



202110060075

10/06/2021 10:57 AM Pages: 1 of 17 Fees: \$219.50
Skagit County Auditor

When recorded return to:

Emyle L. Rabe
2921 Club Court – Unit 320
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2021-4598
OCT 6 2021

Amount Paid \$ *0*
Skagit Co. Treasurer
By *[Signature]* Deputy

**AFFIDAVIT: LACK OF PROBATE
(With Statement of Community Property)**

GRANTOR: ROBERT C. RABE, now deceased
GRANTEE: EMYLE L. RABE, surviving spouse
LEGAL DESCRIPTION: Unit 320, "Northridge Estates Condo"
**ASSESSOR'S PROPERTY TAX
 PARCEL OR ACCOUNT NO.** 4417-000-320-0002 / P95769
**REFERENCE NOS. OF
 DOCUMENTS ASSIGNED
 OR RELEASED:** N/A

EMYLE L. RABE, being first duly sworn, deposes and says:

The undersigned Affiant is the rightful heir, as listed in the section entitled Heirs at Law below, to the real property described below, and is the surviving spouse of **ROBERT C. RABE** who died on April 5, 2017, at Mount Vernon, Skagit County, Washington. A certified copy of the Death Certificate is attached hereto as Exhibit "A."

Real Property Description

See Exhibit "B" attached hereto and incorporated herein by this reference.

Status of Will

Decedent also left a Last Will and Testament in favor of the surviving spouse, which has not been probated or revoked, a copy of which is attached as Exhibit "C".

Heirs At Law

Affiant hereby identifies all heirs at law of the Decedent:

Name and Address	Age	Relationship to Decedent
Emyle L. Rabe 2321 Club Court #320 Mount Vernon, WA 98273	Adult	Surviving Spouse
Mark E. Rabe 10618 Rustic Rd. S. Seattle, WA 98178	Adult	Son
Gayle D. Johnson 6603 110 th Avenue NE Lake Stevens, WA 98258	Adult	Daughter
Paul C. Rabe 1588 Fitzgerald Dr., Suite 110 Pinole, CA 94564	Adult	Son
David E. Rabe 7902 N. Milton Ct. Spokane, WA 99208	Adult	Son

The Affiant states of her own knowledge that each of the obligations of the Estate of Robert C. Rabe, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, income tax, and state and federal succession taxes, if any, have been paid in full or provided for by the Affiant.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of the said Decedent, his heirs, creditors, and the taxing authorities.

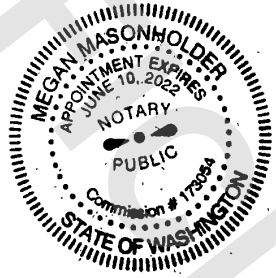
DATED this 4th day of October, 2021.


EMYLE L. RABE, Affiant

State of Washington)
) :ss
County of Skagit)

I certify that I know or have satisfactory evidence that **EMYLE L. RABE**, is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes in the instrument.

Dated this 4th day of October, 2021.



Megan Masonholder

MEGAN MASONHOLDER, Notary Public
My appointment expires June 10, 2022

Exhibit "A"
Death Certificate

Exhibit "A"
Death Certificate

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-016199

DATE ISSUED: 09/20/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT CHRISTIAN
LAST NAME(S): RABE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 05, 2017
HOUR OF DEATH: 01:23 AM
SEX: MALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2921 CLUB COURT #320
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 2921 CLUB COURT #320
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: EL PASO, TX

FATHER: CHRISTIAN BERNHARD RABE
MOTHER: WILMA CHRISTINE [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: EMYLE L OLMSTEAD

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

OCCUPATION: LIVESTOCK INSPECTOR
INDUSTRY: U.S. DEPARTMENT OF AGRICULTURE
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: APRIL 10, 2017

INFORMANT: EMYLE L RABE
RELATIONSHIP: WIFE
ADDRESS: 2921 CLUB COURT #320, MOUNT VERNON, WASHINGTON,

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: JEREMIAH T. LESOURD

CAUSE OF DEATH:
A: PROSTATE CANCER, METASTATIC TO BONE
INTERVAL: 3 1/2 MONTHS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: APRIL 06, 2017

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: CHERYL PETERSON
DATE RECEIVED: APRIL 07, 2017



Affidavit for Correction

10/06/2021 10:57 AM Page 6 of 17
Mar. 6, 2019 - Washington State Department of 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
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: 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 forgoing is true and correct.
14a. Signature: 14b. Signature of 2nd 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
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 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.
*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

SEP 20 2021

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



0 5 1 6 3 7 2 8

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

Exhibit "B"

