

UNRECORDED

THAT REX V. WARD executed his Last Will and Testament on the 6th day of June, 2010, a true and correct copy of which is attached hereto as **Exhibit B**. The Last Will and Testament bequeaths REX V. WARD's estate in equal shares to MARTHA I. WARD and VICKY HICKS. VICKY HICKS executed a Disclaimer of Assets on December 18, 2020, a true and correct copy of which is attached hereto as **Exhibit C**. The Disclaimer of Assets was filed under Skagit County Superior Court Cause No. 19-4-00345-29;

Since title to the subject community property herein passes to the Affiant, surviving spouse, via operation of law, and VICKY HICKS has disclaimed her right to any of the decedent's share of the community property, it is Affiant's intent not to probate said Will (as it is not required);

THAT pursuant to the above referenced documentation and pursuant to the operation of law, I am the sole and rightful heir to the real property described herein below. My name, age, relationship and address is as follows:

<u>Name:</u>	<u>Age:</u>	<u>Relationship:</u>
MARTHA I. WARD 1121 N. 15 th St. Mount Vernon, WA 98273	Adult	Spouse

THAT the expenses of the last illness and funeral and burial of the decedent have been paid, as evidenced by receipts in my possession, or provisions have been made for full payment of any and all future and currently unknown expenses connected therewith;

THAT the decedent had never received from the State of Washington assistance consisting or nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance;

THAT there is no State of Washington Inheritance Tax due as a result of the decedent's death;

THAT there is no Federal Estate Tax due as a result of the decedent's death;

THAT no probate of the Estate of REX V. WARD has been instituted, nor is such probate contemplated;

THAT all of the real property owned by the decedent at the time of his death, or in which he had an interest was community property, was situated in Skagit County, Washington; and is more particularly described as follows:

A TRACT OF LAND LOCATED IN THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 17, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M.: BEGINNING AT A POINT 166.32 FEET EAST OF AND 847.25 FEET NORTH OF THE SOUTH QUARTER CORNER OF THE AFORESAID SECTION; THENCE EAST PARALLEL TO THE AFORESAID SECTION LINE 166.32 FEET; THENCE NORTH 151.00 FEET PARALLEL TO THE NORTH-SOUTH CENTERLINE OF THE AFORESAID SECTION; THENCE WEST 166.32 FEET; THENCE SOUTH 151.00 FEET TO THE POINT OF BEGINNING, EXCEPT THE EAST 30 FEET THEREOF AS CONVEYED TO THE CITY OF MOUNT VERNON FOR STREET PURPOSES BY DEED RECORDED FEBRUARY 27, 1959 UNDER AUDITOR'S FILE NO. 577082.

Parcel No.: P25734

THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to the Affiant in reliance upon the representations set forth above. Affiant agrees to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance.

Dated this 27 day of April, 2021.

Martha Ward
MARTHA I. WARD

I certify that I know or have satisfactory evidence that MARTHA I. WARD signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 27 day of April, 2021.

NOTARY PUBLIC
STATE OF WASHINGTON
MICHELE BATCHELOR
Lic. No. 175896
My Appointment Expires
DECEMBER 31, 2022

M Michele Batchelor
Michele Batchelor
[PRINTED NAME]
Notary Public in and for the
State of Washington
Residing in 1700 Urban Ave.
My commission expires: 12-31-2022

EXHIBIT A

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-053000

DATE ISSUED: 11/18/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): REX VERNON
LAST NAME(S): WARD

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 15, 2020
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1121 N 15TH ST
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 1121 N 15TH ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 45 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: LOS ANGELES, CA

FATHER: VERNON T WARD
MOTHER: MABEL [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARTHA DENSON

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

OCCUPATION: METER READER
INDUSTRY: PUD
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 17, 2020

INFORMANT: MARTHA WARD
RELATIONSHIP: WIFE
ADDRESS: 1121 N 15TH ST MOUNT VERNON, WA 98273

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:
A: COVID 19
INTERVAL: 1 WEEK
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: TYPE 2 DIABETES,
FRONTOTEMPORAL DEMENTIA

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: ERIC STARK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: PO BOX 329
CITY, STATE, ZIP: BURLINGTON, WA 98233
DATE SIGNED: NOVEMBER 17, 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: ISABEL M. CARBAJAL
DATE RECEIVED: NOVEMBER 17, 2020

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

Mail to: 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

Required information must match current information on record
Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record: First, Middle, Last, Date of Event, Place of Event
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:
8. The record currently shows:
9. The true fact is:
10.
11.
12.
13.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing 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 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.
*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.



CERTIFIED

NOV 18 2020

Handwritten signature of Howard Leibrand

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



0 4 1 4 3 2 9 2

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

EXHIBIT B

UNOFFICIAL DOCUMENT

Last Will and Testament of

KNOW ALL PERSONS BY THESE PRESENTS:

That, I, Rex V Ward
of _____, County of Skagit, State of WA
of the age of 89 years, and being of sound and disposing mind and memory, and not acting under duress, menace, fraud or the undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament, hereby revoking all Wills and any Codicils thereto at any time heretofore made by me.

Article I. Identification of Family.

I declare that my family consists of: martha Ward
Tracy Ward
Vickie Hicks
Joe Hicks
Bill Hicks
John Hicks
Tom Hicks
at the time of the execution of this Will.

Article II. Payment of Debts.

I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses of my last illness and funeral, be paid by my executor or executrix as soon after my death as is practicable and before any division or distribution of property. Any and all property passing under this Will shall pass subject to all encumbrances.

Article III. Disposition of Estate.

