



1. The undersigned is the surviving child and sole heir of MARGARET D. SMITH, who died on July 26, 2003, then a resident of Bellingham, Whatcom County, State of Washington. A certified copy of the Certificate of Death is attached hereto as Exhibit A.

2. MARGARET D. SMITH left a Last Will and Testament, dated March 31, 1989, which has not been probated, and which was never revoked. A true copy of that Will is attached to this Affidavit as Exhibit B.

3. The heirs of MARGARET D. SMITH are as follows:

<u>Name</u>	<u>Relationship</u>
ROBERT F. SMITH	Adult child

4. All of the debts of MARGARET D. SMITH, including but not limited to all expenses of MARGARET D. SMITH's last illness, funeral and burial expenses, and all applicable federal and state succession or inheritance taxes, have been fully paid or provided for.

5. At the time of MARGARET D. SMITH's death, the Decedent was Beneficiary of a Deed of Trust between FREDERICK WILLIAM SMITH, as Grantor, and FIRST AMERICAN TITLE INSURANCE COMPANY, as Trustee, secured by the following real property located in Skagit County, Washington:

Parcel 1 (P68943):

LOT 6, SAUK RIVER ESTATES, SUBDIVISION NO. 2, AS PER PLAT THEREOF RECORDED IN VOLUME 8 OF PLATS, PAGES 23 AND 24, RECORDS OF SKAGIT COUNTY, WASHINGTON. TGW 1/57 INTEREST IN TRACTS H THRU L.

Parcel 2 (P68944):

LOT 7, SAUK RIVER ESTATES, SUBDIVISION NO. 2, AS PER PLAT THEREOF RECORDED IN VOLUME 8 OF PLATS, PAGES 23 AND 24, RECORDS OF SKAGIT COUNTY, WASHINGTON. TGW 1/57 INTEREST IN TRACTS H THRU L.

Parcel 3 (P68951):

LOT 13, SAUK RIVER ESTATES, SUBDIVISION NO. 2, AS PER PLAT THEREOF RECORDED IN VOLUME 8 OF PLATS, PAGES 23 AND 24, RECORDS OF SKAGIT COUNTY, WASHINGTON. TGW 1/57 INTEREST IN TRACTS H THRU L.

Parcel 4 (P68952):

LOT 14, SAUK RIVER ESTATES, SUBDIVISION NO. 2, PAS PER PLAT THEREOF RECORDED IN VOLUME 8 OF PLATS, PAGES 23 AND 24, RECORDS OF SKAGIT COUNTY, WASHINGTON. TGW 1/57 INTEREST IN TRACTS H THRU L.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

SUBJECT TO: Grants, restrictions, covenants, conditions, declaration, easement, limited access area and by-laws of record.

6. The Decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS), including nursing facility services, home or community-based services, hospital, prescription drugs, or any other services.

7. This Affidavit is made to provide information sufficient to induce the issuance of title insurance for real property in which MARGARET D. SMITH had an interest at the time of her death. The undersigned intends that a title insurance company may issue its policy or policies in full reliance upon the representations made herein. The undersigned makes this Affidavit intending to avoid the necessity of a probate proceeding to prove the insurability of title. The undersigned recognizes that individuals who may induce the reliance of a title insurance company upon this Affidavit may be required to indemnify and hold harmless a title insurance company issuing a title insurance policy in reliance upon these representations.

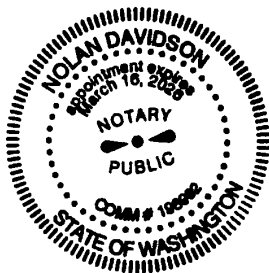
Signed at Bellingham Washington, this 27<sup>th</sup> day of May, 2022.



ROBERT F. SMITH  
618 W. Lake Samish Drive  
Bellingham, WA 98226

SUBSCRIBED AND SWORN TO before me this 27<sup>th</sup> day of May, 2022.

