

FILED FOR RECORD AT REQUEST OF:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20223222
Date 08/05/2022

LACK OF PROBATE AFFIDAVIT

GRANTOR: DONALD H. GOOD
GRANTEE: MARY R. GOOD
LEGAL DESCRIPTION: TRACT 1 OF SHORT PLAT NUMBER 20-79
(Additional legals found on page 2 and 3)
PARCEL NUMBER: P16049
P16858
REFERENCE NUMBERS: _____

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I, MARY R. GOOD, being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of DONALD H. GOOD, who died testate on the 7th day of March, 2001, in Mount Vernon, Skagit, Washington State, and who is a resident of Mount Vernon, Skagit County, Washington State, with a certified copy of said death certificate attached hereto as Exhibit A;

THAT said DONALD H. GOOD and I were married on the 24th day of November, 1961 and that there were two children born of this marriage, namely, DESIREE' D. OLSEN and JENNIFER R. CASE all of whom are adults; that there were no other children born of DONALD H. GOOD who are now deceased leaving issue surviving, nor had he ever adopted any children;

THAT DONALD H. GOOD executed his Last Will and Testament on the 28th day of July, 1987, a copy of which is attached hereto as Exhibit B. Since title to the subject community property herein passed to the Affiant, surviving spouse, via operation of law, this it is Affiant's intent not to probate said Will (as it is not required);

UNWITNESSED
DONALD H. GOOD
MOUNT VERNON, WA

THAT pursuant to the above referenced documentation and pursuant to the operation of law.

I am the sole and rightful heir to the real property described herein below. My name, age, relationship and address is as follows:

MARY R. GOOD, age 84, Surviving Spouse
18004 Fir Island Road
Mount Vernon, WA 98273

THAT the expenses of the last illness and funeral and burial of the decedent have been paid, as evidenced by receipts in my possession, or provisions have been made for full payment of any and all future and currently unknown expenses connected therewith;

THAT the decedent had never received from the State of Washington assistance consisting or nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance;

THAT there is no State of Washington Inheritance Tax due as a result of the decedent's death;

THAT there is no Federal Estate Tax due as a result of the decedent's death;

THAT no probate of the Estate of DONALD H. GOOD has been instituted, nor is such probate contemplated;

THAT all of the real property owned by the decedent at the time of his death, or in which he had an interest was community property, was situated in Skagit County, Washington and is more particularly described as follows:

Parcel No.: P16049

TRACT 1 OF SHORT PLAT NUMBER 20-79, REVISED 3-30-79.
SITUATED IN THE COUNTY OF SKAGIT AND STATE OF WASHINGTON.

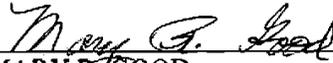
Parcel No.: P16858

ALL THAT PARCEL OF LAND IN CITY OF MOUNT VERNON, SKAGIT COUNTY, STATE OF WASHINGTON, AS MORE FULLY DESCRIBED IN DEED DOC# 7904270013, ID#

3304190021-0100 AND 330324-1-003-0104 BEING KNOWN
AND DESIGNATED AS TRACT 1 SHORT PLAT NO. 20-79.

THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant(s) agree(s) to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance.

Dated this 21st day of July, 2022.



MARY R. GOOD

I certify that I know or have satisfactory evidence that MARY R. GOOD signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 21st day of July, 2022.



SARA L. HULFORD
Notary Public in and for the
State of Washington
Residing in Bellingham
My commission expires: 09/29/2023



RETURN TO: MARY GOOD
18004 FIR ISLAND RD.
MT. VERNON, WA 98273



Recording Instrument #: 200208362
Recorded By: Clatsop County Clerk
of Pages: 2 Fee: 31.00
Transaction date: 7/26/02 10:56:36
Deputy: kkelso

EXHIBIT A

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health
CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 176 STATE FILE NUMBER: 146