I give, devise and bequeath unto:
Guns — Tyler & Brent
Bowling Balls — Tyler, Brent
Bowling rings — Tyler Brent
fishing poles — Tyler, Brent, Joe
TOOLS — See them

Article IV. Nonintervention Clause.

I further direct that my Execut ~~or~~ act without the intervention of any Court, except as may be required in the case of nonintervention wills. My Execut ~~or~~ shall have full power: to sell, lease, exchange, convey and encumber, without notice or confirmation, any assets of my estate, real or personal, at such prices and terms as may seem just to _____; to mortgage or pledge any estate property; to invest and reinvest any assets of my estate; to advance funds and borrow money, secured or unsecured, from any source; and to select any part of the estate in satisfaction of any partition or distribution thereunder, in kind, in money, or both. Such powers may be exercised whether or not necessary for the administration of my estate.

Article V. Nominations of Executor and Guardian.

I hereby nominate and appoint Martha Ward of _____ to act as execut ~~or~~ of this, my Last Will and Testament, to act with _____ bond. In the event that the aforementioned execut ~~or~~ is for any reason unable or unwilling to act in such capacity, I nominate and appoint Vicky Hicks to act as execut ~~or~~ with _____ bond, and without intervention of any court as hereinafter provided.

If it be necessary to appoint a guardian for my children upon my death, I appoint _____ of _____, and I appoint _____ of _____ as an alternate guardian.

Article VI. Residuary Estate.

Should any of the bequests, gifts or devises in Article III fail due to circumstances that cannot be reconciled with the terms herein or my express wishes, I give, devise and bequeath such, in the alternative, to my residuary estate.

I give my residuary estate to: Martha Ward + Vicky Hicks

IN TESTIMONY WHEREOF, I hereunto set my hand and publish and declare this as my Last Will and Testament, on this
2 day of June, 2010.

[Signature]
Testator/Testatrix

State of Washington }
County of Skagit } ss.

Each of the undersigned, being first duly sworn, on oath, states that on this 6 day of June,
2010:

- (1) I am over the age of eighteen (18) years and competent to be a Witness to the Will of _____ (the Testat_____);
- (2) The Testat_____, in my presence and in the presence of the other Witnesses whose signatures appear below:
 - (a) Declared the foregoing instrument, consisting of _____ pages, of which this is that last to be _____ Will;
 - (b) Requested me and the other Witnesses to act as Witnesses to _____ Will and to make this affidavit; and
 - (c) Signed such instrument;
- (3) I believe the Testat_____ to be of sound mind, and that in so declaring and signing, _____ was not acting under any duress, menace, fraud, or undue influence;
- (4) The other Witnesses and I, in the presence of the Testat_____ and of each other now affix our signatures as Witnesses to the Will and make this affidavit.

[Signature]
Witness
1117 Warner St
Address
Sedro Woolley WA 98284

[Signature]
Witness
1117 Warner St
Address
Sedro Woolley, wa 98284

Witness _____
Address _____

Signed and sworn to before me this _____ day of _____.

Notary Public in and for the state of _____

My appointment expires: _____

Last Will
and
Testament
of

State

EXHIBIT C

UNOFFICIAL DOCUMENT

FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA

2020 DEC 29 PM 1:41

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**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR SKAGIT COUNTY**

In re the Estate of:

Cause No. 19-4-00345-29

REX V. WARD,

DISCLAIMER OF ASSETS

Deceased.

1. Identification of Disclaimant. I, VICKIE HICKS, am the daughter of MARTHA I. WARD, the wife of Decedent REX V. WARD, who died on November 15, 2020. I am of legal age and sound mind.

Decedent's Last Will and Testament is dated June 6, 2010. A probate of decedent's estate has not been filed; decedent's spouse, MARTHA I. WARD, has petitioned the court concurrently herein to terminate the guardianship of decedent and to authorize his estate assets, other than specific bequests, to be distributed to her in their entirety.


2. Disclaimer under Will (Fraction of Residue). Under Article VI of Decedent's Will, "Residuary Estate", the residue of Decedent's estate shall be distributed equally to me and to decedent's spouse, MARTHA I. WARD. Pursuant to RCW 11.86 and Sections 2046 and 2518 of the Internal Revenue Code of 1986, as

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amended, I hereby irrevocably renounce and disclaim that portion of Decedent's estate which I would otherwise receive under Article VI of Decedent's Will, which portion is fifty (50%) of decedent's estate, comprised of all assets of the estate other than specific bequests of personal property as described in Article III of Decedent's Will, "Disposition of Estate". I understand that the disclaimed interest shall be distributed to in full to MARTHA I. WARD.

3. Disclaimer. This Disclaimer is irrevocable and without any condition or qualification. It is my intent that this Disclaimer constitute a "qualified disclaimer" as defined in Section 2518 of the Internal Revenue Code of 1986, as amended, and that this Disclaimer satisfy the requirements of RCW 11.86.

DATED this 18 day of December, 2020.



VICKIE HICKS
Disclaimant

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STATE OF WASHINGTON)
) :ss
COUNTY OF SKAGIT)

THIS IS TO CERTIFY that on the below date before me, a Notary Public in and for the State of Washington, duly commissioned and sworn, came VICKIE HICKS, personally known or having presented satisfactory evidence to be the individual described in and who executed the within instrument, and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

DATED this 18 day of December, 2020.



Gina Singletary
Gina Singletary
[printed name]
NOTARY PUBLIC in and for the
State of Washington
Residing at: Burlington
My Commission expires: June 8, 2024

DISCLAIMER OF ASSETS