[SEAL]



NOTARY PUBLIC

My Commission Expires: 3/16/2026

**EXHIBIT A**

CERTIFIED COPY OF DEATH CERTIFICATE

**EXHIBIT B**

COPY OF MARGARET D. SMITH'S WILL

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK		844		LOCAL FILE NUMBER	
1. NAME — First Middle Last <b>MARGARET D. SMITH</b>		2. SEX (M / F) <b>Female</b>		3. DEATH DATE (Mo, Day, Yr) <b>July 26, 2003</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>92</b>		5. UNDER 1 YEAR MOES DAYS HOURS MINS		6. UNDER 1 DAY	
7. BIRTH DATE (Mo, Day, Yr) [REDACTED]		8. BIRTH PLACE (City, State or Foreign Country) <b>High River, Canada</b>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>	
10. CITY, TOWN OR LOCATION OF DEATH <b>Bellingham</b>		11. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>209 Crown Lane</b>		12. SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>	
13. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Widowed</b>		14. SURVIVING SPOUSE (If wife, give maiden name)		15. SOCIAL SECURITY NO. [REDACTED]	
16. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)		17. KIND OF BUSINESS OR INDUSTRY <b>County Health Dept.</b>		18. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>	
19. RESIDENCE — NUMBER AND STREET <b>209 Crown Lane</b>		20. CITY/TOWN OR LOCATION <b>Bellingham</b>		21. INSIDE CITY (Yes / No) <b>Yes</b>	
22. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Fred J. Driver</b>		23. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Helen King</b>		24. COUNTY <b>Whatcom</b>	
25. INFORMANT — NAME <b>Dr. Robert Smith</b>		26. MAILING ADDRESS — STREET OR RFD NO., CITY OR TOWN, STATE, ZIP <b>618 W. Lake Samish Dr. Bellingham WA 98229</b>		27. LENGTH OF RES. IN CO. <b>19 Yrs.</b>	
28. BIRTHAL ORIGINATION — REMOVAL OTHER (Specify) <b>Burial</b>		29. DATE (Mo, Day, Yr) <b>08-18-2003</b>		30. CEMETERY/CREMATORY — NAME <b>Mallard Ranch Memorial Cemetery</b>	
31. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		32. NAME OF FACILITY <b>Jones/Moles Funeral Home</b>		33. LOCATION — CITY/TOWN, STATE <b>Royal City, WA</b>	
34. ADDRESS OF FACILITY <b>2465 Lakeway Drive Bellingham, WA 98225</b>		35. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		36. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.	
37. SIGNATURE AND TITLE <i>T.W. Martin MD</i>		38. DATE SIGNED (Mo, Day, Yr) <b>07-29-2003</b>		39. HOUR OF DEATH (24 Hrs.) <b>2120</b>	
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>T. W. Martin, M.D.</b>		41. ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>2061 Hospital Dr., Sedro-Woolley, WA 98284</b>		42. MEORONER FILE NUMBER	
43. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:					
44. IMMEDIATE CAUSE (Final disease or condition resulting in death)		45. DUE TO, OR AS A CONSEQUENCE OF:		46. INTERVAL BETWEEN ONSET AND DEATH	
47. DO NOT ENTER THE MODE OF DYING, SUCH AS GUNSHOT OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE, LIST ONLY ONE CAUSE ON EACH LINE.		48. DUE TO, OR AS A CONSEQUENCE OF:		49. INTERVAL BETWEEN ONSET AND DEATH	
49. UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		50. DUE TO, OR AS A CONSEQUENCE OF:		51. INTERVAL BETWEEN ONSET AND DEATH	
52. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE. GIVE ABOVE:					
53. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		54. INJURY DATE (Mo, Day, Yr)		55. HOUR OF INJURY (24 Hrs.)	
56. INJURY AT WORK? (Yes / No)		57. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		58. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE	
59. RECORD AMENDMENT (Registrar use only) ITEM		60. REVIEWED BY		61. DATE	
62. REGISTRAR SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo, Day, Yr) <b>AUG 18 2003</b>		64. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/81) (Formerly DSHS 8-159)

A



# Affidavit for Correction

06/24/2022 11:20 AM Page 6 of 11  
 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
<b>Required Information must match current information on record</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record:		2. Date of Event:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY	City, State
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First	Middle	Last/Maiden	First	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:				
PO Box or Street Address				
Telephone Number:		Email Address:		
( )				
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
The record currently shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>				
14a. Signature:		14b. Signature of 2 <sup>nd</sup> parent (if required):		
Printed name:		Date:		Printed name: Date:
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:				
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>				
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>				
<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. <b>The proof(s) must match</b> 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).				
<b>Child under 18</b>				
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>				
<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>				
*To change any part of the name of a child using this form, <b>signatures from both parents listed on the certificate are required.</b> If one parent is deceased, submit a death certificate with request.				
<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.				



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

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Thompson, Health Officer.



