



202107200059

07/20/2021 09:30 AM Pages: 1 of 8 Fees: \$108.50
Skagit County Auditor

After recording mail to:

Stiles & Lehr Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Address: 717 Cascade Palms CT, Sedro Woolley, WA 98284
Legal : Unit 717, Bldg. 3, "Cascade Palms Condominium, Phase II"
Tax Parcel # 8059-000-005-0100 / P123133

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, LINDA L. MOYER, executes this affidavit relating to the estate of MICHAEL A. MOYER, the Decedent, who died on October 27, 2020, in the County of Whatcom, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

LINDA L. MOYER, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The affiant is (check one):

- ☒ The lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☐ Surviving child 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:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Linda L. Moyer 717 Cascade Palms CT Sedro Woolley, WA 98284	LEGAL	Spouse

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

Unit 717, Building #3, "CASCADE PALMS CONDOMINIUM, PHASE II", recorded August 8, 2005, under Auditor's File No. 200508080175, records of Skagit County, Washington, said Phase II being Multi-Family Sub Lots 5, 6, 7, and 8, Phase II, Cascade Palms Binding Site Plan No. 02-973, recorded November 12, 2002, under Auditor's File No. 200211120149, records of said County and State.

TOGETHER WITH those portions of the Common Areas and Limited Common Areas as described in the Declaration of Covenants for the Cascade Palms Condominium, recorded November 3, 2003, under Auditor's File No. 200311030251, and in first amendment thereto recorded August 8, 2005 under Auditor's File No. 200508080174, records of said County and State.

Situate in the City of Sedro-Woolley, County of Skagit, State of Washington.

5. Status of the Will (if any)

- ☐ The decedent left no Will that devises real property.
☒ The decedent left a Will that devises real property.
☒ The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated 8/21/1995. The Will devises and states that:

5. RESIDUE – WIFE SURVIVING. If my wife survives me for a period of sixty (60) days, I devise and bequeath the residue of my estate to my wife, as Trustee, IN TRUST, such trust to be known as the Moyer Family Testamentary Trust, and to be held, administered and distributed as follows:

5.1. TRUST ADMINISTRATION.

- (a) The Trustee shall distribute all of the net income of the trust to or for the benefit of my wife in convenient installments and shall distribute to or use for my wife's benefit such portion of the trust principal as the Trustee determines necessary for my wife's support and maintenance in her accustomed manner of living.
(b) If at any time such net income and other assets available to my wife are not sufficient to provide generously for her care, support, and recreation, and if a Co-Trustee is serving with my wife, or if my wife is no longer a Trustee of this trust, such Co-Trustee or Successor Trustee, as the case may be, shall distribute to or use for my wife's benefit such portion of the trust principal as the said Trustee determines necessary for such purposes."

On 2/17/2021 and TEDRA was executed amending the Last Will and Testament, dated 8/21/1995 and states that:

6 (a.) Amendments to the Will. The parties agree that the Decedent intended to execute a new will that would have eliminated the creation of the Moyer Family Testamentary Trust as set forth in Article 5 of his Last Will and Testament dated August 21, 1995, and intended for the residue of his estate to be distributed to his surviving spouse, Linda L. Moyer free from trust. This included that Micael A. Moyer's interest in the real property located at 717 Cascade Palms Court, Sedro-Woolley, WA 98284, the seller's interest in the Deed of Trust, dated May 29, 2020, with Joe Musick.

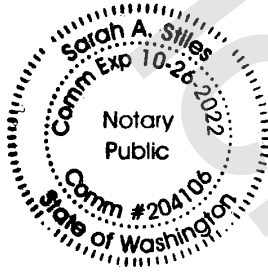
DATED: 7/7, 2021

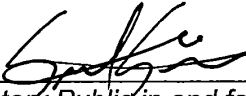

Linda L. Moyer - Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Linda L. Moyer** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 7th day of July, 2021.





Notary Public in and for the State of Washington,
residing at Bellingham
My appointment expires 10-26-22

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-050831

DATE ISSUED: 11/05/2020

FEE NUMBER: 83784970

FIRST AND MIDDLE NAME(S): **MICHAEL ALLEN**
LAST NAME(S): **MOYER**

COUNTY OF DEATH: **WHATCOM**
DATE OF DEATH: **OCTOBER 27, 2020**
HOUR OF DEATH: **03:00 AM**
SEX: **MALE** AGE: **77 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: **CINCINNATI, OH**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **LINDA IRENE LAUER**

OCCUPATION: **CONTROLLER**
INDUSTRY: **DAIRY CO-OP**
EDUCATION: **BACHELOR'S DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **LINDA LAUER MOYER**
RELATIONSHIP: **SPOUSE**
ADDRESS: **717 CASCADE PALMS COURT, SEDRO WOOLLEY, WA 98284**

CAUSE OF DEATH:
A: **RENAL CELL CANCER**
INTERVAL: **GREATER THAN 4 MONTH**

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

PLACE OF DEATH: **HOSPITAL**
FACILITY OR ADDRESS: **PEACEHEALTH ST JOSEPH HOSPITAL**
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98225**

RESIDENCE STREET: **717 CASCADE PALMS COURT**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WA 98248**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **14 YEARS**

FATHER: **CHARLES ALLEN MOYER**
MOTHER: **HARRIET MARGARET**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **SAFE HARBOR FUNERAL SERVICE**

CITY, STATE: **BLAINE, WASHINGTON**
DISPOSITION DATE: **NOVEMBER 04, 2020**

FUNERAL FACILITY: **JERNS FUNERAL CHAPEL**

ADDRESS: **4131 HANNEGAN RD SUITE #106**
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98225**
FUNERAL DIRECTOR: **BRADLEY W. BYTNAR**

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

CERTIFIER NAME: **DAVID MORISON, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **3015 SQUALICUM PARKWAY #140**
CITY, STATE, ZIP: **BELLINGHAM, WA 98225**
DATE SIGNED: **NOVEMBER 04, 2020**

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

LOCAL DEPUTY REGISTRAR: **HEATHER M. LOPES**
DATE RECEIVED: **NOVEMBER 04, 2020**



Affidavit for Correction

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Washington State Department of Health
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
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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: 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:		14b. Signature of 2 nd parent (if required):	
Printed name:	Date:	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 Numident 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

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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 parents' 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.

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.

*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.

Death Certificates

- 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.
- 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

Greg Stern MD

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



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