06/21/2021 01:45 PM Pages: 1 of 10 Fees: \$112.50

Skagit County Auditor, WA

Return Address:
GUARDIAN NORTHWEST TITLE COMPANY
— 1301-B RIVERSIDE DRIVE—
P.O. BOX 1667
MOUNT VERNON, WA 98273

AFFIDAVIT (LACK OF PROBATE)?

The undersigned affiant/grantee <u>Carol Summers</u> , being first duly sworn
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 Spale
of Henry Symmers , who died on 6-14-2020
at MH Vernon Skagit WA State
REAL PROPERTY SUBJECT TO THE AFFIDAVIT:
Abbreviated Legal Description:
Lot 19 Platos Matroaux Dlause
Assessor's Property Tax Parcel/Account Number: <u>P126412/4935-000-019-0000</u> (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)
REV 84 0017 (1/3/17)

Sherry Sue Warner -55 yrs old
20322 Mt. Prospect Ave, for + Charlotte, NC Full name, age, relationship, didress 3359Z
Full name, age, relationship, address
Full name, age, relationship, address
Lisa Leigh Dummers - 50 ursold
Lisa Leish Summers - 50 yrsold. - Pueblo Cobrado - Living an Westreets
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

17 cas			
Dated: 06 721-			
Carol Auri	Summers		
Affiant's full name			
360-419	-9729 6	729	
Telephone number 301 S Laventu		228	
mount Vernon	Spreed		98274
City	State		Zip Code
Barol V. Dun Signature	umers	06	17-21
Signature		L)ate
State of Washington	Co	ounty of 5k	14 pag
3			2
	0 1		
I know or have satisfactory evidence th	lat <u>Carol</u>	(name of person)
is the person who appeared before me,	and said person ack	nowledged that	(he/she) signed this
affidavit and acknowledged it to be (his			
mentioned in this affidavit.	4		
Dated: (10/17/7202)	W	by Ila	A
		Signature of Notar	y Public
(SEAL OR STAMP)			
STAINT)	Residing at:	Sec)no Wa	dley with.
		in and for the S	
Notary Public			
State of Washington	My appointmen	t expires: LZ	115/21
Doug Clark Commission No. 196611			
Commission Expires 12-15-2021			

Exhibit "A" Property Description

Lot 19, "PLAT OF MONTREAUX, PHASE I," as per plat recorded on July 23, 2007, under Auditor's File No. 200707230124, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

Page 1 of 1

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 06/11/2021 FEE NUMBER:

CERTIFICATE NUMBER: 2020-032171

FIRST AND MIDDLE NAME(S): HENRY HANK LAST NAME(S): SUMMERS

COUNTY OF DEATH: SKAGIT DATE OF DEATH: JULY 14, 2020 HOUR OF DEATH: 07:15 AM SEX: MALE

AGE: 81 YEARS

SOCIAL SECURITY NUMBER: . _

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: PHILIDELPHIA, PA

MARITAL STATUS: MARRIED SURVIVING SPOUSE: CAROL NALTY

OCCUPATION: ENGINEER INDUSTRY: AEROSPACE EDUCATION: BACHELOR'S DEGREE US ARMED FORCES: NO

INFORMANT: CAROL SUMMERS

RELATIONSHIP: WIFE

ADDRESS: 1120 SUMAC PLACE MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: PARKINSON'S DISEASE
INTERVAL: 10 YEARS

INTERVAL

C: INTERVAL:

);

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:

LCCATION OF INJURY:

CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY FACILITY OR ADDRESS: LIFE CARE CENTER CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 1120 SUMAC PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: JOHN SUMMERS MOTHER:

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

CITY, STATE: MOUNT VERNON, WASHINGTON DISPOSITION DATE: JULY 16, 2020

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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

MANNER OF DEATH: NATURAL:
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DIDTOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: SANDRA WILMOT, ARNP TITLE: ARNP CERTIFIER ADDRESS: 1201 PACIFIC AVENUE #600 CITY TACOMA, WA 98402 DATE SIGNED: JULY 15, 2020

CASE REFERRED TO MEJGORONER; NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN, SANDRA WILMOT, ARNP

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO DATE RECEIVED: JULY 16, 2020

00H 422-132 (8/16)

DOH 422-034 August 2019	Affidavit for Correction Mail to: This is a legal document. Complete in ink and do not alter. STATE OFFICE USE ONLY								Cantor for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
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CERTIFIED

JUN 11 2021

Steel Coder Health France



Certificate not valid unless the Soci of the State of Washington changes color when herd applied.

LAST WILL OF HENRY JULIAN SUMMERS

I, HENRY JULIAN SUMMERS, now residing in Snohomish County, Washington, declare this to be my will. I am of legal age. I am of sound and disposing mind and memory. I am not acting under duress, menace, fraud, or the undue influence of anyone. I fully understand the nature of my execution of this will. I revoke all prior wills and codicils of mine including my will dated July 11, 2007.

Burial

Upon my death, I direct that my remains be buried, not cremated.

Identification of Family

I am married to CAROL ANN SUMMERS ("my wife"). My children are SHERRY SUE WARNER, residing in Lafayette, Colorado; and LISA LEIGH SUMMERS, residing in Pueblo, Colorado. My former son-in-law is THOMAS WARNER, residing in Highlands Ranch, Colorado. My grandchildren are CASEY LANE PETTYJOHN, residing in Centennial, Colorado; and TYLER SCOTT WARNER (d.o.b. 7/20/1995), residing in Lafayette, Colorado.

