202110120172

10/12/2021 03:45 PM Pages: 1 of 8 Fees: \$210.50 Skagit County Auditor

Filed for Record at request of and return to: STILES & LEHR INC., P.S. P.O. Box 228 / 925 Metcalf Street Sedro Woolley, WA 98284

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX 2021 - 4880 OCT 12 2021

Amount Paid \$ 6
Skagit Co Treasurer
By Deputy

Legal A: MARENGO TO BAKER, BLOCK 4, LOT 1-6

Tax Parcel # 4051-004-006-000 / P109035

Legal B: MARENGO TO BAKER LOT 20 BLK 4 & ALSO EXC FDP BAT SE COR SD LT TH N

37FT ALG E LN TH SW 48.92FT TAP ON S LN SD LT WH IS 1.75FT E OF SW COR SD

LT TH W 32FT ALG S LN SD LT TPOB

Tax Parcel #: 4051-004-020-0008 / P70636

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington) ss.
County of Skagit)

The affiants, DAVID S. LEDFORD, and VICKI D. PAST, execute this affidavit relating to the estate of JACK DEAN LEDFORD and GERALDINE "JERRY" LEDFORD, the Decedents, who died on June 19, 2005 and February 18, 2006 respectively, in the County of Skagit, State of Washington, then being residents of the City of Concrete, County of Skagit, State of Washington. A copy of the death certificates are attached hereto.

DAVID S. LEDFORD and VICKI D. PAST, being first duly sworn, depose and say:

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

Relationship of the Affiant to the Decedent

The affiants are (check one):
☐ The lawful surviving spouse of the Decedents
Registered domestic partner of the Decedents
Surviving children of the Decedents
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):

Full Name	Age	Relationship to Decedent
David Scott Ledford PO Box 328 Concrete, WA 98237	Legal	Son
Vicki D. Past 42647 Challenger Rd Concrete, WA 98237	Legal	Daughter
Charles W. Ledford	Deceased	Son
Sheri V. Ledford	Deceased	Daughter

Description of the Property

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

Legal A:

LOTS 1-6, INCLUSIVE, BLOCK 4, "MARENGO ADDITION TO BAKER", AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 97, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

Legal B:

MARENGO TO BAKER LOT 20 BLK 4 & ALSO EXC FDP BAT SE COR SD LT TH N 37FT ALG E LN TH SW 48.92FT TAP ON S LN SD LT WH IS 1.75FT E OF SW COR SD LT TH W 32FT ALG S LN SD LT TPOB

SITUATED IN SKAGIT COUNTY, WASHINGTON.

5. Status of the Will (if any)

☐ The decedents left no Will that devises real property.
 ☐ The decedents left a Will that devises real property.
 ☐ The decedents' estate is not being probated.

The decedents died having left identical Last Will and Testaments, dated 1/30/92. The Wills devise and state that:

IV. Alternate Disposition

(B) All the rest, residue and remainder of my estate, whether real, personal or mixed, and wheresoever situated, I hereby give, devise and bequeath to my said children, DAVID SCOTT LEDFORD, SHERRI VAUN LEDFORD, VICKI DEANN PAST, and CHARLES WILLIAM LEDFORD, in equal shares, share and share alike.

If my daughter, VICKI DEANN PAST, fails to survive me then her share of my estate shall be distributed to her children, JENNIFER DEAN PAST and JAMES MATHEW PAST, JR., in equal shares, share and share alike.

If any other of my children fail to survive me then his or her share shall be distributed equally to my then surviving children.

DATED: 10 / 1 , 2021

David Scott Ledi

DATED: 10/4, 2021

Vicki D. Past - Affiant

the individual(s) described in and w	ared before me David S. Ledford to me known to be ho executed the within and foregoing instrument, ne same as his free and voluntary act and deed, for tioned.
115/23	official seal thisday of October 2021.

) ss.

STATE OF WASHINGTON)

COUNTY OF SKAGIT)

STATE OF WASHINGTON

COUNTY OF SKAGIT

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

My appointment expires

GIVEN under my hand and official seal this 4 day of October, 2021.

Notary No

Notaly Public in and for the State of Washington, residing at Searo Woolley

My appointment expires 12-20-22

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		nber & street or location) of Skagit Valley	,	26a.	City, Town, or Loca Sedro-Wool	ion of Death	26b. State WA	27. Zip Code 98284	•
28. Method of Disp		29. Place of Final Dispos	ilion (Name of res			30. Location-0			
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DOH 01-003 (5/99)

202110120172

Affidavit for Correction This is a legal Document. Complete in ink and do not alter.

