

Return Address:

Carroll Leonovich
31884 S. Skagit Hwy
Sedro Woolley, WA
98284

GNW 21-11121

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Carroll C. Leonovich, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Wife
Relationship to decedent

of Leon P. Leonovich, who died on 6-9-20
Decedent/Grantor Date

at Sedro-Woolley Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: _____

Lot 152, Eaglemont Phase 1B, Div. 5H6

Assessor's Property Tax Parcel/Account Number: 124061 / 4883-000-152-0000
√ (Attach full legal description of the property)

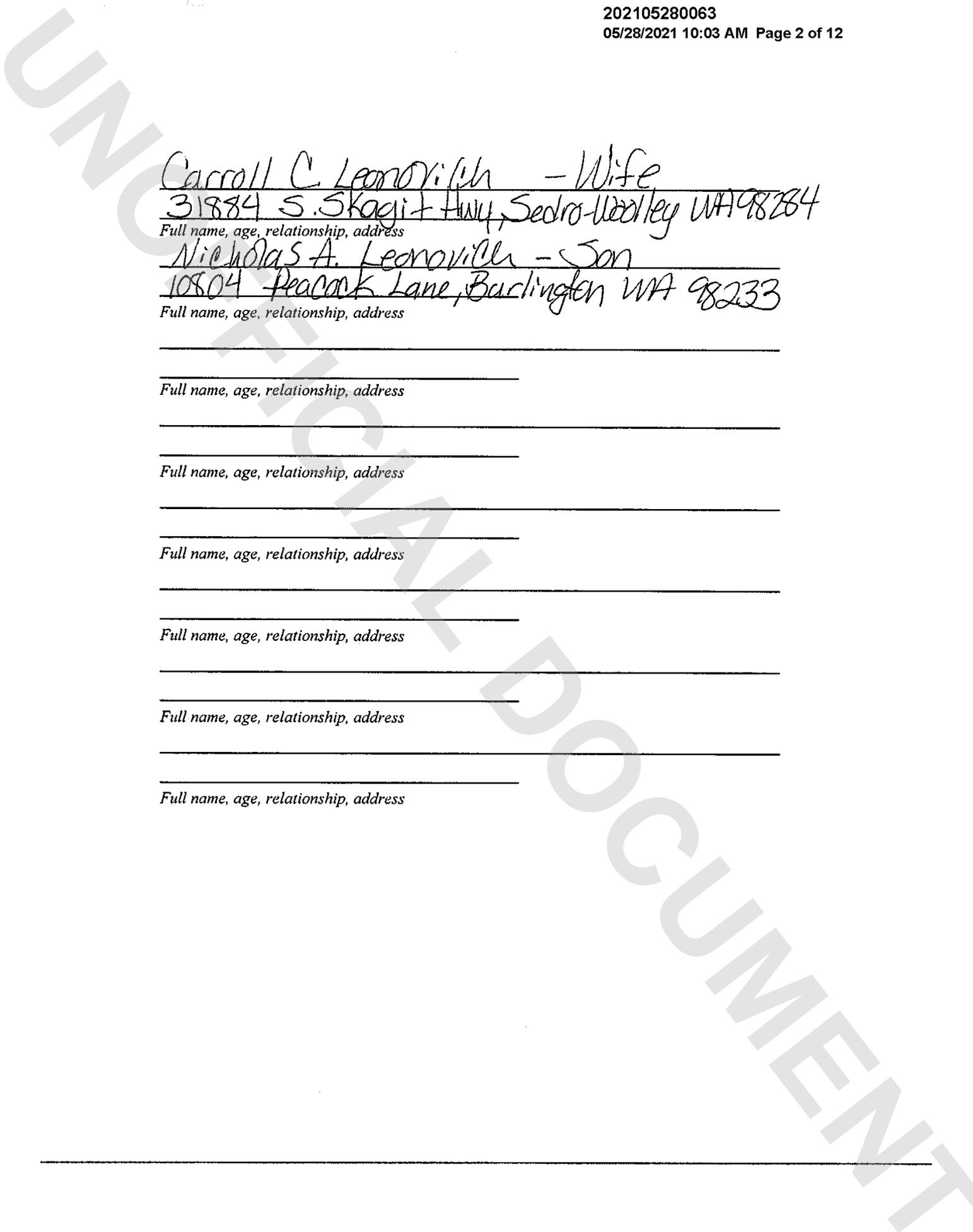
- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"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: (use additional pages if necessary)

