

Name & Return Address:**BOSTON NATIONAL TITLE****400 ROUSER RD, BLD 2, STE 101****CORAOPOLIS, PA 15108****Washington State Recorder's Cover Sheet** (RCW 65.04) Please print legibly or type information.

Document Title(s)	LACK OF PROBATE AFFIDAVIT
Grantor(s)	EVON DAIGLE ____ Additional Names on Page ____ of Document
Grantee(s)	WILLIAM RAY DAIGLE ____ Additional Names on Page ____ of Document
Legal Description (Abbreviated: i.e., lot, block & subdivision name or number OR section/township/range and quarter/quarter section)	Ptn SW 1/4 of SE 1/4, 8-35-7 E W.M., records of Skagit County, WA Complete Legal Description on Page ____ of Document
Auditor's Reference Number(s)	
Assessor's Property Tax Parcel/Account Number(s)	P118330
Non Standard Fee \$50.00 By signing below, you agree to pay the \$50.00 non standard fee. I am requesting an emergency non standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. _____ Signature of Party Requesting Non Standard Recording NOTE: Do not sign above or pay additional \$50.00 fee if document meets margin/formatting requirements. The Auditor/Recorder will rely on the information provided on this cover sheet. Staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.	

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**

Title Insurance Commitment No.: WA20102708, County: SKAGIT

STATE OF Washington,
COUNTY OF Skagit, SS:

The undersigned, Evon Daigle, executes this affidavit relating to the estate of William Ray Daigle (herein "Decedent"), who died on March 8, 2014, in the County of Skagit, State of Washington, then being a resident of the City of Sedro Woolley, County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
☐ Surviving child of the Decedent
☐ Registered domestic partner of the Decedent
☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington,
☐ other (identify:)

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); **and**
3. ***all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:***

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☒ Community property
☐ Separate property
☐ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
 - ☒ married to Evon Jo Daigle.
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was:
 - ☒ married to Evon Jo Daigle.
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____.
3. ☒ That the decedent left a Will, a copy of which is attached hereto.
☐ That the decedent left no Will.
☐ That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. (if unrecorded, attach a copy)
4. ☒ That the decedent's estate is not being probated.
☐ That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____
5. ☐ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
☐ That State and/or Federal succession or inheritance taxes in the amount of \$_____ have been paid. Copies of the release/discharge are attached hereto.
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
6. ☒ That the decedent has not received assistance from the State of Washington for medical care.
☐ That the decedent has received assistance from the State of Washington for medical care.
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ _____, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ _____, and including the value of Decedent's separate property, if any, of approximately \$ _____, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ _____.

This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

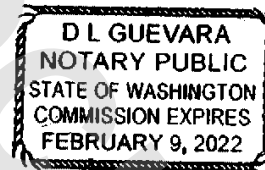
DATED: November 17, 2020

Evon Daigle
(Signature)

Evon Daigle
(Print or type full name)

7936 Pinelli Rd, Sedro Woolley, WA 98284
(Full address and telephone number)

360-630-9165



SUBSCRIBED and SWORN TO before me this 17 day of November, 2020

D L Guevara
Notary Public in and for the State of
Washington, residing at Sagit County

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-005419

DATE ISSUED: 03/13/2014

FEE NUMBER: 0000000029

GIVEN NAMES: WILLIAM RAY
LAST NAME: DAIGLECOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 08, 2014
HOUR OF DEATH: 01:10 P.M.
SEX: MALE
AGE: 53 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITEBIRTHDATE: [REDACTED]
BIRTHPLACE: VAKIMA, VAKIMA CNTY, WASHINGTONMARITAL STATUS: MARRIED
SPOUSE: EVON WEBBEROCCUPATION: ELECTRICIAN
INDUSTRY: UNION
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? NOINFORMANT: EVON DAIGLE
RELATIONSHIP: WIFE
ADDRESS: 7936 PINELLI ROAD, SEORO-WOOLLEY, WASHINGTON 98284PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEORO WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 7936 PINELLI ROAD
CITY, STATE, ZIP: SEORO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NOCOUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARSFATHER: DANA PAUL DAIGLE
MOTHER: RUTH DARLINE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: WALLIN FUNERAL HOME & CREMATO
CITY, STATE: OAK HARBOR, WA
DISPOSITION DATE: MARCH 12, 2014FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEORO WOOLLEY WA 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTERCAUSE OF DEATH:
A. SUDDEN DEATH UNSPECIFIED NATURAL CAUSES
INTERVAL: MINUTES

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
MORBID OBESITY, ATRIAL FIBRILLATION, MODERATE PERSISTENT ASTHMA, HYPERTENSIONDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:


LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: SUZANNE ROBERTSON, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: MARCH 11, 2014STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONECASE REFERRED TO ME/CORONER: NO
FILE NUMBER: CASE # 040-14
ATTENDING PHYSICIAN:
SUZANNE ROBERTSON MDLOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: MARCH 11, 2014

DOH 01-003 (1/13)

 Affidavit for Correction		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			
Use the section below for requesting any changes on the record.			
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution			
1. Name on record:		2. Date of Event:	3. Place of Event: (City or County)
4. Father's Full Name (For Birth); Spouse A/Husband for Marriage or Dissolution		5. Mother's Full Maiden Name (For Birth); Spouse B/Wife for Marriage or Dissolution	
The Record is incorrect or incomplete as follows:			
The Record now shows:		The True fact is:	
6.	7.		
8.	9.	APR 16 2014	
10.	11.	LifeMap	
12.	13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Telephone Number:			
<input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)			
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.			
15. Signature:		16. Date:	17. Address:
All vital records are registered as received. We do not accept as proof: Driver's License, Social Security card or a hospital issued decorative birth certificate.			
Examples of documentary proof: Certificate of Naturalization Hospital/Medical Record Life Insurance Policy Marriage/Divorce Record		Numident Report (Social Security Administration) Military Record (DD-214) Birth Record Passport	
		School Transcripts (Official) Voter's Registration Card (# it bears an effective date) Alien Registration Card (front and back)	
Birth Certificates:			
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.			
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mar Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.			
3. Child under 18			
<ul style="list-style-type: none"> Only parent(s) or legal guardian can change the birth certificate. Guardian must submit certified court order giving them authority to act on behalf of child(ren). Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required. Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed. To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth. 			
Adult (18 years or older)			
<ul style="list-style-type: none"> Only the adult themselves can change the birth certificate. If the first or middle name is absent, three pieces of documentary proof are required. If the first and/or middle name is misspelled, two pieces of documentary proof are required. To correct birth date, place of birth or parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth. 			
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)			
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 someone other than the informant listed on the certificate. 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.			
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.			
Marriage/Dissolution (Divorce) Certificates:			
1. Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.			
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.			

DOH/CHS 023a January 2013

CERTIFIED

MAR 13 2014

H. Librande
 Skagit County Public Health Department
 Leonard Fairhead M.D. Health Officer

YY00214563