

Return Address:

Guardian NW Title  
PO 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 Son

Relationship to decedent

of Virginia Lee Pitman, who died on Oct. 1, 2021

Decedent/Grantor

Date

at Mount Vernon 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 - NE NE; and  
Section 3, Township 35 North, Range 4 East - NW NW

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

Robert  
Jason Cole 47 Son  
5458 Green St Parker Co 80134  
*Full name, age, relationship, address*

\_\_\_\_\_

Dated: November 12, 2021

Jason Robert Cole

Affiant's full name

703-505-3600

Telephone number

5458 Green Ct.

Parker CO 80134

City

Street  
State

State

Zip Code

[Signature]  
Signature

12-Nov-21  
Date

State of Colorado County of Douglas

I know or have satisfactory evidence that Jason Robert 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: Nov 12, 2021

[Signature]  
Signature of Notary Public

(SEAL OR  
STAMP)

Residing at: Parker, Colorado

Notary Public in and for the State of Colorado

My appointment expires: 02/09/2025



**Exhibit "A"**  
**Property Description**

Those portions of the four following described subdivisions lying within the following described Tract X:

The Southeast 1/4 of the Southeast 1/4 of Section 33, Township 36 North, Range 4 East, W.M.;  
The Southwest 1/4 of the Southwest 1/4 of Section 34, Township 36 North, Range 4 East, W.M.;  
The Northeast 1/4 of the Northeast 1/4 of Section 4, Township 35 North, Range 4 East, W.M.;  
and the Northwest 1/4 of the Northwest 1/4 of Section 3, Township 35 North, Range 4 East, W.M.

**TRACT X**

Beginning at a point 135 feet North of the Southeast corner of Section 33, Township 36 North, Range 4 East, W.M.; thence West (var. 23 degrees 30') to the East boundary line of the County Road; thence in a Southerly direction along the East boundary line of the County Road to the centerline of the Samish River; thence in an Easterly direction along the center of the Samish river to a point 330 feet South of the Northeast corner of Section 4, Township 35 North, Range 4 East, W.M.; thence East (var. 23 degrees 30') 1141 feet; thence North 6 degrees West 226 feet; thence North 23 degrees West 134 feet; thence North 34 degrees West to a point directly East (var. 23 degrees 30') of the point of beginning; thence West to the point of beginning; EXCEPT that portion thereof conveyed to Skagit County for road purposes by deed recorded October 20, 1953 under Auditor's File No. 494134.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-049860

DATE ISSUED: 10/06/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): VIRGINIA LEE  
LAST NAME(S): PITMAN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 01, 2021  
HOUR OF DEATH: 09:05 PM  
SEX: FEMALE AGE: 74 YEARS  
SOCIAL SECURITY NUMBER: . . . . .

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 10384 COLLINS ROAD A  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 YEARS

BIRTH DATE:  
BIRTHPLACE: SEDRO-WOOLLEY, WA

FATHER: LOEL EUGENE BEVER  
MOTHER: . . . . .

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLE

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

OCCUPATION: MANAGER  
INDUSTRY: BANKING  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: OCTOBER 06, 2021

INFORMANT: JASON COLE  
RELATIONSHIP: SON  
ADDRESS: 5458 GREEN COURT, PARKER, CO 80134

FUNERAL FACILITY: LEMLEY CHAPEL  
ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:  
A: CARDIAC ARREST DUE TO SEPSIS  
INTERVAL: DAYS  
B: SEPSIS WITH FUNGEMIA  
INTERVAL: DAYS  
C: ENDSTAGE RENAL DISEASE  
INTERVAL: YEARS  
D: HYPERTENSION  
INTERVAL: YEARS

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

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

CERTIFIER NAME: MALIK FUMAONO, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: OCTOBER 03, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO MEICORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: MALIK FUMAONO, PHYSICIAN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: OCTOBER 06, 2021

		<b>Affidavit for Correction</b>		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-1300		
This is a legal document. Complete in ink and do not alter.						
<b>STATE OFFICE USE ONLY</b>						
State File Number		Fee Number		Initials	Date	
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: _____ Mid. In: _____ 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/Middle: _____			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First: _____ Middle: _____ Last/Middle: _____		
	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: P.O. 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: _____ Printed name: _____ Date: _____			14b. Signature of 2nd parent (if required): _____ Printed name: _____ Date: _____			
INSTRUCTIONS - go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> 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.						
<b>Birth Certificates</b> 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 422-150). <b>Child under 18</b> • 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. <b>Adult (18 years or older)</b> • 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.						
<b>Death Certificates</b> 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.						
<b>Marriage/Dissolution (Divorce) Certificates</b> 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\***

OCT 06 2021

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

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



0 5 1 6 1 2 7 0

# LAST WILL AND TESTAMENT

of

**VIRGINIA L. PITMAN**

COPY

## KNOW ALL MEN BY THESE PRESENTS:

That I, Virginia L. Pitman, being of legal age and being of sound and disposing mind and memory, and not under duress, menace, fraud or undue influence of any person or persons whomsoever, do hereby make, publish and declare this to be my Last Will and Testament, and revoke all former Wills and Codicils.