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LAST WILL AND TESTAMENT

OF

MARGARET D. SMITH

## LAST WILL AND TESTAMENT

OF

MARGARET D. SMITH

I, MARGARET D. SMITH, residing at Sauk River Estates near (in the vicinity of) Rockport, Skagit County, Washington being of sound mind and aware of the uncertainties of life and having attained the age of majority, hereby make and declare this to be my Last Will, revoking my Last Will and Testament dated May 9, 1983 and all other prior wills and codicils made by me.

## I.

I hereby direct that there shall be paid from my estate the expenses of my last illness, my funeral expenses and all lawful obligations, if any, that may be unpaid at my death, except those payable in installments, which obligations my executor is authorized to continue in force, if such continuation is determined to be in the best interests of my estate.

## II.

My immediate family and those entitled to share in my estate are my son, ROBERT F. SMITH, M.D., and my grandchildren, STACIA A. SMITH, born June 23, 1961, and FREDERICK W. SMITH, born March 13, 1969. The term "grandchildren" as used in this Will shall mean the grandchildren as named hereunder and any other child born to or adopted by my son, ROBERT F. SMITH, M.D. after the date of this Will. I hereby name my son and grandchildren and expressly make no provision for them other than the provisions made in this Will.



## III.

If my son, ROBERT F. SMITH, M.D. survives me for a period of thirty (30) days after the date of my death, I devise and bequeath my entire estate, both real and personal and wherever the same may be situated, to him.

## IV.

In the event my son, ROBERT F. SMITH, M.D., fails to survive me as provided in Article III of my Will, I devise and bequeath my entire estate, both real and personal property, to be divided into equal shares, one share for each grandchild of mine then surviving and one share for the lawful surviving descendants of a deceased grandchild of mine by right of representation. I direct and request that the executor designated in Article VI assist in dividing such personal property among my grandchildren as they or their guardians agree, but in the event they cannot agree, then David Welts of the law firm Welts and Welts of Mount Vernon, Washington, may apportion the same in such manner as to it seems just and proper and such apportionment shall be final.

## V.

In the event of the death of my son, grandchildren, or great-grandchildren surviving, I direct that my estate pass and be distributed to my son's wife, MADELEINE R. SMITH, if she survives me for a period of 90 days. If none of these should survive me, I then devise and bequeath my entire estate to be divided equally between my sister, HELEN D. WILLIAMS, and my brother, FRED J. DRIVER, both residing in Florida.

## VI.

I nominate and appoint my son, ROBERT F. SMITH, M.D., executor of this Will. In the event my son, ROBERT F. SMITH is unable or unwilling to act then MADELEINE R. SMITH shall be the alternate executor. If she is unable or unwilling to act then STACIA A. SMITH shall be the second alternate. If she is unable or unwilling to act then David Welts of the Law Firm Welts and Welts of Mount Vernon, Washington or his designee shall serve as executor. I provide that no bond be required of my executor or alternate executor, and that my estate be settled without the intervention of any court in accordance with the non-intervention laws of the State of Washington.

IN WITNESS WHEREOF I have signed this as my Last Will on this March 31<sup>st</sup> day of       , 1989.

Margaret D. Smith

MARGARET D. SMITH

The foregoing instrument, consisting of 3 pages, including this page, was on the date thereof signed by the Testatrix in the presence of us who at her request and in her presence and the presence of each other on the same date have subscribed our names hereunder as witnesses thereto.

Angela Sullivan

Linda M. Heller

Bernadine C. Gallwey

## AFFIDAVIT OF WITNESSES TO LAST WILL

OF

MARGARET D. SMITH

STATE OF WASHINGTON )  
 ) SS.  
COUNTY OF SKAGIT )

THE UNDERSIGNED WITNESSES AT THE REQUEST OF THE TESTATRIX  
AFTER BEING DULY SWORN ON OATH, STATED:

1. EXECUTION. The attached Will was executed on the  
31st day of March, 1989, at Mount Vernon, Washington.
2. DECLARATIONS. Immediately prior to execution, the  
Testatrix declared the document to be her Will and requested the  
witnesses to witness and subscribe to it.
3. SIGNATURES. The Testatrix signed the Will in the presence  
of all the witnesses, and the witnesses attested the execution by  
all subscribing their names in the presence of the Testatrix of  
each other.
4. COMPETENCY. The Testatrix appeared to be of sound mind,  
of legal age, and acted freely without any duress or undue influence.  
The witnesses were all competent and of legal age.

Angela B Sullivan

Bernadine C Gallenrith

Linda M Heller

SUBSCRIBED AND SWORN TO BEFORE ME THIS 31st day of  
March, 1989.

Mary McClary  
Notary Public in and for  
the State of Washington,  
residing at Mount Vernon