

POOR ORIGINAL

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02/01/2023 12:29 PM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor, WA

Certified True Copy

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20235361
Date 02/01/2023

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**

Title Insurance Commitment No.: _____, County: _____
Parcel Id: **P37097**

STATE OF Washington)
COUNTY OF Skagit) SS: Brief Legal: PTN WEST 1/2 OF THE WEST 1/2 OF THE
NE 1/4 SW 1/4, 22-35-4 E W.M. SKAGIT COUNTY,
WASHINGTON.

The undersigned, Daniel B Adams, executes this affidavit relating to the estate
of Sherry Marie Adams (herein "Decedent"), who died on May 18, 2014, in
the County of Skagit, State of WA, then being a resident of the City of
Burlington, County of Skagit, State of WA.
(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
☐ Surviving child of the Decedent
☐ Registered domestic partner of the Decedent
☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of
survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under
Recording No. _____, in _____ County, Washington,
☐ other (identify): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not
limited to:

1. spouse or registered domestic partner; and
2. children, adopted children, the issue of any predeceased child or adopted child (if
decedent left no surviving children, then the undersigned has listed below all of the
surviving parents, brothers and sisters of decedent); and
3. all parties who would have been heirs at law if the decedent had not been married
or a registered domestic partner on the date of death:

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching
a list if necessary):

Name & relationship Daniel Adams Spouse
Address: 71772 Cook Rd Burlington WA 98223
Name & relationship Lena Andersen Son
Address: 1205 W Emma Ave Apt B2 Covadene ID 83814
Name & relationship Amber Good Daughter
Address: Forest Ave Libby MT
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☒ Community property
☐ Separate property
☐ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
 - ☒ married to Daniel R Adams.
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was:
 - ☒ married to Daniel R Adams.
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____.
3. ☒ That the decedent left a Will, a copy of which is attached hereto.
☐ That the decedent left no Will.
☐ That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. (if unrecorded, attach a copy)
4. ☒ That the decedent's estate is not being probated.
☐ That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____.
5. ☒ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
☐ That State and/or Federal succession or inheritance taxes in the amount of \$_____ have been paid. Copies of the release/discharge are attached hereto.
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. ☐ That the decedent has not received assistance from the State of Washington for medical care.
☐ That the decedent has received assistance from the State of Washington for medical care.
☒ That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): N/A

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 0, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 0, and including the value of Decedent's separate property, if any, of approximately \$ N/A, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ N/A.

This affidavit is made to induce Fidelity TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: 2/22/19, 20

Daniel R Adam
(Signature)

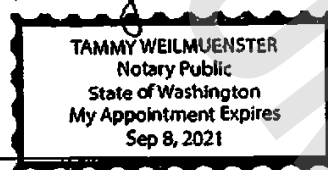
Daniel R Adam
(Print or type full name)

21272 Cook Rd Burlington WA 98233
(Full address and telephone number)

366-630-9777

SUBSCRIBED and SWORN TO before me this 22nd day of February, 2019

Notary Public in and for the State of
Washington, residing at Arlington



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2014-011343

DATE ISSUED: 02/22/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SHERRY MARIE
LAST NAME(S): ADAMSCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 18, 2014
HOUR OF DEATH: 02:50 AM
SEX: FEMALE AGE: 67 YEARS
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE:
BIRTH PLACE: LIBBY, MTMARITAL STATUS: MARRIED
SPOUSE: DANIEL R. ADAMSOCCUPATION: BARTENDER
INDUSTRY: BAR
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOINFORMANT: DANIEL R. ADAMS
RELATIONSHIP: HUSBAND
ADDRESS: 21272 COOK ROAD, BURLINGTON, WA 98233CAUSE OF DEATH:
A: RESPIRATORY FAILURE
INTERVAL: 5 YEARS
B: FIBROSIS
INTERVAL: DECADES
C: ASBESTOSIS
INTERVAL: DECADES
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE 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: HOME
FACILITY OR ADDRESS: 21272 COOK ROAD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE STREET: 21272 COOK RD
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 19 YEARSFATHER/PARENT: LEROY LOUIS GAMACHE
MOTHER/PARENT: PEGGYMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MAY 22, 2014

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: NOT APPLICABLECERTIFIER NAME: PAUL C. CREELMAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 712 S. BURLINGTON BLVD.
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
DATE SIGNED: MAY 21, 2014CASE REFERRED TO ME/CORONER:
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MEL PEDROSA
DATE RECEIVED: MAY 21, 2014

DOH 422-132 (4/15)

NOT VALID IF PHOTOCOPIED OR ALTERED