(Page 1 of _____)

Carroll C Leonovich - Wife
31884 S. Skagit Hwy, Sedro-Woolley WA 98284
Full name, age, relationship, address

Nicholas A. Leonovich - Son
10804 Peacock Lane, Burlington WA 98233
Full name, age, relationship, address



Dated: Carroll C Leonovich

Affiant's full name 360-391-4664

Telephone number 31884 S. Skagit Hwy

Sedro Woolley WA 98284

City State Zip Code
Carroll C Leonovich 5/26/2021

Signature

Date

State of Washington County of Skagit

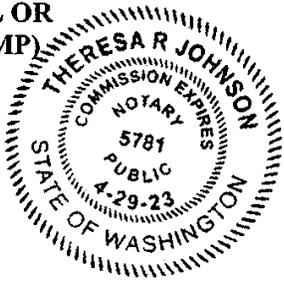
I know or have satisfactory evidence that Carroll C. Leonovich
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 5/26/21

Theresa R Johnson
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Camano Island

Notary Public in and for the State of WA

My appointment expires: 4/29/23

Exhibit "A"
Property Description

Lot 152, "PLAT OF EAGLEMONT PHASE IB, DIVISION NOS. 5 AND 6", according to the plat thereof recorded January 10, 2006, under Auditor's File No. 200601100170, Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

reced

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2020-026600

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LEON PROKOFIEV
LAST NAME(S): LEONOVICH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 09, 2020
HOUR OF DEATH: 03:00 PM
SEX: MALE AGE: 68 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 31884 S. SKAGIT HWY
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 31884 S. SKAGIT HWY
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 47 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SANTA MONICA, CA

FATHER: ANAOTLE LEONOVICH
MOTHER:

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CARROLL CANN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: OWNER/OPERATOR
INDUSTRY: REAL ESTATE AGENCY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JUNE 11, 2020

INFORMANT: CARROLL LEONOVICH
RELATIONSHIP: WIFE
ADDRESS: 31884 S SKAGIT HWY, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: RICK B. LEMLEY

CAUSE OF DEATH:
A: ESOPHAGEAL CANCER
INTERVAL: 1-YEAR
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PROBABLE ASPIRATION
PNEUMONIA, CIRRHOSIS OF LIVER, ANEMIA, HYPOALBUMINEMIA, MALIGNANT
PLEURAL EFFUSIONS

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: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA-98273
DATE SIGNED: JUNE 10, 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. GARBAJAL
DATE RECEIVED: JUNE 11, 2020



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: _____

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): First: _____ Middle: _____ Last: _____

5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution): First: _____ Middle: _____ Last: _____

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: P.O. 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 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 foregoing is true and correct

16a. Signature: _____ **16b. Signature of 2nd 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 this 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
- Child under 18**
- 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
- 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 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
- *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 (minor spelling changes in name, date or place 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

CERTIFIED

JUN 11 2020

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



0 3 8 0 5 1 1 0

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

**LAST WILL AND TESTAMENT
OF
LEON P. LEONOVICH**

I, Leon P. Leonovich, a resident of Sedro Woolley, Washington declare this to be my Last Will and revoke all former Wills and Codicils.

**ARTICLE I
Identification of Family**

In making this Will I have in mind my wife, Carroll C. Leonovich, and my child, Nicholas A. Leonovich, born 1978, but does not include any children hereafter born to or adopted by my wife and me. Any reference to a "child of mine" or "my children" shall include the persons, other than my wife, named or referred to in this Article.

**ARTICLE II
Disposition of Remains**

I direct that my remains be cremated. I authorize my Executor to carry out these directions and wishes, particularly those for the disposition of my remains.

