AFFIDAVIT (LACK OF PROBATE)
<b>Grantor(s)</b> (Last name first, then first name and initials) LEDFORD, GARY E.
<b>Grantee(s)</b> (Last name first, then first name and initials) MILLER, KIMBERLY J.; and LEDFORD, ANDREW C.
<b>Legal Description</b> (abbreviated i.e. lot, block, plat or section, township, range, qtr./qtr.) PTN. 32-33-10 AKA TRACT 2 SURVEY OF TRAIL CREEK
<b>Reference Number(s)</b> of Documents assigned or released: N/A
<b>Assessor's Property Tax Parcel/Account Number</b> 331032-0-007-0608 (P18866)
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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Arlington, WA 98223

Client No. 11884

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2021-381  
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 vacant land with no address:

Legal Description:

Parcel A:

Commencing at the West Quarter corner of Section 32, Township 33 North, Range 10 East of the Willamette Meridian;  
Thence along the West line of said Section 32, and along the centerline of the existing County Road, North 01°21'02" East 445.45 feet;  
Thence South 89°11'09" East, 30.00 feet to a point on the East right-of-way line of the County Road;

Thence continuing South 89°11'09" East, 1,000.00 feet to the true point of beginning; Thence North 01°21'02" East, 220 feet to a point on the North line of the South Half of the Southwest Quarter of the Northwest Quarter;

Thence South 89°11'09" East along said North line and along the North line of the South Half of Government Lot 4 to the West line of the Sauk River as it existed on August 28, 1978;

Thence along the Sauk River and along the Southeasterly line of said Government Lot 4, in a Southwesterly direction to a point whence the point of beginning bears North 89°11'09" West;

Thence North 89°11'09" West, to the true point of beginning.

The above described parcel lies wholly within the Southwest Quarter, of the Northwest Quarter and Government Lot 4 of Section 32, Township 33 North, Range 10 East of the Willamette Meridian.

(Also known as Tract 2 of recorded survey of Trail Creek, recorded in Volume 92 of Official Records, pages 576 through 589, under Auditor's File No. 772764, records of Skagit County, Washington.)

Situated in Skagit County, Washington

Parcel B:

A nonexclusive easement for ingress, egress and utilities as described in Survey of Trail Creek, recorded August 17, 1972 under Auditor's File No. 772764, records of Skagit County, Washington.

Situated in Skagit County, Washington

Assessor's Property Tax Parcel/Account Number: 331032-0-007-0608 (P18866)

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (a copy of which is attached for review)

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent:

Name: Kimberly J. Miller  
Age: Legal  
Relationship: Daughter  
Address: P.O. Box 711  
Darrington, WA 98241



**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 (90<sup>th</sup>) 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 (21<sup>st</sup>) 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 25<sup>th</sup> 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

[Signature]  
Signature

Felicia Valbuena  
Printed Name

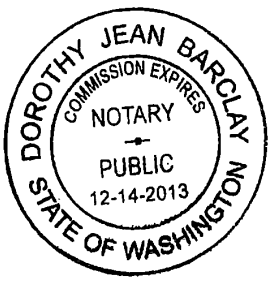
Lupe Mora  
Printed Name

Residing at:  
La Conner, WA

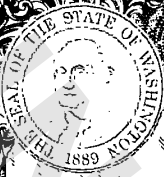
Residing at:  
La Conner, WA

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): LEDFORD

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: DECEMBER 16, 2020  
HOUR OF DEATH: 01:58 PM  
SEX: MALE AGE: 73 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

RESIDENCE 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 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: FRANKLIN, NC

FATHER: ERVIN CARL LEDFORD  
MOTHER: AMANDA LOU [REDACTED]

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: EQUIPMENT OPERATOR  
INDUSTRY: CONSTRUCTION  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: DECEMBER 21, 2020

INFORMANT: KIM MILLER  
RELATIONSHIP: DAUGHTER  
ADDRESS: PO BOX 711 DARRINGTON, WA 98241

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: ADAM J. CRENNIA

CAUSE OF DEATH:  
A: COVID-19 PNEUMONIA  
INTERVAL: WEEKS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,  
DELIRIUM

MANNER 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 RESPONSE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: MICHAEL D. LIANG, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1700 13TH ST  
CITY, STATE, ZIP: EVERETT, WA 98201  
DATE SIGNED: DECEMBER 18, 2020

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KAREN KINDER-CARA  
DATE RECEIVED: DECEMBER 21, 2020



Affidavit for Correction

01/27/2021 03:50 PM Order 120121  
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

Form fields for State Office Use Only including Record Type (Birth, Death, Marriage, Dissolution), Name on Record, Date of Event, Place of Event, Father/Parent Full Birth Name, Mother/Parent Full Birth Name, Name of Person Requesting Correction, Return Mailing Address, Telephone Number, and Email Address.

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table with 2 columns: 'The record currently shows:' and 'The true fact is:'. Rows 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.

Signature fields for 14a. Signature and 14b. Signature of 2nd parent (if required), including printed name and 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 Acknowledgement 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.

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.

\*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.

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.



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

\*CERTIFIED\*

DEC 22 2020

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



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