

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

AFFIDAVIT (LACK OF PROBATE) R

The undersigned affiant/grantee Carol Summers, 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 / spouse
Relationship to decedent
 of Henry Summers, who died on 6-14-2020
Decedent/Grantor Date
 at Mt Vernon Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 19, Plat of Matreux Phase I

Assessor's Property Tax Parcel/Account Number: 8126412/4935-000-019-0000
 (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 _____)

Sherry Sue Warner - 55 yrs old
20322 Mt. Prospect Ave, Fort Charlotte, NC
Full name, age, relationship, address 33592

Full name, age, relationship, address

Full name, age, relationship, address

Lisa Leigh Summers - 50 yrs old
Pueblo Colorado - Living on the streets
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: 17 case
06-21-

Carol Ann Summers
Affiant's full name

(360-419-9729 9729)
Telephone number

301 S Laventure Rd #228

Mount Vernon WA
City State

98274
Zip Code

Carol A. Summers
Signature

06-17-21
Date

State of Washington County of Skagit

I know or have satisfactory evidence that Carol Summers
(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: 06/17/2021

Doug Clark

Signature of Notary Public

(SEAL OR
STAMP)

Residing at: Sedro Woolley, WA.

Notary Public in and for the State of WA.

My appointment expires: 12/15/21


Notary Public
State of Washington
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.

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2020-032171	DATE ISSUED: 06/11/2021 FEE NUMBER:
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 SOCIAL SECURITY NUMBER: XXXXXXXXXX AGE: 81 YEARS	PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY FACILITY OR ADDRESS: LIFE CARE CENTER CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	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
BIRTH DATE: XXXXXXXXXX BIRTHPLACE: PHILADELPHIA, PA	FATHER: JOHN SUMMERS MOTHER: XXXXXXXXXX
MARITAL STATUS: MARRIED SURVIVING SPOUSE: CAROL NALTY	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY
OCCUPATION: ENGINEER INDUSTRY: AEROSPACE EDUCATION: BACHELOR'S DEGREE US ARMED FORCES: NO	CITY, STATE: MOUNT VERNON, WASHINGTON DISPOSITION DATE: JULY 16, 2020
INFORMANT: CAROL SUMMERS RELATIONSHIP: WIFE ADDRESS: 1120 SUMAC PLACE MOUNT VERNON, WA 98274	FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
CAUSE OF DEATH: A: PARKINSON'S DISEASE INTERVAL: 10 YEARS B: INTERVAL: C: INTERVAL: D: INTERVAL:	ADDRESS: PO BOX 388 CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273 FUNERAL DIRECTOR: THOMAS CUFLEY
OTHER CONDITIONS CONTRIBUTING TO DEATH:	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: SANDRA WILMOT, ARNP TITLE: ARNP CERTIFIER ADDRESS: 1201 PACIFIC AVENUE #600 CITY, STATE, ZIP: TACOMA, WA 98402 DATE SIGNED: JULY 15, 2020
LOCATION OF INJURY:	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: SANDRA WILMOT, ARNP
CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	LOCAL DEPUTY REGISTRAR: MARIA VIVANCO DATE RECEIVED: JULY 16, 2020
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	

 Health DOH 422-034 August 2019		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	
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: 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/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	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: 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:					
The record currently shows:			The true fact is:		
8.			9.		
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: Printed name: Date:			14b. Signature of 2nd parent (if required): 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 Number 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 Acknowledgment of Parentage form, last name can be changed once to either parent's 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.					
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 proof documentation are required.					
• If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.					
• To correct parent's birth date, place of birth, or name, one proof documentation is required.					
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

JUN 11 2021

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

Wash State Health Department



0 4 4 9 9 1 6 1

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.

Powers. 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 - 1

Henry J. Summers

LAW OFFICE OF LINDA PASSEY, 1612 FOURTH STREET, SUITE 100, P.O. BOX 1479, MARYSVILLE, WA 98270 (360) 653-6902

(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.

Distribution to Wife. 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) days;

WILL - 2

Harry J. Summers

- (b) Thirty Percent (30%) to LISA LEIGH SUMMERS, if she survives me by ten (10) days;
- (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 27, 2010, at Marysville, Washington.

Henry Julian Summers
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.

Barbara Depenich
8626 52nd Ave NE Residing at
Marysville, WA 98270

Leah Sauter
3602 100th PI NE
Marysville, WA 98270

WILL - 3

LAW OFFICE OF LINDA PASSEY, 1612 FOURTH STREET, SUITE 100, P.O. BOX 1479, MARYSVILLE, WA 98270 (360) 653-6902

STATE OF WASHINGTON)
) SS.
COUNTY OF SNOHOMISH)


DECLARATION: On July 27, 2010, the Testator, HENRY JULIAN SUMMERS, declared the attached instrument to be his will.

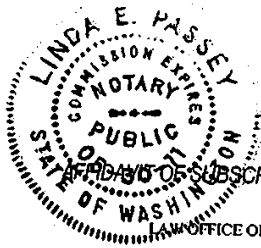
COMPETENCY: At the time of Testator's declaration, signing, and publication of the attached will, Testator appeared to be of sound and disposing mind and not be acting under duress or undue influence of any person. Each of the other subscribing and attesting witnesses appeared to be competent. Each of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

Sachin A. Desai kuh st

STATE OF WASHINGTON)
) SS.
COUNTY OF SNOHOMISH)

Dated this 27 day of July, 2010.


LINDA E. PASSEY, Notary Public in and for the
State of Washington; Residing in Snohomish County.
My appointment expires 5/30/11.



AFIDAVIT OF SUBSCRIBING AND ATTESTING WITNESSES

OFFICE OF LINDA PASSEY, 1612 FOURTH STREET, SUITE 100, P.O. BOX 1479, MARYSVILLE, WA 98270 (360) 653-6902