Legal Description

Apartment Unit 320, "NORTHRIDGE ESTATE CONDOMINIUM," as shown on "Survey and Floor Plans", filed respectively under Auditor's File Nos. 9008280038, 9003090089, 8901100090, 8709010045, 8609050016, 8508120021, 8409210028 and 8405310048 in Volume 14 of Plats, pages 144 and 145, in Volume 14 of Plats, pages 124 and 125, Volume 14 of Plats, pages 65 and 66, in Volume 14 of Plats, pages 40 and 41, in Volume 14 of Plats, pages 22 and 23, in Volume 14 of Plats, pages 12 and 13, in Volume 13 of Plats, pages 113 to 115, inclusive, and in Volume 13 of Plats, pages 97 to 105, inclusive, and as identified by Declaration recorded under Auditor's File No. 9011140056, being an Amendment of Declarations recorded under Auditor's File Nos. 9011140055, 9008280039, 9003090090, 8911130095, 8901100091, 8709010046, 8609050017, 8508120022, 8002220033, 8202080028, 8405310049 and 8410010003, intended for single family residential use.

(Said condominium being a portion of "REVISION TO PLAT OF FIRWEST ESTATES, DIVISION No. 1", as per plat recorded in Volume 12 of Plats, pages 89 and 90, records of Skagit County, Washington; the legal description being parcels "A", "C" and "E" set forth in Article 5 of said Declaration recorded under Auditor's File No. 8002220033.)

TOGETHER WITH an undivided 1.87 percentage interest in the common and limited common areas within said condominium as set forth in said Declaration under Auditor's File No. 9008280039, and shown on said "Survey and Floor Plans."

TOGETHER WITH a non-exclusive and exclusive use of the common areas and limited common areas as set forth in said Declaration recorded under Auditor's File No. 9011140056.

Situated in Skagit County, Washington.

Exhibit "C"

Last Will and Testament of Robert C. Rabe

Exhibit "C"
Last Will and Testament of Robert C. Rabe

ORIGINAL

21-4-00415-29
LWAT 1
Last Will and Testament
11065292



LAST WILL AND TESTAMENT

FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA

2021 SEP 21 AM 10:48

OF

ROBERT C. RABE 21 4 00415 29

That I, ROBERT C. RABE, of Mt. Vernon, Washington, being of lawful age and of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person, do make, publish and declare this to be my Last Will and Testament, and I do revoke all former Wills and Codicils by me made.

ARTICLE I.

IDENTIFICATION OF FAMILY

My immediate family consists of my spouse, Emyle Rabe, and my four children, namely: Mark E. Rabe, Gayle D. Johnson, Paul C. Rabe and David E. Rabe. I have no deceased children.

9

ARTICLE II.

CREMATION

At the time of my death, I request that my remains be cremated with proper regard for my station in life and the circumstances of my estate.

ARTICLE III.

PAYMENT OF DEBTS AND TAXES

All of my funeral and expenses of last illness are to be paid solely from the residue of my estate. The expenses of the administration of my estate, and all estate, inheritance and other taxes imposed by reason of my death, and any interest or penalties thereon, shall be paid out of the residue of my estate, without apportionment.

Except as otherwise provided herein, my Personal Representative is authorized to exercise all elections with respect to taxes or the deductibility of items for any tax purpose, in accordance with what my Personal Representative, in my Personal Representative's sole discretion believes to be consistent with my intentions and in the best interest of my estate. I relieve my Personal Representative of any duty to make adjustments to the shares or interest of any person who may be adversely affected by any such elections. The provisions of this

R.C.R.

(Initial)

paragraph shall also apply to any Trustee(s) hereunder, as the case may be. No provision herein shall be construed in a manner to prevent my Personal Representative or beneficiaries from deferring payment, or from paying said taxes in installments, to the extent permitted by state or federal law.

ARTICLE IV.

GIFTS OF TANGIBLE PERSONAL PROPERTY

1. General Bequest. Except as otherwise provided in the memorandum described in Section 2 below, I give, devise, and bequeath to my spouse, if my spouse survives me by thirty (30) days, any interest I have in household goods and furnishings, personal vehicles, recreational equipment and vehicles, jewelry, personal effects, and all other tangible personal property for personal or household use, together with any insurance proceeds on this property.

If my spouse does not survive me by thirty (30) days, then I give, devise, and bequeath all of my tangible personal property not otherwise disposed of in accordance with the memorandum described in Section 2 below to those of my children who survive me by thirty (30) days, giving due regard for their personal preferences. My Personal Representative shall distribute my tangible personal property as if the individual items have no monetary value.

In the event none of my children so survive me, my remaining tangible personal property shall be distributed as part of the residue of my estate in accordance with the terms of Article VII below.