I.

### IDENTIFICATION OF FAMILY

At the time of making this will my immediate family consists of my child, namely, Jason Cole. As used herein, the term "child" or "children" shall include any child hereafter born to or adopted by me. Except as provided below, I make no provision in this Will for any child who survives me, whether named herein or hereafter born or adopted, nor for the descendants of any child who does not survive me.

II.

### SPECIFIC BEQUESTS

At my death, I may have prepared a handwritten and/or signed list defining the persons to whom I wish certain items of tangible personal property to pass. I intend that list to conform to R.C.W. 11.12.260 as a consequence of which the property listed thereon shall pass in accordance with such list. If a person named in the list to receive property dies before me, the property shall pass under this Will unless I have made an alternate disposition in the list.

III.

### RESIDUARY ESTATE

A. I hereby give, devise and bequeath all the rest, residue and remainder of my estate, as defined above and including without limitation all property acquired by me after the execution of this Will, to Jason Cole, by right of representation.

Stiles & Lehr Inc., P.S.  
PO Box 228 / 925 Metcalf St.  
Sedro Woolley, WA 98284  
(360) 855-0131

\_\_\_\_\_  
lp (Seal)



excluded portion, if any, of any tax-qualified employee retirement plan shall be used to pay any obligation of my estate or any state inheritance or federal estate tax. I waive for my estate all rights of reimbursement from the beneficiaries for any such payments.

VII.

MISCELLANEOUS

References to or use of the masculine include the feminine and vice versa and the singular includes the plural unless the context otherwise requires or indicates.

IN WITNESS WHEREOF, I sign this Will on September 23, 2021

Virginia L. Pitman  
Virginia L. Pitman

The foregoing instrument was at the date hereof, by Virginia L. Pitman signed, sealed and published as and declared to be her Last Will and Testament, in the presence of us, who at her request and in her presence and in the presence of each other have signed our names as witnesses hereto.

Jared Hunter Residing at Sedro Woolley, WA  
Sally Residing at Sedro-Woolley, WA

Stiles & Lehr Inc., P.S.  
PO Box 228 / 925 Metcalf St.  
Sedro Woolley, WA 98284  
(360) 855-0131

rlp (Seal)

**AFFIDAVIT OF WITNESSES TO THE WILL  
OF  
VIRGINIA L. PITMAN**

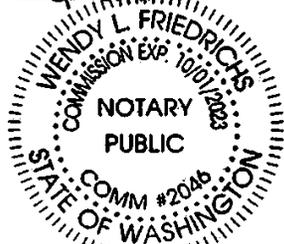
STATE OF WASHINGTON ) ss.  
COUNTY OF SKAGIT )

We, Virginia L. Pitman, the Testatrix, and Julie Huerta  
and Sarah Stiles the witnesses, respectively, whose names are  
signed to the attached or foregoing instrument, being first duly sworn, do hereby  
declare to the undersigned authority that the Testatrix signed and executed the  
instrument as her Last Will and that she executed it as her free and voluntary act  
for the purposes therein expressed; and that each of the witnesses, in the  
presence and hearing of the Testatrix signed the Will as witness and that to the  
best of their knowledge the Testatrix was at that time an adult, of sound mind and  
under no constraint or undue influence.

Virginia L. Pitman  
Virginia L. Pitman

Julie Huerta residing at Sedro Woolley, WA  
Witness Address  
Sarah Stiles residing at Sedro-Woolley, WA  
Witness Address

SUBSCRIBED and SWORN TO and ACKNOWLEDGED before me by Virginia L.  
Pitman, the Testatrix, and subscribed and sworn to before me by  
Julie Huerta and Sarah Stiles  
witnesses, on September 23, 2021



Wendy L. Friedrichs  
NOTARY PUBLIC in and for the  
State of Washington  
residing at: Sedro Woolley  
Commission expires: 10-1-23

**COURT'S CERTIFICATE-RCW CHAPTER 11.20**

The foregoing affidavit of witnesses in support of the document offered as the will  
of above named decedent was filed and accepted as proof of the will.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge/Court Commissioner

vlp (Seal)

Stiles & Lehr Inc., P.S.  
PO Box 228 / 925 Metcalf St.  
Sedro Woolley, WA 98284  
(360) 855-0131

### GIFTS OF PERSONAL PROPERTY

#### TO MY PERSONAL REPRESENTATIVE:

As authorized by my Will, I direct you to give all of my interest at my death in the following items of tangible personal property to the person whose name is listed first opposite the description of the item below, provided the named individual survives me:

	<u>Item(s) of Property:</u>	<u>Individual:</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

If I have listed a second name for any item of property in the list above, the person named second shall receive the item should the individual listed first not survive me.

Date: \_\_\_\_\_

\_\_\_\_\_  
Virginia L. Pitman

Stiles & Lehr Inc., P.S.  
PO Box 228 / 925 Metcalf St.  
Sedro Woolley, WA 98284  
(360) 855-0131

\_\_\_\_\_  
vlp (Seal)