1. NAME First: Donald Middle: H. Last: Good		2. SEX (M / F): Male	3. DEATH DATE (Mo, Day, Yr): Mar. 7, 2001
4. AGE LAST BIRTHDAY (Yrs): 69	5. UNDER 1 YEAR: 1 C. UNDER 1 DAY: 2 MINS	7. BIRTH DATE (Mo, Day, Yr): [REDACTED]	8. BIRTHPLACE (City, State or Foreign Country): Mount Vernon, Wa.
11. CITY, TOWN OR LOCATION OF DEATH: Mount Vernon		12. PLACE OF DEATH (Check box for place then give address or institution name) <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> OTHER PLACE: Skagit Valley Hospital	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify): Married		15. SURVIVING SPOUSE (If valid, give maiden name): Mary R. Krangnes	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12): 12 College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RETIRED): Teacher		19. KIND OF BUSINESS OR INDUSTRY: Education	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No, if Yes, specify Cuban, Mexican, Puerto Rican, etc.): No/ White
21. RACE (Specify): White		22. RESIDENCE — NUMBER AND STREET: 18004 Fir Island Rd.	23. CITY/TOWN, OR LOCATION: Mount Vernon
24. HOME CITY (LIMITED TO 4/14/98): No		25A. COUNTY: Skagit	25B. LENGTH OF RES. IN CO.: 69 yrs.
26. STATE: Wash.		27. ZIP CODE: 98273	
28. FATHER'S NAME — FIRST, MIDDLE, LAST: Howard Good		29. MOTHER'S NAME — FIRST, MIDDLE, MARRIAGE SURNAME: Eva [REDACTED]	
30. INFORMANT — NAME: Mary Good		31. MAILING ADDRESS — STREET OR RFD NO. CITY OR TOWN STATE ZIP: 18004 Fir Island Rd. Mount Vernon, Wa. 98273	
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation		33. DATE (Mo, Day, Yr): Mar. 9, 2001	34. CEMETERY/CREMATORY — NAME: Mount Vernon Crematory
35. LOCATION — CITY/TOWN STATE: Mount Vernon, Wa. 98273		36. FUNERAL DIRECTOR'S SIGNATURE: [Signature]	
37. NAME OF FACILITY: Kern Funeral Home		38. ADDRESS OF FACILITY: 1122 S. 3rd St. Mount Vernon, Wa. 98273	
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: [Signature] Charles P. Larsson MD		43. 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. SIGNATURE AND TITLE: [Signature]	
40. DATE SIGNED (Mo, Day, Yr): 3/8/01		41. HOUR OF DEATH (24 Hr): 1949	44. DATE SIGNED (Mo, Day, Yr):
42. NAME AND TITLE OF ATTENDING PHYSICIAN (If other than Certifier) (Type or Print): Charles Larsson, MD		45. HOUR OF DEATH (24 Hr):	46. PRONOUNCED DEAD (Mo, Day, Yr):
47. HOUR PRONOUNCED DEAD (24 Hr):		48. ME/CORONER FILE NUMBER: 032-01	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
IMMEDIATE CAUSE (Final disease or condition resulting in death): A. Acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH: < 1 hour	
DO NOT ENTER THE MODE OF DYING, SUCH AS CHOKING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. B. Chronic coronary heart disease		INTERVAL BETWEEN ONSET AND DEATH: years	
C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH:	
D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH:	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:		52. AUTOPSY? (Yes / No): No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes
54. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify):	55. INJURY DATE (Mo, Day, Yr):	56. HOUR OF INJURY (24 Hr):	57. DESCRIBE HOW INJURY OCCURRED:
58. INJURY AT WORK? (Yes / No):	59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE (Bldg., ETC. (Specify):	60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE:	
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE:	62. REGISTRAR SIGNATURE: Sandra Melits, Deputy	63. DATE RECEIVED (Mo, Day, Yr): MAR 9 2001	

THIS IS A CERTIFIED COPY OF THE RECORD OF THE DEPARTMENT OF HEALTH AND SERVICES

DCH 01-003 (5/98)

RECORDED BY TICOR
FILE INS. CO. 4 89 851



AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES		FEE NUMBER		INITIALS		DATE		AFFIDAVIT NUMBER			
STATE OFFICE USE ONLY					STATE OFFICE USE ONLY						
The record of Birth <input type="checkbox"/>		Marriage <input type="checkbox"/>		1 STATE FILE NUMBER		for					
Death <input type="checkbox"/>		Dissolution <input type="checkbox"/>		with		2 NAME		3 DATE OF EVENT		4 PLACE OF EVENT (City and County)	
5 FATHER'S FULL NAME (if Birth), HUSBAND (if Marriage/Dissolution)						6 MOTHER'S FULL MAIDEN NAME (if Birth), WIFE (if Marriage/Dissolution)					
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:											
THE RECORD NOW SHOWS:						THE TRUE FACT IS:					
7						8					
9						10					
11						12					
13						14					
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY											15
PHONE NUMBER:											
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT											
16. SIGNATURE				7 DATE		18. ADDRESS					

DOH 110-007 Rev 3-99

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proofs 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.
- Proof must be five (or more) years old or established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

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

H. Leibrand
Date Issued

This is a legal document.
Complete in ink and do not alter.

