

**Return Address:**

Land Title and Escrow Company  
111 East George Hopper Road, PO Box 445  
Burlington, WA 98233  
207795-LT

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 01/20/2023

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Julie M. Clements, being first duly sworn deposes and states as follows:  
*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Sole Heir / Child of Verl Leroy Jarmin,  
*Relationship to decedent* *Decedent/Grantor*

who died on September 10, 2022 at  
*Date*

Sedro-Woolley Skagit Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: ptn Gov. Lot 4, 25-35-9 E W.M.

Assessor's Property Tax Parcel/Account Number: 350925-0-013-0006/P44660  
(Attach full legal description of the property)

☐ 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)

Julie M. Clements, 50 Daughter

3646 Samish View Ln Sedro Woolley, WA 98284

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 1/19/2023

Julie M. Clements  
Affiant's full name

(360) 853-3676  
Telephone number

PO Box 87  
Street  
Rockport Washington 98283  
City State Zip Code  
Julie M Clements January 19, 2023  
Signature Date

STATE OF WASHINGTON  
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 19<sup>th</sup> day of January, 2023 by Julie M. Clements.

[Signature]  
Signature

Notary  
Title

My appointment expires: Aug. 10, 2025



### Legal Description

That portion of Government Lot 4 of Section 25, Township 35 North, Range 9 East, W.M., described as follows:

Beginning at a point 1,320 feet South of the West  $\frac{1}{4}$  corner of said Section;  
thence East 150 feet;  
thence South 140 feet to the true point of beginning of this description;  
thence South 60 feet;  
thence Northeasterly 85 feet, more or less, to the Westerly line of that certain 15 foot strip of land granted for road purposes to Alvin E. Williams, a bachelor, by Ray Jarmin and Dorothy Jarmin, husband and wife, by instrument dated December 4, 1950, and recorded December 5, 1950, under Auditor's File No. 454190, records of Skagit County, to a point then that is 160 feet South of the South line of that certain tract conveyed by Ray Jarmin and Dorothy Jarmin, husband and wife, to Alvin E. Williams, a bachelor, by deed dated December 4, 1950 and recorded December 5, 1950, under Auditor's File No. 454190;  
thence North along said road right of way 60 feet;  
thence Southwesterly 85 feet, more or less, to the point of beginning,

EXCEPT any portion thereof lying within the boundaries of existing road rights of way.

TOGETHER WITH a right of way 15 feet wide for the purpose of ingress and egress along the East line of the above-described premises to connect with State Highway 17-A, the centerline of said right of way being more particularly described as follows:

Beginning at a point on the North line of said State Highway 7.5 feet East of the Southeast corner of that certain tract conveyed to George C. Morehouse by deed recorded September 7, 1938, in Volume 175 of Deeds, page 325, under Auditor's File No. 305535, records of said County;  
thence Northerly in a straight line to a point that is 7.5 feet East of the Northeast corner of the above described tract hereby being conveyed.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-046346

DATE ISSUED: 09/12/2022  
FEE NUMBER:FIRST AND MIDDLE NAME(S): VERL LEROY  
LAST NAME(S): JARMINCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 10, 2022  
HOUR OF DEATH: 01:20 AM  
SEX: MALE AGE: 80 YEARS  
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE:  
BIRTHPLACE: STANLEY, NDMARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: ROAD GRADER  
INDUSTRY: LOGGING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NOINFORMANT: JULIE M CLEMENTS  
RELATIONSHIP: DAUGHTER  
ADDRESS: 3646 SAMISH VIEW LANE, SEDRO-WOOLLEY, WA 98284CAUSE OF DEATH:  
A: ACUTE MYELOID LEUKEMIA  
INTERVAL: 1 MONTH  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: ANEMIA, THROMBOCYTOPENIA,  
GASTROINTESTINAL BLEEDINGDATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

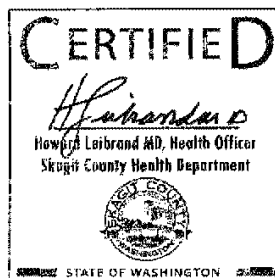
PLACE OF DEATH: OTHER PERSON'S RESIDENCE  
FACILITY OR ADDRESS: 3646 SAMISH VIEW LANE  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 53052 STATE ROUTE 20  
CITY, STATE, ZIP: ROCKPORT, WA 98283  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARSFATHER: RAY EARL JARMIN  
MOTHER:METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 13, 2022

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTERMANNER 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 RESPONSECERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: SEPTEMBER 12, 2022CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MELISSA M. DOSS  
DATE RECEIVED: SEPTEMBER 12, 2022

 <b>Affidavit for Correction</b>		01/20/2023 09:57 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.			
<b>STATE OFFICE USE ONLY</b>			
State File Number		Fee Number	Initials
		Date	Affidavit Number
Required information must match current information on record			
<b>Required</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:		
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
	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:			
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:		14b. Signature of 2nd parent (if required):	
Printed name:		Printed name:	
Date:		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:			
<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>			
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 422-159).			
<b>Child under 18</b>		<b>Adult (18 years or older)</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, signatures from both parents listed on the certificate are required. 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.