**ARTICLE III
Appointment of Fiduciaries**

A. Appointment of Personal Representative. I appoint my wife as Executor of my estate. If my wife is or becomes unable or unwilling to serve as Executor, I appoint my son, Nicholas A. Leonovich as alternate Executor.

B. Bond; Court Supervision. My Executor shall have the right to serve without bond and to administer and settle my estate without the intervention or supervision of any court, except to the extent required by law in the case of nonintervention wills. Nothing herein shall prevent my Executor from seeking the assistance of the court in any situation where my Executor deems it appropriate.

**ARTICLE IV
Disposition of Residue**

A. Provision for Wife. I give all of the rest and residue of my estate, wherever located (hereafter referred to in this Article as "residue"), to my wife if she survives me.

B. Provision for Descendants. If my wife does not survive me then I give the entire residue to my descendants.

1. Provision for Others. If I am not survived by my wife, or by any of my descendants, I give the entire residue to my heirs.

ARTICLE V

Alternative Methods of Distribution

A. Purpose of Article. Recognizing that under certain circumstances the terms of this Will may direct that property be distributed outright to a person who is under age twenty-one (21) or under a legal disability; I make the following provisions to facilitate the distribution of property to such persons.

B. Alternative Methods. Whenever the terms of this Will direct my personal representative (referred to in this Article as the "fiduciary") to distribute property outright to a person who is then under age twenty-one (21) or under a legal disability, the fiduciary may retain pursuant to Paragraph C. of this Article or distribute all or any portion of that property in any one or more of the following ways:

1. Delivery directly to the beneficiary;
2. Delivery to the parent or stepparent of the beneficiary;
3. Delivery to the guardian of the beneficiary's person or property;
4. Delivery to any Custodian for the beneficiary under the Uniform Gifts to Minors Act;
5. Delivery to any then existing trust created for the beneficiary;
6. Deposit in a financial institution in an account established in the name of the beneficiary alone pursuant to the laws of the State of Washington;
7. Storage of any tangible personal property in safekeeping with the costs of storage to be borne by the beneficiary; or
8. Sale of any tangible personal property and delivery of the proceeds in any manner permitted by this Article.

Provided the fiduciary acts in good faith, upon delivery of any property in accordance with the provisions of this Article, the fiduciary shall be discharged from all responsibilities in connection with the property.

C. Discretionary Trust. Any property not distributed as provided in Paragraph B. of this Article shall be retained by the fiduciary in trust for the beneficiary on the following terms and conditions: During any period in which the beneficiary is under a legal disability or under twenty-one (21) years of age, the fiduciary shall pay to or apply for the benefit of the beneficiary so much of the income and principal of the trust as the fiduciary, in its sole and absolute discretion, determines is advisable for the beneficiary's health, support, education and general welfare. At such time as the beneficiary is neither under a legal disability nor under age twenty-one (21), the fiduciary shall distribute any remaining trust assets to the beneficiary. If the beneficiary dies before all of the trust assets have been distributed, the fiduciary shall distribute any remaining trust assets to the beneficiary's estate.

ARTICLE VI

Administrative Provisions

A. Powers and Duties of Personal Representative. My personal representative shall have all of the powers and duties granted to or imposed upon personal representatives serving with non-intervention powers pursuant to the laws of the State of Washington.

B. Debts and Expenses. All expenses of administration chargeable to principal, the expenses of the disposition of my remains, and all my legitimate debts, if and when paid, shall be paid from the principal of my residuary estate. No debt need be paid prior to its maturity in due course and except as otherwise provided in this Will no interest in any property passing under this Will need be exonerated.

C. Taxes. All estate, inheritance or other similar death taxes, together with any interest or penalties thereon, arising by reason of my death with respect to any property includable in my taxable estate, and any adjusted taxable gifts, whether passing under or outside of this Will, shall be paid from the principal of my residuary estate without reimbursement from the recipients or beneficiaries of such property, provided, however, that in the event any proceeds of insurance upon my life or any property over which I held a power of appointment are included in my estate for purposes of determining the federal estate tax liability of my estate, then the residue of my estate shall be entitled to receive from the recipients of any such proceeds or property the portion of such federal estate tax liability attributable to such proceeds or property determined in accordance with IRC §§ 2206 and 2207.