10/12/2021 03:45 PM Page 6 of 8
Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

	STA	TE OFFICE U	SE ONLY	•		
State File Number	Fee Number		Initials	Date		Affidavit Number
	Use the section below f	or requesting	any cha	nges on the	record.	**************************************
Record Type: Birth	☐ Deat	h	☐ Ma	arriage		Dissolution
Name on record:			2. Date o	of Event:	3. Place c	of Event: (City or County)
4. Father's Full Name (For Bir	rth): (Husband for Marriage or D	Dissolution) 5. N	lother's Fi	ull Name (Fo	r Birth): (Wife fo	r Marriage or Dissolution)
	The Record is I	ncorrect or Inc	complete			
The Red	cord now shows:	7.		7	The True fact is:	
						
8.		9.				
10.		11.		-		
12.		13.				
14. I represent the person a	s: Self Parent Funeral Director	Guardian Other (Speci	☐ Infor	mant	Telephone	Number:
	erjury under the laws of the	State of Wash	nington th	at the forgoi	ng is true and	d correct.
15. Signature:	16. Date:	17. Address:				
All vital records are registered as r certificate must be returned within All changes must be established	one year of the date it was issued by documentary proof submitte	to receive a replaced with the affida	cement cop vit		Э.	•
Examples of documentary proof:	Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	Medical R Military Re Birth Reco Passport	ecord (DD-2	14)	effective date	stration Card (if it bears an
Birth Certificates:						21017
The proof(s) must match e name to be Mary Ann Doe Proof must be five (or more Up to age one, the parent(This is a one time only chen the new last name may the second second second last name documentary proof.	ian (if the child is under 18), or the exactly the asserted true fact(s). For . Mary A. Doe or M.A. Doe does not be years old or have been establists) or legal guardian may change thange. Subsequent changes will receive the mother's maiden name or facthanges require a certified copy of	or example, if the a ot prove the name hed within five yea he child's last nar equire a certified o ather's name (if profia court ordered	affidavit says is Mary An ars of birth. ne with an a copy of a co esent on the name chan	the name is M n Doe. ffidavit for corre unt ordered name e certificate) or a ge. Minor spell	ary Ann Doe, the ection, provided: ne change. any combination ing changes may	en the proof must show the of the two. y be made with an affidavit and
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information.	eral director, or executors/adminis	•				
3. If it is less than sixty days f	cause of death) may be changed or from date of death please contact	only by the certifying the county health	ng physiciar department	or the corone where the dea	r/medical examin th occurred to m	ier. ake changes.
Marriage/Dissolution (Divorce) Cer	tificates:					

Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit. DOH/CHS 023 (Rev. 9/2002)

Washington State Department of Health

<u>- 1005</u>

Skagit County Public Health Department Howard Enbrand M.D., Health Officer

MM00420007

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				Ĺ	Decedent	's Resi	dence		
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		TE OFFICE USE ONLY		
State File Number	Fee Number	Initials Date	Affidavit Num	nber
	Use the section below f	or requesting any changes	on the record.	
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1. Name on record:		2. Date of Eve	nt: 3. Place of Event: (C	ity or County)
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14. I represent the perso		Guardian Informan Other (Specify)	Telephone Number:	
I declare under penalty	of perjury under the laws of the		forgoing is true and correct.	
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	d as received. An item may be change ithin one year of the date it was issued			der. The incorrect
All changes must be establic Examples of documentary pro	shed by documentary proof submitted pool: Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	ed with the affidavit Medical Record Military Record (DD-214) Birth Record Passport	School Record Voter's Registration Card (effective date) Alien Registration Card (fr	•
Birth Certificates:				
 The proof(s) must maname to be Mary Ann Proof must be five (or Up to age one, the pa This is a one time or The new last name r After age one, last n documentary proof. Parent(s) may change 	uardian (if the child is under 18), or the tch exactly the asserted true fact(s). For Doe. Mary A. Doe or M.A. Doe does n more) years old or have been establis rent(s) or legal guardian may change to ly change. Subsequent changes will renay be the mother's maiden name or farme changes require a certified copy of their child's first or middle name by co	or example, if the affidavit says the not prove the name is Mary Ann Doe hed within five years of birth. the child's last name with an affidavit equire a certified copy of a court or cather's name (if present on the certifof a court ordered name change. Misompleting and signing an affidavit for the court ordered name change.	for correction, provided: ered name change. cate) or any combination of the two. nor spelling changes may be made wi r correction (until their child's 18th birth	th an affidavit and
This affidavit cannot	be used to add a father to a birth ce	rtificate. (Use the paternity affiday	it - form DOH/CHS 021)	

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical 1. information.

The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

MAR 06 2006

Skagit Coupty Public Health Department N00946219
Howard Leibrand M.D., Health Officer