2. Specific Tangible Personal Property Bequests Under RCW 11.12.260. If there is in existence at the time of my death a memorandum which I have signed containing a list of tangible personal property and the names of persons who are to receive that property, I direct that the Personal Representative distribute such property to the designated person or persons. This provision shall have no effect if such memorandum is not located within thirty (30) days of the appointment of the Personal Representative of my estate. If any items of tangible personal property I happen to own are not mentioned in such list, such items shall be distributed in accordance with the residue of my estate as if they had no monetary value.

3. Expenses. All cost of packing, shipping and insuring such tangible personal property for distribution to my beneficiaries (whether named in this Will or in a separate writing) shall be

RCR

(Initial)

borne as costs of estate administration and shall not be charged to the beneficiaries receiving the property.

ARTICLE V.
OTHER BENEFICIARY DESIGNATIONS

Now, or in the future, I have or may have items such as stocks, bonds, bank accounts, savings and loan association accounts, or certificates registered in my name and the name of one or more others as "joint tenants with right of survivorship." Also, some of my assets such as bonds, life insurance policies or other death benefits or savings accounts or plans are, by their terms, to be made payable upon my death to the specified beneficiary. I understand that under applicable law joint and survivor items may be disposed of during my life by the joint owner designated thereon. I further understand that all of the foregoing types of assets will pass following my death directly to the joint owner or beneficiary designated thereon, and therefore such assets will not be subject to the distributive provisions of my Will.

ARTICLE VI.
SPECIFIC BEQUEST

I direct my Personal Representative to provide funds to allow David, Shelbie, Jordan, Mark, Paul, Gayle (and her sons) to accompany Emyle to Israel to spread my ashes as follows: 1. at the Alliance Cemetery in Jerusalem; 2. at the grounds of what used to be the Alliance Guest Home; 3. at the grounds of The Garden Tomb; 4. at an area in the Old City of Jerusalem near the Western Wall; 5. at Bethlehem in the area of the Church of the Nativity; 6. in the area of Capernaum; 7. On the Sea of Galilee from a "Jesus boat"; 8. at the Galilee Experience Gift Shop; 9. at Nazareth; 10. at Neot Kedumim with a guided tour and Biblical meal; 11. at Beersheva on grounds of what was the Bible Book Shop; 12. at Elat and snorkel in the Red Sea. Have fun and enjoy Israel like I have!

R.C. R.
(Initial)

ARTICLE VII.

DISPOSITION OF RESIDUARY ESTATE

I give, devise and bequeath one hundred percent (100%) of the rest, residue and remainder of my estate, both real and personal and of whatever nature it may be and wheresoever situate, unto my spouse if my spouse survives me by thirty (30) days.

If my spouse does not survive me by thirty (30) days, I give, devise, and bequeath the rest, residue and remainder of my estate, both real and personal and of whatever nature it may be and wheresoever situate to be distributed as follows:

1. Seven thousand five hundred dollars (\$7,500) unto Pastor David Klein of Grace Presbyterian Church to go see Israel;
2. Seven thousand five hundred dollars (\$7,500) unto Pastor Steve Morris to go see Israel;
3. Seven thousand five hundred dollars (\$7,500) unto Marcia Hardy to see Israel;
4. Five thousand dollars (\$5,000) unto Mark E. Rabe;
5. Five thousand dollars (\$5,000) unto David E. Rabe;
6. Twenty-five thousand dollars (\$25,000) unto Gayle Johnson;
7. Twenty-five thousand dollars (\$25,000) unto Paul Rabe;
8. Five thousand dollars (\$5,000) to each of my surviving grandchildren.

If any of the above-named individuals does not survive me by thirty (30) days, then his or her bequest shall lapse.

9. Five Thousand dollars (\$5,000) unto Grace Presbyterian Church, Mount Vernon, Washington, or its successor in interest.

If at the time of my death there is not enough money to cover all the above bequests, then each bequest shall be reduced by the same percentage.

10. The remainder of my estate unto Simpson University, Redding California for the Heart for Israel Scholarship Endowment.

If the above-named charity does not exist as of the date of my death, my Personal Representative after reasonable diligence cannot ascertain that it legally exists, or the bequest does not qualify for the charitable deduction under Section 2055(a) of the Code, then my Personal Representative shall select one or more Charitable Organizations, in my Personal

R. C. R.
(Initial)

Representative's sole and absolute discretion, having the same or similar purposes as the non-existent organization, and shall distribute the share of the non-existent charitable organization to the organizations selected by my personal representative. The term "Charitable Organizations" shall mean those qualified organizations described in each of Section 170(c), Section 2055(a), and Section 2522(a) of the Code.

I intent that each bequest made in this section qualify as a "charitable contribution" under Section 170(c) of the Code and for a "charitable deduction" under Section 2055(a) of the Code. All provisions of this section shall be interpreted consistent with and subordinate to that intent.

ARTICLE VIII.