0 6 2 5 7 3 6 4

## LAST WILL AND TESTAMENT

of

**VERL JARMIN**

### KNOW ALL MEN BY THESE PRESENTS:

That I, Verl Jarmin, 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, Julie M. Clements. 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

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 Julie M. Clements. If Julie M. Clements

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Sedro Woolley, WA 98284  
(360) 855-0131

VI (Seal)

does not survive me, I hereby give, devise and bequeath all the rest, residue and remainder of my estate to Dan Clements.

**IV.**

**APPOINTMENT OF PERSONAL REPRESENTATIVE**

I nominate and appoint Julie M. Clements as Personal Representative of this my Will. If Julie M. Clements does not survive me, or surviving me is for any reason unable or unwilling to act as my personal representative, then I nominate and appoint Dan Clements as Personal Representative of this my Will.

**V.**

**POWERS AND DUTIES OF PERSONAL REPRESENTATIVE**

I hereby direct that my personal representative shall act without bond and without the intervention of any court, it being my direction that this be treated as a nonintervention Will as is provided under the laws of any state where this Will may be filed for probate. I hereby give and grant to my said personal representative absolute and complete power to hold, manage, invest, pledge, sell, mortgage, care for, protest and settle each and every part of my estate from and after the date of my death at such time and upon such terms as my personal representative shall deem best. I expect my personal representative to confer with the heirs or their guardians in such decisions, but the decision shall ultimately rest with my personal representative. In addition, my personal representative during the administration of my estate shall have all management and distributive powers and discretion provided by this Will and by law to my trustee, subject to the distribution standards and constraints described in this Will. Should it be necessary for a representative of my estate to qualify in any jurisdiction outside of the state of which I die a resident wherein my domiciliary personal representative cannot or may not desire to qualify, then I nominate such person or corporation as may be designated by my domiciliary personal representative.

**VI.**

**PAYMENT OF DEBTS AND TAXES**

My personal representative shall pay all debts of my estate and all estate, inheritance and succession taxes assessed by reason of my death, whether attributable to property passing under this Will or outside it, from the residue of my estate; provided, no part of the residue of my estate derived from the excluded portion, if any, of any tax-qualified employee retirement plan shall be

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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.

**CREMATION**

That at the time of making this Will, I wish to be cremated and my ashes released to my Personal Representative.

VIII.

**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 10, 2019

Verl Jarmin  
Verl Jarmin

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

[Signature] Residing at Arlington, WA  
Shirley Paulsen Residing at Clearlake, WA

**AFFIDAVIT OF WITNESSES TO THE WILL  
OF  
VERL JARMIN**

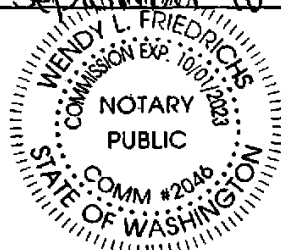
STATE OF WASHINGTON ) ss.  
COUNTY OF SKAGIT )

We, Verl Jarmin, the Testator, and Sarah Stiles  
and Shen Paulsen 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 Testator signed and executed the  
instrument as his Last Will and that he executed it as his free and voluntary act  
for the purposes therein expressed; and that each of the witnesses, in the  
presence and hearing of the Testator signed the Will as witness and that to the  
best of their knowledge the Testator was at that time an adult, of sound mind and  
under no constraint or undue influence.

Verl Jarmin  
Verl Jarmin

[Signature] residing at Arlington, WA  
Witness Address  
[Signature] residing at Clearlake, WA  
Witness Address

SUBSCRIBED and SWORN TO and ACKNOWLEDGED before me by Verl  
Jarmin, the Testator, and subscribed and sworn to before me by  
Sarah Stiles and Shen Paulsen  
witnesses, on September 10, 2019



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: \_\_\_\_\_

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(360) 855-0131

Judge/Court Commissioner  
VJ (Seal)

## 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: \_\_\_\_\_

Verl Jarmin

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(360) 855-0131

VJ \_\_\_\_\_ (Seal)