ARTICLE VII

Miscellaneous

A. Number and Gender. Unless the context indicates a contrary intent, the plural and singular forms of words shall each include the other, and every noun and pronoun shall have a meaning that includes the masculine, feminine and neuter genders.

B. Survival. To "survive" me, as that term is used in this Will, a person must continue to live for thirty (30) days after my death.

C. Descendants. The "descendants" of an individual include only the following:

1. All such individual's biological descendants, except any person not born in lawful wedlock and his descendants, unless the biological parent who would otherwise cause him or her to be a descendant has acknowledged paternity or maternity in legitimation proceedings, or in an unambiguous signed writing identifying such person by name, or by raising such person in the same household; and
2. Persons adopted by such individual or one of his or her descendants, and their descendants.

If the parent, who would cause a person to be a descendant as defined above, is replaced in an adoption proceeding, such person shall remain a descendant unless such parent voluntarily consents to the relinquishment of his or her status as parent in connection with such adoption proceedings.

D. Heirs. The term "heirs" shall mean those persons entitled to inherit under the then-applicable laws of the State of Washington governing the descent of an intestate's separate estate. They shall inherit in their statutory proportions. If the provisions of this Will call for a distribution of property to my heirs or the heirs of any other person and the event giving rise to the requirement for such distribution takes place at a time later than my death or the death of such person, the determination of the identity of such heirs shall be made as if I (or such other person) had died on the date of the event giving rise to such requirement for distribution.

E. Exclusion of Pretermitted Heirs. Other than as set forth in this Will, I make no provision for any child of mine or descendant of a deceased child of mine. I specifically make no provision for any person (whether now living or hereafter born), other than a child named or referred to in Article I or a descendant of mine as defined in this Will, who may be entitled to claim an interest in my estate under the laws of the State of Washington.

F. Legal Disability. A person is under a legal disability if my personal representative determines, in good faith, that the person is incapable of managing his property or of caring for himself, or both, or is in need of protection or assistance by reason of physical injury or illness, mental illness, developmental disability, senility, alcoholism, excessive use of drugs, or other physical or mental incapacity.

G. Title to Real Property. Upon my death, title to any real property passing under this Will shall vest in my personal representative in his fiduciary capacity and shall remain so vested until my personal representative distributes or sells that property, at which time title shall vest in the distributee or purchaser.

H. Disclaimer. Except as may be otherwise specifically provided in this Will, in the event that any beneficiary disclaims an interest arising out of this Will or any trust created herein it is my intention that the interest disclaimed shall be distributed in the same manner and at the same time as if the disclaiming beneficiary had died immediately preceding the event pursuant to the laws of the State of Washington.

I. Governing Law. The provisions of this Will shall be interpreted in accordance with and in light of the laws of the State of Washington.

J. Corporate Successors. Whenever a corporation or other business entity is referred to herein, the reference shall include any successor organization.

K. References to Statutes. In this Will, the abbreviation "IRC" shall refer to the Internal Revenue Code of 1986 as amended.

I have initialed and dated for identification purposes all pages of this, my Last Will, and have executed the entire instrument by signing this page on the 29 day of August, 2006, at Sedro Woolley, Washington.

Leon P. Leonovich
Leon P. Leonovich *SL*

Attestation and Statement of Witnesses

Each of us declares under penalty of perjury under the laws of Washington that Leon P. Leonovich, the Testator, signed this instrument as his Last Will in our presence, all of us being present at the same time, and we now, at the Testator's request, in the Testator's presence, and in the presence of each other, sign below as the witnesses, declaring that the Testator appears to be of sound mind and under no duress, fraud, or undue influence.

M.L. Macnam
[Witness Signature]

Kim Met
[Witness Signature]

MIKE WOLFEN
[Print Name]

Kim Sundstrom
[Print Name]

Residing at 31409 S. SKAGIT
S.W. WASH 98284

Residing at 31035 Walkery Rd
SW. Wa 98284