202111090127

11/09/2021 03:25 PM Pages: 1 of 6 Fees: \$208.50 Skagit County Auditor

When recorded return to:

Laura Minton Breckenridge Skagit Law Group, PLLC P.O. Box 336 227 Freeway Drive, Suite B Mount Vernon, WA 98273

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

GRANTOR: MICHAEL F. HERBERT, now deceased

GRANTEE: CAROL S. HERBERT, surviving spouse

ABBREVIATED LEGAL

DESCRIPTION: VILLAGE PARK, LOT 19, ACRES .018

ASSESSOR'S PROPERTY TAX

PARCEL AND ACCOUNT NO. 4702-000-019-0000 (P112554)

REFERENCE NO. OF DOCUMENTS ASSIGNED OR RELEASED: N/A

CAROL S. HERBERT, 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 **MICHAEL F. HERBERT** ("Decedent"), who died on June 9, 2013 at Seattle, King County, Washington. A certified copy of the Death Certificate is attached hereto as **Exhibit A**. The Affiant and Decedent married on June 18, 1966 and were married at the time of purchase of the real property described below and at the time of Decedent's death.

Real Property Description

Lot 19, "PLAT OF VILLAGE PARK", as per plat recorded in Volume 16 of Plats.

Affidavit (Lack of Probate) - 1 of 4

pages 192 & 193, records of Skagit County, Washington

("Real Property").

Status of Will

To the best of Affiant's knowledge and belief, Decedent executed no Wills, agreements to convey, Community Property Agreements, conveyances in escrow, mortgages, deeds of trust, lien agreements, revocable trusts, or other instruments for the purpose of conveying or encumbering the Real Property. The Affiant is entitled to distribution of the Real Property from Decedent because Decedent and CAROL S. HERBERT were Husband and Wife, took title to the Real Property as Husband and Wife, and as such Real Property is community in nature, belongs to CAROL S. HERBERT as surviving spouse.

Heirs At Law

Affiant hereby identifies all heirs at law of Decedent:

Name and Address	Age	Relationship to Decedent
Carol S. Herbert 2217 35 th Court	Adult	Surviving Spouse
Anacortes, WA 98221		
Juliana Blair Herbert McCallister 3371 Moraga Blvd Lafayette, CA 94549	Adult	Daughter
Gregory Dunlap Herbert 7915 Jones Branch Drive No. 649 McLean, VA 22102	Adult	Son

The Affiant states of her own knowledge that each of the obligations of the Estate of Michael F. Herbert, 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.

The Affiant further states that Decedent never received from the State of Washington assistance consisting of nursing facility services, home or community-based services, hospital or prescription drug services, or any other needs-based benefits.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described Real Property to treat the title thereto, or title to an interest therein, relieved

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from interference of the Decedent, his heirs, creditors, and the taxing authorities.

DATED this 9th day of November, 2021.

CAROL S. HERBERT, Affiant

State of Washington) : ss County of Skagit)

I certify that I know or have satisfactory evidence that **CAROL S. HERBERT** is the person who appeared before me, and that she acknowledged that she signed this Affidavit and acknowledged it to be her free and voluntary act for the uses and purposes in the Affidavit.

Dated this 9th day of November, 2021.

NOTARY OF WASHINGTON

Courtney Smith, Notary Public My appointment expires 2-19-2025 Residing at Burling for, WA

