

RETURN ADDRESS

Timios Inc
5716 Corsa, # 102
Westlake Village, CA 91362

Document Title(s)

Lack of Probate Affidavit

Reference Number(s) of Related Documents

Statutory Warranty Deed recorded 5/29/2007 Instrument No. 200705290218
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Grantor(s) (Last, First and Middle Initial)

Additional Reference #'s on page:

Helen M Wheeler	<input type="text"/>
Larry Lambert Wheeler	<input type="text"/>
	<input type="text"/>

Additional Grantors on page:

Grantee(s) (Last, First and Middle Initial)

Helen M Wheeler	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Additional Grantees on page:

Legal Description (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

LOT 43, AMENDED PLAT OF MOUNTAIN VIEW ESTATES, SKAGIT COUNTY, WA
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Additional legal is on page:

Assessor's Property Tax Parcel/Account Number

P90655

Prepared By and Return to:
Timios, Inc.
5716 Corsa Ave., Suite 102
Westlake Village, CA 91362

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

Title Insurance Commitment No.: 08-02022381, County: SKAGIT

STATE OF WASHINGTON

SS:

COUNTY OF SKAGIT

ABBREVIATED LEGAL:

The undersigned, HELEN M. WHEELER, executes this affidavit relating to the estate of LARRY LAMBERT WHEELER (herein "Decedent"), who died on SEPTEMBER 16, 2005, 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 heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

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, 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 HELEN M. WHEELER
 Address: 708 SAUK MOUNTAIN DR. SEDRO-WOOLLEY, WA 98284
 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 HELEN M. WHEELER.
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was:
 - married to HELEN M. WHEELER.
 - 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): NONE

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ \$379,500.00, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ \$379,500.00, and including the value of Decedent's separate property, if any, of approximately \$ N/A and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$N/A.

This affidavit is made to induce Timios, Inc. 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: September 10, 2020

Helen M. Wheeler
(Signature)
HELEN M. WHEELER
(Print or type full name)

(Full address and telephone number)
708 SAUK MTN DRIVE, SEDRO-WOOLLEY, WA 98284
360-854-0366

SUBSCRIBED and SWORN TO before me this 10 day of September, 2020

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



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-025759

DATE ISSUED: 09/18/2015

FILE NUMBER: 0000310915

GIVEN NAME: LARRY LAMBERT
LAST NAME: WHEELER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 16, 2015
HOUR OF DEATH: 09:58 P.M.
SEX: MALE
AGE: 89 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: HELEN BOWER

OCCUPATION: SALESPERSON
INDUSTRY: SERVICES
EDUCATION: ASSOCIATE, DEGREE
US ARMED FORCES: YES

INFORMANT: HELEN WHEELER
RELATIONSHIP: SPOUSE
ADDRESS: 708 SAUK MOUNTAIN DRIVE, SEPRO-WOOLLEY, WA 98284

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LEE CARE CENTER OF SKAGIT VALLEY
CITY, STATE, ZIP: SEPRO WOOLLEY, WASHINGTON 98281

RESIDENCE STREET: 708 SAUK MOUNTAIN DRIVE
CITY, STATE, ZIP: SEPRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS: YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: EZRA GILSON WHEELER
MOTHER: GLADIS MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: CADY CREMATION SERVICES
CITY, STATE: KENT, WA
DISPOSITION DATE: SEPTEMBER 18, 2015

FUNERAL FACILITY: A SACRED MOMENT FUNERAL SERVICE
ADDRESS: 1910 120TH PLACE SE, #102
CITY, STATE, ZIP: EVERETT, WA 98208
FUNERAL DIRECTOR: LINDSAY A. SOVER [REDACTED]

CAUSE OF DEATH:
A. MYCOBACTERIUM AVIUM-COMPLEX PNEUMONIA
INTERVAL: MONTHS
B. INTERVAL:
C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ALZHEIMER'S DEMENTIA

DATE 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: YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JONATHAN W. FISH, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEPRO WOOLLEY WA 98284
DATE SIGNED: SEPTEMBER 17, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEATH REGISTRAR:
CHELSEA PETERSON
DATE RECEIVED: SEPTEMBER 18, 2015

TEST(S): AUCHEDECS: NONE

NUMBER(S) NONE
NOTE(S) NONE



FORM 903 (1/15)

Affidavit for Correction

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

Mail to: Center for Health Statistics
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:	2. Date of Event:
	3. 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: <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:		

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 forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd 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

<p>Child under 18</p> <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 	<p>Adult (18 years or older)</p> <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
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*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)

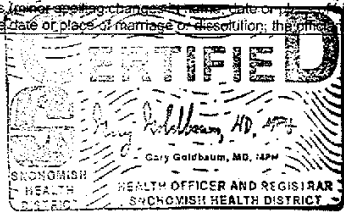
Death Certificates

- 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 (for spelling changes, name, date 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



CC00115572

SEP 15 2015