APPOINTMENT OF PERSONAL REPRESENTATIVE

I nominate and appoint my spouse, Emyle Rabe, as Personal Representative of my estate; my Personal Representative shall have full power to mortgage, encumber, lease, sell, exchange and convey, without notice or confirmation, any assets of my estate, real or personal, at such prices and terms as my spouse may deem just; to advance funds and borrow money, secured or unsecured, from any source. I authorize my Personal Representative to appoint an ancillary Personal Representative or agent if such should become necessary or advisable in the judgment of my Personal Representative. I further direct that my Personal Representative shall have the power to administer my estate without bond and without intervention of any court, together with all powers granted herein and by law to a Personal Representative acting with nonintervention powers, and I direct that such nonintervention powers be unrestricted. My Personal Representative shall be entitled to reasonable compensation for services rendered in serving as Personal Representative.

In the event that my spouse, Emyle Rabe, shall be unable to serve as Personal Representative, then I nominate and appoint David E. Rabe as Alternate Personal Representative of my estate. My Alternate Personal Representative shall have all of the same powers as my Personal Representative and shall serve without bond and without intervention of any court.

My Personal Representative may elect to distribute assets in kind to beneficiaries or liquidate all assets for distribution as determined by my Personal Representative, but I do request that my Personal Representative first determines the desires of all of the beneficiaries prior to

R. C. R.

(Initial)

making his or her final decision. This paragraph is included to facilitate the administration of my estate.

ARTICLE IX.

DISTRIBUTIONS TO OR FOR THE BENEFIT OF MINORS

Unless otherwise provided, if any property of my estate vests in absolute ownership in a minor or incapacitated person, my Personal Representative at any time and without court authorization may do any of the following:

1. Use the whole or any part for the health, education, maintenance and support of the beneficiary; or
2. Distribute the whole or any part to a guardian, committee or other legal representative of the beneficiary, or to a custodian for the beneficiary under the Uniform Transfers to Minors Act, as amended or similar law, if applicable.

Upon obtaining a written receipt from the person to whom the distribution is made, my Personal Representative shall be released from any liability with respect to discretion used in accordance with this provision and the Personal Representative's duties.

If a beneficiary is a minor, my Personal Representative may defer the distribution of the whole or any part of such property until the beneficiary attains the age of twenty-five (25) years, and may hold the same as a separate fund in trust for the beneficiary with all of the powers as set forth in the Washington Trust Act as amended, including payment of reasonable compensation to Trustee(s) for services rendered, and my Trustee(s) shall serve without bond and without intervention of any court. If the beneficiary dies before attaining said age, any balance shall be paid and distributed to the estate of the beneficiary.

ARTICLE X.

WILL CONTEST

In the event that any person should appear and prove to be an heir of mine who is not provided for in this Will, then to such person I give the sum of One Dollar (\$1.00), and should any person contest this Will, then to such person I give the sum of One Dollar (\$1.00), and all other bequests to such person I revoke.

R. C. R.
(Initial)

If any legal action or arbitration proceeding is commenced to interpret or construe any provision of this my Last Will and Testament, and if the plaintiff in such action is a beneficiary of my estate and if such plaintiff does not prevail in the legal action or arbitration proceedings, all attorneys' fees and costs incurred in defending such action shall be withheld from the plaintiff's share of the estate so that the other beneficiaries of this my Last Will and Testament will not be required to pay any expenses or attorneys' fees from their distributive shares in defending any litigation or challenge. This provision shall be in addition to the above provision regarding any contests that may be filed against my Last Will and Testament.

ARTICLE XI.

LAW GOVERNING

This instrument shall be governed by the laws of the State of Washington. Any provision prohibited by law or unenforceable shall not affect the remaining provisions of this instrument.

ARTICLE XII.

DEFINITIONS

1. All references to children and descendants shall include adopted persons.
2. Unless some other meaning and intent is apparent from the context, the plural shall include the singular and vice versa, and masculine, feminine and neuter words shall be used interchangeably.
3. All references to "section" are to such section of the Internal Revenue Code of 1986 as amended and shall be deemed to refer to corresponding provisions of subsequent federal tax laws.

R.C.R.

(Initial)

I have initialed for identification purposes all pages of this my Last Will and Testament which consists of eight (8) pages and have executed the entire instrument by signing this page, on this 16th day of JUNE, 2014, at SEATTLE, Washington.

Robert C. Rabe
Robert C. Rabe, TESTATOR

[Signature]
(Signature of Witness)

Cornelia Bispes
(Signature of Witness)

2401 NW 65th St
(Street Address)

2401 NW 65th St.
(Street Address)

Seattle WA. 98117
(City, State, Zip)

Seattle, WA 98117
(City, State, Zip)

R C R
(Initial)