Public Health - Seattle & King County Vital Statistics

CERTIFIED COPY OF DEATH CERTIFICATE

ocal	File Number 6669	Washington S	itate Certificat	e of Death	State File Numbe	it.
	Legal Name (include AKA's Fany) First	Middle	LAST	Suffix	2. Death Date	
	Michael	Fulton He	erbert		6-9-2013	
	Sex (M/F) M 48 Age - Lasi Birthday 4b. Under 1 Year 4c. Under 1 Day Hours Min Months Days Hours Min					6. County of Death King
			o. (State or Foreign Co Californi		ecadent's Education Bachelor of Art	e
	10. Was Decedent of Hispanic Origin? (Ye	, Lu 1400u	11. Decedent's			12. Was Decedent ever in U.S.
Director	13a. Residence Number and Street (e.g. t 2217 35th C	13b. City or Anaco	rtes			
흅	13c. Residence: County 13d. Skagit	Tribal Reservation Name (if a	applicable) 13e. Stat	e or Foreign Country	13f. Zip Code 98221	+ 4 13g. Inside City Limits?
Funda	14. Estimated length of time at residence.	15. Marital Status at Time o	Death 16. Survi		mestic Partner's Name (Give	
2	12 Years 17. Usual Occupation (Indicate type of work of	Married	Car	ol Jane	Smith	Name)
2 6	Broker	ione oping most of working me. (Tumber T	naustry	
*	19. Father's Name (First, Middle, Lest, Suffix)			20. Mother's Name E		ddle, Last)
3	Frank Fulton Herbert	22. Relationship to Dece	dent 23, Mailing	Beverly Address: Number and		State Zip
-	Carol S. Herbert	Wife		35th CT	Anacorte	
	24. Place of Death, if Death Occurred in a Hospi Hospital In	natient		Place of Death, if Death	Occurred Somewhere Other tha	n a Hospitali
.\$	25. Facility Name (If not a facility, give number Harborview		225 21	26a. City, To	own, or Location of Death	26b. State 27. Zip Code
					eattle	WA 98104
	28. Method of Disposition Cremation	29. Place of Final Disposition Northwest Cre		crematory, other place)		City/Town, and State Ttes, Washington
5.5	31. Name and Complete Address of Fune	ral Facility			98221	32. Date of Disposition
	Evans Funeral Chapel 8 33. Funeral Director Signature X	Crematory Inc	1105-32nd	St., Anaco	rtes, WA	June 14, 2013
	33. Funeral Director Signature X	much a	Duha	M/		
38	<u> </u>	Ca / Ca	use of Death (See Ins	tructions and example	s)	
	34. Enter the <u>chain of events</u> – diseases, ventricular fibrillation without showing the	injuries, or complications – the etiology. DO NOT ABBREVI	nat directly caused t ATE. Add addition	the death. DO NOT at lines if necessary.	enter terminal events such a	
	IMMEDIATE CAUSE (Final disease or					Interval between Onset & Death
- 8	condition resulting in death) →	a Hypotension		or as a consequence of	<u> </u>	hrs Interval between Onset & Death
	Sequentially list conditions, if any, leading	, Upper Gast:				hrs
1	to the cause listed on line a. Enter the	<u> </u>		or as a consequence of		Interval between Onset & Dua:
9	UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)LAS1	c. Aorto-Ente	ric Fistu	11a (or as a consequence of		days
	death)LAST	. Tranchiata				Years
3	35. Other significant conditions contributing	10 to GENT HOL HOL LEGING F	IN ESSERVINGES	ea len ade no	carcinoma,	37. Were autopsy findings available to
	1	eal Adenocar			Yes CINO	complete the Cause of Death? Z Yes
i		9. If female	CITIOMG			49. Did tobacco use contribute
5	☑ Natural ☐ Homicide	☐ Not pregnant within past y	ear Not preg	nant, but pregnant v	rithin 42 days before death 3 days to 1 year before deat	to death? h ☐ Yes ☐ ⊉fobably
-	Suicide Pending	Pregnant at time of death	☐ Unknow	n if pregnant within t	he past year	No Unknown
	41. Date of Injury (MM/DOYYYY) 42.	Hour of Injury (24hrs) 43.	Place of Injury (e.g.	. Decedent's home, cons	struction site, restaurant wooded	area) 44. Injury at Work?
20	45, Location of Injury: Number & Street					Apt No.
1	City or Town	Cou	nty.		State.	Zip Code+ 4
-	46. Describe how injury occurred	Λ			47. If transportat	ion injury, specify stor Pedestrian
		\bigvee			☐ Passenger	Other (Specify)
7	48a. Certifying Physician-	1	1 1 PT 11	48b. Medical Exam	iner/Coroner	
2		/レリ /	الإدارة المحارجين			
5	49. Name and Address of Certifier - Phys	icran, Medical Examiner or C	325 /24 HP1	ve Seatt	le. WA 98104	50. Hour of Death (24hrs)
100	49. Name and Address of Certifier - Phys Jared Rand	dall Curtis M	D Attend	Mag. MĪÇŬ	Service	2328 52. Date Signed (MM/DD/YYY)
5	51. Name and Title of Attending Physician	n if other than Certifier (Type	or vint)	3764	r -	6-10-2013
	53. Title of Certifier	54. License Number	January C	Coroner l	File Number 56. V	Vas case referred to ME/Coroner?
	Attending	MD MD000276	46-28-	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	58. Date Receiv	Yes No
٠,	57. Registrar Signature	La Cher				66/14/2013
1 1	59. Amendments	- John				-1
			1		······································	
			2.	4.		