Executor -- Appointment, Powers, Duties, Designation

Appointment. I appoint my wife as my executor. If my wife does not survive me, or declines, fails, or is unable to act or to continue to act as my executor, I appoint SHERRY SUE WARNER as my executor.

Bond waiver. No bond, surety, or other security shall be required of any executor named above in any jurisdiction for any purpose.

<u>Powers.</u> My executor shall have unrestricted non-intervention powers to administer and settle my estate. My executor shall have full power, authority, and discretion to do all that my executor thinks necessary or desirable in administering and settling my estate, including:

(a) making interim distributions of principal and income to those who are to receive the principal and the income;

WILL - I

Henry J. Simmers

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- (b) selling, leasing, exchanging, mortgaging, pledging, or assigning without notice or confirmation all or any part of the property of my estate for any purpose which my executor thinks is in the best interests of my estate, whether or not it is necessary in order to pay debts, taxes, or expenses of administration;
- (c) investing and reinvesting property that is not specifically given in this will, in any form of investment that my executor thinks advisable; and
- (d) continuing to operate any business or business properties in which I have an interest at the time of my death and, in so doing, delegating discretionary as well as administrative powers.

Distribution of Property

Specific Bequests

As authorized by RCW 11.12.260, I give the tangible personal property specified in any independent document of mine, which is in my handwriting and/or signed by me, to those of my family, friends and relatives named in that independent document of mine.

I specifically bequeath to THOMAS WARNER my diamond ring and diamond tie tack.

<u>Distribution to Wife.</u> If my wife survives me by ten (10) days, I give her one hundred percent (100%) of my interest in the following property, except for all personal property distributed according to the Specific Bequests paragraph above:

- (a) the residence property which we own but necessarily occupy as a home at the time of my death, together with all rights associated with the property; and
- (b) any real property I own other than my residential property, together with all rights associated with the property; and
- (c) tangible personal property of every kind (except cash on hand or on deposit), including clothing, jewelry, personal effects, books, sporting equipment, tools, furniture, furnishings, pictures, paintings, objects of art, silverware, china, glass, motor vehicles, boats, and other tangible personal property of a household or personal nature; and
- (d) the remainder of my estate, including but not limited to all my cash on hand and on deposit, except for any property over which I only hold a power of appointment.

Alternate Distribution. If my wife does not survive me by ten (10) days, then I give all of my interest in the property described in the paragraph above (Distribution to Wife), except for all personal property distributed according to the Specific Bequests paragraph, as follows:

(a) Fifty Percent (50%) to SHERRY SUE WARNER, if she survives me by ten (10)

Harry J. Simmers

WILL - 2

days;

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- (b) Thirty Percent (30%) to LISA LEIGH SUMMERS, if she survives me by ten (10)
- (c) Ten Percent (10%) to CASEY LANE PETTYJOHN, if she survives me by ten (10) days and
- (d) Ten Percent (10%) to TYLER SCOTT WARNER, if he survives me by ten (10) days.

If any of the above predeceases me, his/her share shall be divided among the remaining above listed beneficiaries who survive me proportionally to the percentages assigned.

Severability Provision

If any provision of this will, or its application to any person or circumstance, is held to be invalid or unenforceable, the remaining provisions of this will, or the application of the provision to other persons or circumstances, shall remain in full force and effect.

Governing Law

Any questions of law regarding the making of this will or its effect shall be determined in accordance with the laws of the State of Washington.

For identification purposes I have signed each of the previous pages of this will of mine. I have executed the entire document by signing this page on July 77, 2010, at Marysville, Washington.

HENRY JULIAN SUMMERS, TESTATOR

This document, consisting of three (3) pages, including this page, was on the date shown above, signed by and declared by HENRY JULIAN SUMMERS to be his will, in the presence of each of us. At his request, in his presence, and in the presence of each other, we now subscribe our names as witnesses.

Backar Depender Leah San State State State State State Residing at 3607 1000

Leah Sauter 3602 100th PINE

Marysville, WH 98270

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AFFIDAVIT OF SUBSCRIBING AND ATTESTING WITNESSES

STATE OF WASHINGTON)
) SS.	
COUNTY OF SNOHOMISH)	

The undersigned subscribing and attesting witnesses, each being duly sworn on oath, out of court, depose and state:

<u>DECLARATION</u>: On July <u>77</u>, 2010, the Testator, HENRY JULIAN SUMMERS, declared the attached instrument to be his will.

SIGNATURE, ATTESTATION, AND SUBSCRIPTION: Immediately following Testator's declaration, Testator signed and published such instrument as his will in the presence of each of the undersigned; then each of the undersigned, as witnesses, at Testator's request, subscribed our names to the will in the presence of Testator and each other.

<u>COMPETENCY</u>: At the time of Testator's declaration, signing, and publication of the attached will, Testator appeared to be of sound and disposing mind and not be acting under duress or undue influence of any person. Each of the other subscribing and attesting witnesses appeared to be competent. Each of the undersigned states, for himself or herself, that he or she is now competent.

<u>TESTATOR'S REQUEST</u>: After the above declaration, signature, attestation, and subscription, Testator requested that each of the undersigned make this affidavit in proof of Testator's attached will.

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STATE OF WASHINGTON) SS.

COUNTY OF SNOHOMISH

I certify that I know or have satisfactory evidence that the above-named witnesses signed this affidavit and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in this affidavit.

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Dated this 27 day of July, 2010.

LINDA E. PASSEY, Notary Public in and for the State of Washington; Residing in Snohornish County.

My appointment expires 5/30/11.

PAYO OF SUBSCRIBING AND ATTESTING WITNESSES

WASH WASH WASH (360) 653-6902