

Return Address:

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

GNW 21-13323

AFFIDAVIT (LACK OF PROBATE) R

The undersigned affiant/grantee Jason Cole, 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 Grandson
Relationship to decedent
of Gertrude D. Bever, who died on 11/22/2006
Decedent/Grantor *Date*
at Sedro-Woolley Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Section 33, Township 36 North, Range 4
East - SE SE; Section 34, Township 36 North, Range 4
East - SW SW; Section 4, Township 35 North, Range 4
East - NENE; and Section 3, Township 35 North,
Range 4 East - NW NW

Assessor's Property Tax Parcel/Account Number: P35706 / P35739 /
(Attach full legal description of the property) P50659 / P50541

- 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 _____)

Jason Robert Cole 47, Grandson

Full name, age, relationship, address

5458 Green Court

Parker CO 80134

Full name, age, relationship, address

Dated: 11/30/21

Jason Robert Cole
Affiant's full name

703-505-3600
Telephone number

5458 Green Ct

Parker CO 80134
City State Zip Code

[Signature] 11/30/21
Signature Date

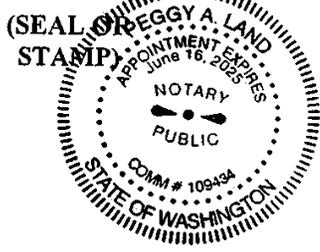
State of Washington County of Skagit

I know or have satisfactory evidence that Jason R Cole
(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: 11/30/2021

[Signature]
Signature of Notary Public



Residing at: Stanwood

Notary Public in and for the State of WA

My appointment expires: June 16 2025

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Local File Number 98406 Washington State Certificate of Death State File Number _____

1. Legal Name (Last, First, Middle, Initial, Suffix) GERTRUDE D. BEVER		2. Death Date Nov 22, 2006	
3. Sex (M/F) Female	4a. Age - Last Birthday (M, Y) 95	4b. Under 1 Day (H, M, S) None	5. Social Security Number
7. Birthplace Spartanburg South Carolina		8. Decedent's Education High School Graduate	
11. Was Decedent of Hispanic Origin? (Yes or No) (If yes, specify)		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence Number and Street (e.g., 624 SE 5 th St) (Include Apt. No.) 20374 Prairie Road		13b. City or Town Sedro-Woolley	
13c. Residence County Skagit	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98284
14. Estimated length of time at residence 68 years		15. Marital Status at Time of Death Widowed	
17. Usual Occupation (Indicate type of work, occupation, profession, job, or not use relevant)		18. Kind of Business/Industry (Do not use Company Name) Public School District	
19. Father's Name (First, Middle, Last, Suffix) Fleet Marlow		20. Mother's Name (Before First Marriage (first, Middle, Last)	
21. Informant's Name Judy Bever		22. Relationship to Decedent Daughter	
23. Mailing Address: Number and Street or P.O. Box, City or Town, State, Zip 20374 Prairie Road Sedro-Woolley, WA 98284		24. Place of Death, if Death Occurred Somewhere Other than a Hospital Long Term Care Facility	
25. Facility Name (if not a facility, give number & street or location) Country Care Adult Family Home		26a. City, Town, or Location of Death Sedro-Woolley	
26b. State WA		26c. Zip Code 98284	
27. Method of Disposition Burial		28. Place of Final Disposition (Name of cemetery, crematory, other place) Greenhills Memorial Cemetery	
29. Name and Complete Address of Funeral Facility Lemley Chapel 1008 Third Street Sedro-Woolley, WA 98284		30. Location-City/Town, and State Burlington, Washington	
31. Funeral Director Signature <i>Rich Lemley</i>		32. Date of Disposition November 28, 2006	

Part 4 completed by Certifier:

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → **CEREBROVASCULAR ACCIDENT** Interval between Onset & Death: **DAYS**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST → **ATHEROSCLEROSIS** Interval between Onset & Death: **YEARS**

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death

39. If female

40. Did tobacco use contribute to death?

41. Date of Injury (mm/dd/yyyy)

42. Hour of injury (24hrs)

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)

44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street, City or Town, State, Zip Code + 4

46. Describe how injury occurred

47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician - Name, best of the knowledge of the certifier, and address (mailing to the certifier and receiver)
Wayne S. Martin