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Wishington State Department of Health	This is	Affidavit for Correction 11/09/2021 03:25 PM This is a legal Document. Complete in ink and do not alter.									
STATE OFFICE USE ONLY											
State File Number	Fee Nu			itials	Date		Affidavit Number				
	Use the ser	ction below for reque	sting a	ıy cha	nges on the re	cord.					
Record Type:	Birth	□ Death		Marria	ge	☐ Disso	lution				
1. Name on record:			•	2. Da	te of Event:	3. Place o	f Event: (City or County)				
4. Father's Full Name	(For Birth); Spouse A/Husb	and for Marriage or Dissolution	5. Moti Dissolution		ull Maiden Nan	10 (For Birth);	Spouse B/Wife for Marriage or				
		he Record is Incorrect	or Incor	nplete							
0	The Record now shows	:	-		The	True fact is:					
6.			7.								
8.			9.								
10.			11.	_							
12.			13.		,						
14. I represent the pe	☐ Funer	al Director	Guardian Other (Sp	ecify)	☐ Informant		e Number:				
I declare under penal	ty of perjury under th	e laws of the State of	Washing	ton the	at the forgoing	is true and	correct.				
15. Signature:		16. Date: 17. Addr	ess:								
Examples of documentary proof: Birth Certificates: 1. Only a parent, legal gu. 2. The proof(s) must mate Ann Doe. Mary A. Doe 3. Child under 18 Only parent(s) or legal Guardian must submit behalf of child(ren). Up to age one, the last mother's maiden name combination of the two required. Parent(s) may change affidavit of correction. N To correct parent's info Proof must be five (or r within five years of birth	Certificate of Naturaliza Hospital /Medical Recollide Insurance Policy Marriage/Divorce Recollide Insurance Policy Marriage/Divorce Recollide Insurance Insu	Birth Record Passport 18), or the adult themselves (fact(s). For example, if the a ve the name is Mary Ann Doe inth certificate. hem authority to act on hanged once, to the on the certificate) or any red legal name change is me by completing this proof is required.	if 18 or olde ffidavit says Ou If 18 or olde ffidavit says Ou If ar If pr To do	er) may control to the first of	tration) School Tra Voter's Rey Alien Regis hange the birth certine is Mary Ann Doe, ears or older) full themselves can r middle name is abd, nd/or middle name is equired. pirth date, place of b ry proof is required. be five (or more) ye years of birth.	nscripts (Official gistration Card (instration Card (instration Card (instration Card (instration)) and the proof change the birt sent, three pieces misspelled, the irth or parent's that or have	(if it bears an effective date) front and back) must show the name to be Mary h certificate. ses of documentary proof wo pieces of documentary information, one				
Death Certificates:											
Proof is required to ma someone other than the 2. The medical informatio 3. If it is less than sixty da	ke changes if requested by e informant is requesting th n (cause of death) may be lys from date of death pleas	e change changed only by the configuration of se contact the county health d	mant listed	on the control the	ertificate. Marital sta roner/medical exam e death occurred to	tus requires a d iner. make changes.	certified copy of a court order if				
1. Personal fact(s) (minor	spelling changes in name,	date, or place of birth of resid	ence may	be chang	ged by affidavit (with	proof) by the p	person.				

Department of Public Health

David Fleming, MD Director and Health Officer DOH/CHS 023a January 2013

JUL. 19.2013