HH00805400

EXHIBIT B

LAST WILL AND TESTAMENT

OF

DONALD GOOD

KNOW ALL PERSONS BY THESE PRESENTS:

That I, DONALD GOOD, of Skagit County, Washington, being of sound and disposing mind and memory, and not acting under duress, menace or the undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament.

ARTICLE I.
IDENTIFICATION OF FAMILY

I hereby declare that I am the husband of MARY K. GOOD and there are two children born of this marriage, namely:

DESIREE GOOD HART, born December 21, 1962
JENNIFER RENEE GOOD, born January 29, 1968

Other than as hereinafter provided, I make no provisions for said children.

ARTICLE II.
REVOCATION OF PRIOR WILLS

I hereby revoke any and all former Wills or Codicils by me made and declare this my Last Will and Testament.

ARTICLE III.
NOMINATION OF PERSONAL REPRESENTATIVE

I hereby nominate and appoint my wife, MARY K. GOOD, as Personal Representative of this, my Last Will and Testament, to act without bond. In the event MARY K. GOOD, is for any reason unable or unwilling to act as Personal Representative hereof, I nominate and appoint my daughters, DESIREE GOOD HART and JENNIFER RENEE GOOD as Personal Representatives of this, my Last Will and Testament, to act without bond. In the event DESIREE GOOD HART and JENNIFER RENEE GOOD are for any reason unable or unwilling to act as Personal Representatives hereof, I nominate and appoint BEVERLEY G. OMDAL and JOHN V. KRANGNES as Personal Representatives of this, my Last Will and Testament, to act without bond.

Testator's Initials DLG
Date 7/27/22

ARTICLE IV.
NON-INTERVENTION WILL

I further direct that my estate be settled without the intervention of any court, except as may be required under the laws of the State of Washington in the case of unrestricted, Non-intervention Wills, and that my Personal Representatives settle my estate in such manner as shall seem best and most convenient to them and I empower my Personal Representatives to mortgage, lease, sell, exchange and convey the personal and real property of my estate without an order of court for that purpose and without notice, approval or confirmation and in all other respects to administer and settle my estate without the intervention of Court.

The Non-intervention powers conferred herein shall be unrestricted.

ARTICLE V.
DEVISES AND BEQUESTS

5.1 I give, devise and bequeath all of my estate and all of the property of which I may die seized or possessed, of every kind and character whatsoever and wheresoever situated, to my wife, MARY K. GOOD.

5.2 In the event that my wife, MARY K. GOOD, shall predecease me, or in the event that both my wife and I shall die as a result of a common accident, illness or disaster, then I give, devise and bequeath the residue and remainder of my estate to my children named in Article I hereof, and to any child or children hereafter born to or adopted by me, share and share alike, per stirpes.

5.3 In the event that my wife, MARY K. GOOD, and all of my descendants should die before, or, simultaneous with me, or, within Ninety (90) days after my death, then I give, devise and bequeath all of my property of every name, nature and kind and wheresoever situate unto BEVERLEY G. OMDAL, FRANKLIN H. GOOD, NANCY G. DELANTY and JOHN V. KRANGNES, in equal shares, or to the heirs of their body per stirpes and not per capita.

ARTICLE VI.
DEFINITIONS

A. All references to child and descendants shall include not only those children listed in Article I. hereof, but in addition, shall include all children hereinafter born to or adopted by me.

B. Unless some other meaning and intent is apparent from the context, the plural shall include the singular and vice versa, and masculine, feminine and neuter words shall be used interchangeably.

Testator's Initials ABG
Date 7/25/22

DIRECTIVE TO PHYSICIANS

Directive made this 28th day of July, 1987.

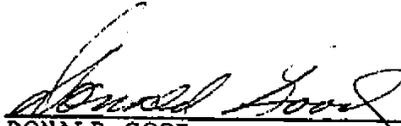
I, DONALD GOOD, being of sound mind, wilfully, and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below, and do hereby declare that:

(a) If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians, and where the application of life-sustaining procedures would serve only to artificially prolong the moment of my death and where my physician determines that my death is imminent whether or not life-sustaining procedures are utilized, I direct that such procedures be withheld or withdrawn from, and that I be permitted to die naturally.

(b) In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this directive shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences from such refusal.

(c) I understand the full import of this directive and I am emotionally and mentally competent to make this directive.

(d) I hereby direct, that such of my bodily organs as may be useful, shall be removed and donated to such persons or entities or organizations who or which may be expected to put such organs to good use.


DONALD GOOD

Residing at: 1598 Fir Island Rd.
Mount Vernon

County: Skagit

State: Washington

