

At the time of the death of VIVIAN L. THOMPSON, she and WILLIAM A. THOMPSON, JR. were married.

VIVIAN L. THOMPSON did not execute a valid Last Will and Testament and did not execute a Community Property Agreement.

Absent a Community Property Agreement WILLIAM A. THOMPSON, JR. is sole heir of VIVIAN L. THOMPSON's net community estate pursuant to intestate succession under RCW 11.04.015(1)(a).

WILLIAM A. THOMPSON did not execute an Affidavit in Support of Community Property Agreement transferring the interest in the real property to himself during his lifetime. WILLIAM A. THOMPSON, JR. subsequently died on December 21, 2021, and a probate was opened to administer his estate as described on page 1. WILLIAM A. THOMPSON, JR' estate is entitled to receive the real property by operation of law, by and through his court-appointed Personal Representatives MARYANNE MARTINEZ and FRANK MARTINEZ, JR.

The expenses of the last illness, funeral, and burial of the Decedent have been paid.

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

There is no State of Washington Inheritance Tax due as the result of Decedent's death and there is no Federal Estate Tax due as a result of the Decedent's death.

No probate of the Estate of VIVIAN L. THOMPSON has been instituted, nor is such probate contemplated.

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

THE NORTH ½ OF THE SOUTH ½ OF THE SOUTHEAST ¼ OF THE NORTHEAST ¼,

EXCEPT ROAD ALONG THE EAST LINE THEROF,

AND EXCEPT THE SOUTH 40 FEET OF THE PORTION THEREOF OF LYING WEST OF THE CENTER LINE OF A SMALL STREAM KNOWN

AS "WHISKEY CREEK", WHICH RUNS NORTHERLY AND SOUTHERLY, APPROXIMATELY THROUGH THE CENTER OF SAID SUBDIVISION AS THE SAME EXISTED ON APRIL 17, 1964; IN SECTION 36, TOWNSHIP 36 NORTH, RANGE 4 EAST, W.M.

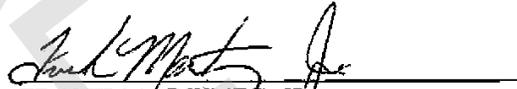
SITUATE IN COUNTY OF SKAGIT, STATE OF WASHINGTON.

Parcel No.: P50779 / 360436-1-011-0007

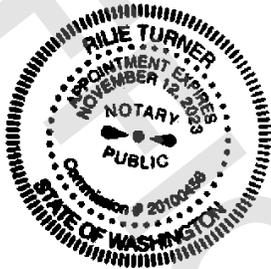
THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant(s) agree(s) to indemnify and hold the title company harmless from loss or damage which it may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

Dated this 16 day of September, 2022.


MARYANNE MARTINEZ,
Personal Representative of the Estate of
WILLIAM L. THOMPSON, JR.


FRANK MARTINEZ, JR.
Personal Representative of the Estate of
WILLIAM L. THOMPSON, JR.

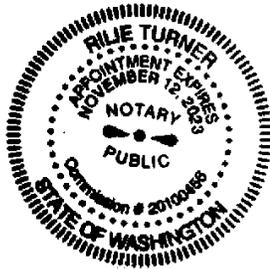
SUBSCRIBED AND SWORN to before me, by MARYANNE MARTINEZ, this 16th day of September, 2022.



[Handwritten Signature]
(Signature)

Rilie Turner
(Printed Name)
Notary Public in and for the
State of Washington
Residing in Peoples Bank MVFC
My commission expires: 11/12/23

SUBSCRIBED AND SWORN to before me, by FRANK MARTINEZ, JR. this 16th day of September, 2022.



[Handwritten Signature]
(Signature)

Rilie Turner
(Printed Name)
Notary Public in and for the
State of Washington
Residing in Peoples Bank MVFC
My commission expires: 11/12/23

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

EXHIBIT

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-020974

DATE ISSUED: 05/07/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): VIVIAN LUKACS
LAST NAME(S): THOMPSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 29, 2020
HOUR OF DEATH: 04:13 PM
SEX: FEMALE AGE: 66 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 5376 STATE ROUTE 9
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 5376 STATE ROUTE 9
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: MERCER, PA

FATHER: STEPHEN RICHARD LUKACS
MOTHER: DORIS LUCILL [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: WILLIAM A THOMPSON

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERY

OCCUPATION: FLIGHT ATTENDANT
INDUSTRY: AIR LINES
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

CITY, STATE: SEDRO WOOLLEY, WASHINGTON
DISPOSITION DATE: MAY 11, 2020

INFORMANT: WILLIAM A THOMPSON
RELATIONSHIP: HUSBAND
ADDRESS: 5376 STATE ROUTE 9 SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: RICK B. LEMLEY

CAUSE OF DEATH:
A: AMYOTROPHIC LATERAL SCLEROSIS
INTERVAL: 3 YEARS
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HISTORY OF ASPIRATION,
BIPAP DEPENDENT.

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

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: MAY 01, 2020

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: MAY 07, 2020



Affidavit for Correction

10/14/2022 12:45 PM
Wash. State Dept. of Health Statistics
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
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Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: MM/DD/YYYY _____ 3. Place of Event: (City or County) _____
First Last

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 Last M. or F.

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital
 Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____
PO Box or Street Address

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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____
Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

- Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:
- Birth/Marriage/Divorce record
 - Military record (DD-214)
 - School transcripts
 - Social Security Numident Report
 - Certificate of Naturalization
 - Hospital/medical record
 - Passport
 - Green/Permanent Resident card (I-551)

Birth Certificates

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. Documentary proof must be five or more years old or established within five years of birth
- | | |
|--|--|
| <p>Child under 18</p> <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, 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 documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required | <p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • Only the adult can change his or her birth certificate • If the first or middle name is missing, three pieces of documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

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. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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.

Marriage/Dissolution (Divorce) Certificates

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 documentary proof
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

DOH 422-034 January 2015



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

CERTIFIED

MAY 07 2020

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



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