48b. Medical Examiner/Coroner - On the basis of certification, certify in completion, 24hrs after the death (certify on the 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st)

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Wayne S. Martin, M.D., 1030 Fairhaven, Burlington, WA 98233

50. Hour of Death (24hrs)
2030 hrs

51. Name and Title of Attending Physician (Other than Certifier) (Type or Print)

52. Date Signed (mm/dd/yyyy)
November 27, 2006

53. Title of Certifier
Physician

54. License Number
MD00023548

55. ME/Coroner File Number
NJA-334

56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature
Corinne Anderson, Registrar

58. Date Received (mm/dd/yyyy)
NOV 29 2006

59. Amendments



DOHCHS 613 Rev 200206

DOH-01-003 [5/99]

THIS IS A CONTINUED SLIP OF THE RECORD ON FILE WITH DEPT. OF HEALTH SERVICES. UNLESS SPECIFIED, COPIES MUST COME FROM THE OFFICE OF RECORDS.



Affidavit for Correction

Center for Health Statistics
P.O. Box 6709
Olympia, WA 98507-9709
(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
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:		7. The True fact is:		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature:		16. Date:		17. Address:
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.				
All changes must be established by documentary proof submitted with the affidavit				
Examples of documentary proof: Certificate of Naturalization Medical Record School Record Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date) Insurance Records Birth Record Alien Registration Card (front and back) Marriage/Divorce Records Passport				
Birth Certificates:				
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.				
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.				
3. Proof must be five (or more) years old or have been established within five years of birth.				
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.				
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).				
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)				
Death Certificates:				
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
3. 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:				
1. 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.				
2. 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)

*** CERTIFIED ***

NOV 29 2005

H. Laird Woodhouse
Stagit County Public Health Department
Howard Laird M.D., Health Officer

000557285

DECEMBER 4, 2000

FINAL WISHES OF GERTRUDE M. BEVER

Shortly after the death of my husband Loel, I had my two daughters' names put on my property. They are Judith R. Bever and Virginia L. Cole Pitman.

At the time of his death, we had very little cash on hand. Now, over the years, I have saved a little money, and listed below are my final wishes:

1. I wish for my two girls to have the property, and for them to divide it equally. I would like for Judy to have the house, and I would like for Virginia to have the timber and acreage to equal the value of the home.
2. I would like for the total of all monies in my account to be divided equally between my two girls listed above and my grandson Jason R. Cole, after all my final expenses have been paid.
3. Virginia has more experience with legal matters and works at the bank where I do business, so it is my wish that she be made the Executrix of my estate.
4. I wish for the household goods and furniture and my personal effects to be divided between my 2 girls and my grandson as they see fit. I do, however, have a few things that I would specifically like to designate:
 - a. I would like my grandson Jason to have the Cuckoo Clock and the old bank.
 - b. I would like Virginia to have the little glass dish cupboard and china.
 - c. I would like Judy to have the antique dining table and buffet.
 - d. I would like for Paulette Leslie to have the old brass bed.
3. I would like Donna Marlow to have the china plate hanging in the living room in a gold frame.

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I wish to have graveside services only, and would like Herb Nelson to sing "How Great Thou Art", if possible. If he is unable to sing, then Joyce Ambrose would be my second choice.

I would like to have the following people as my Pall Bearers:

- 1. Clarence Leslie
- 2. John Ruthford
- 3. Jim, Larry, or Bob Anderson
- 4. Jerry Marlow
- 5. Bob Bever
- 6. Lawrence Ambrose

Alternate: Leon Greene

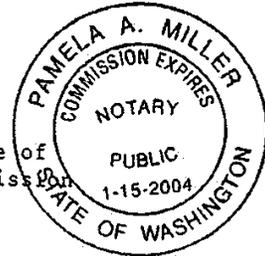
Gertrude M. Bever

Gertrude M. Bever

Signed before me this 23rd day of MARCH, 2008.

Pamela A. Miller
PAMELA A. MILLER

, Notary Public for the State of Washington, residing in BURLINGTON. My commission expires 1-15-04.



Witness Signature
Printed Name

Betty L. Taft
Betty L. Taft

Witness Signature
Printed Name

Sherry Knapp
Sherry Knapp