

Return Address:

Guardian NW Title
3202 Commercial Avenue
Anacortes, WA 98221

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Arcleth Parlow, being first duly sworn
Name of Affiant

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

Property described below, as is Sister
Relationship to decedent
of Dona Jean Hanks who died on 4-2-2002
Decedent/Grantor Date
at Anacortes Skagit Washington
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: LOT 8, The Plat of
Mountain View Park, Anacortes, Washington,
as per plat recorded in Volume 7 of Plats,
page 77 records of Skagit County,
Washington.

Assessor's Property Tax Parcel/Account Numbers: (List All)

P.57965 3805-000-008-0003.

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent: "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Allen Rann Raerog Hanks

Full name, age and relationship

deceased

Address

City

State

Zip

Christopher Michael Hanks

Full name, age and relationship

2211 17th St

Anacortes, WA

98221

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

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Full name, age and relationship

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Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 230,000 of which approximately \$ 230,000 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (✓) OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never (✓) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: June 8, 2021

* Ardeth Partlow
Affiant's full name Telephone number

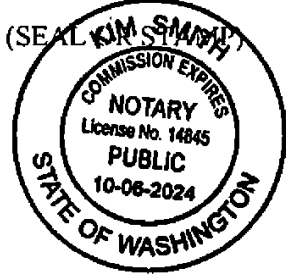
2211 17th St. Anacortes, WA 98221
Street City State Zip Code

State of Washington County of Snohomish

I know or have satisfactory evidence that Ardeth Partlow
(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: June 8, 2021 Kim Smith
Signature of Notary Public



Residing at MULTI VERNON

Notary Public in and for the State of WA

My appointment expires: 10-6, 2024

(Based on REV 84 0017 (1/3/17))

Return Address:

Guardian NW Title
3702 Commercial Avenue
Amcorres, WA 98221

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Ardeth Partlow, 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 sister
Relationship to decedent

of Donna Jean Hanks, who died on 4-2-2002
Decedent/Grantor Date

at Amcorres Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LB The Plat of "mountain
View Park, Amcorres, Washington" as per
plat recorded in Volume 7 of Plats, page 77
Records of Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: 057965; 3805-000-
(Attach full legal description of the property) 008-0003.

- 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 _____)

Allen Larry Hanks
deceased

Full name, age, relationship, address

Full name, age, relationship, address

Christopher Michael Hanks

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: June 8, 2021

Ardeth Partlow
Affiant's full name

360-293-2905
Telephone number

2211 17th Street

Andover WA 98221
City State Zip Code

[Signature] _____
Signature Date

State of Washington County of Snohomish

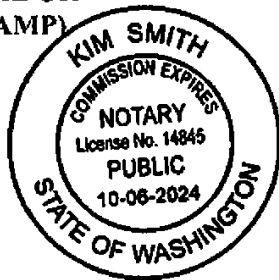
I know or have satisfactory evidence that Ardeth Partlow
(name of person)

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: 6/8/2021

[Signature]
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: MOUNT VERNON

Notary Public in and for the State of WA

My appointment expires: 10-6-2024

STATE OF WASHINGTON DEPARTMENT OF HEALTH

246-02 LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146 STATE FILE NUMBER

Form with fields for Name (Dona Jean Hanks), Date of Death (Apr 2, 2002), Cause of Death (Metabolic Best Cause), and Registrar Signature (Dorothea Epps, deputy).



AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER	for	
2. NAME		3. DATE OF EVENT	4. PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (if Birth), HUSBAND (if Marriage/Dissolution)		6. MOTHER'S FULL MAIDEN NAME (if Birth), WIFE (if Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER:				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DOH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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 Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	You: Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

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

CERTIFIED

APR 08 2002

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

II00363534