

Requested by and Return to:
Fidelity National Agency Solutions
6500 Pinecrest Drive, Suite 600
Plano, Tx 75024

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20235952
Date 03/29/2023

FNCM-2022-08-1600

Document Title(s): LACK OF PROBATE AFFIDAVIT

DECEDANT(s) : JANICE NMI NICHOLS

AFFIANT(s) : George N. Koerber

Legal Description (Abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)
Lot 17, Block 6, "Pape's Addition to the city of Mt. Vernon," as per plat recorded in Volume 3 of Plats, Page 59,
records of Skagit County, Washington. Situate in the City of Mount Vernon, County of Skagit, State of Washington.

Assessor's Property Tax Parcel/Account Number: P54057

File No.: 2022-08-1600

Affidavit Lack of Probate - continued

Date: 3-23-23

AFFIDAVIT LACK OF PROBATE

File No:
2022-04-914

Date:

STATE OF Washington)
COUNTY OF SKAGIT)-ss.
)

George N. Koerber, being first duly sworn, deposes and says:

1. That the undersigned Affiant was the Husband of Janice A. Nichols, who died on or about January 16, 2009, at home, Skagit County State of WASHINGTON, then being a legal resident Skagit County, WASHINGTON (State) .

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:
 - ☐ Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto; or
 - ☐ Decedent left no last Will; or
 - ☒ Decedent left a last Will which has not been probated nor revoked; a copy of which is attached hereto; or
 - ☐ Decedent left a last Will which was probated in _____ County, State of _____, A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.
3. Please read and initial the following:

The undersigned acknowledges that without a full probate of the Decedent's estate, there may be additional excise tax requirements as per WAC 458-61A-202.
4. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows:

INTENTIONALLY LEFT BLANK

File No.:

Affidavit Lack of Probate - continued

Date:

HEIRS AT LAW

<u>George N. Koerber</u>	<u>73</u>	<u>326 E. First St.</u>	<u>MILWAUKEE</u>
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)

5. All the debts of the decedent's and/or the marital community, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:
6. The decedent [] had [☒] 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.
7. As of the date of death, the value of all community property of decedent was approximately \$ 400,000.00. The value of all separate property of decedent was approximately \$ 0.
8. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

This affidavit is made to induce First American Title Insurance Company, (The Company) to issue its policy or policies of Title Insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant agrees to indemnify and hold The Company harmless from loss or damage which it may suffer as a result of said reliance.

George N. Koerber
George N. Koerber

File No.:

Affidavit Lack of Probate - continued

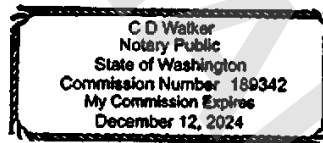
Date:

STATE OF Washington)
COUNTY OF SKAGIT)-ss.
)

I certify that I know or have satisfactory evidence that George N. Koerber, is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 3.22.23 CD Walker

Notary Public in and for the State of Washington
Residing at: Sedro Woolley, WA
My appointment expires: 12.12.24



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number **4609** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix JANICE NMI NICHOLS		2. Death Date Jan. 16, 2009	
3. Sex (M/F) Female	4a. Age - Last Birthday 66 Years	4b. Under 1 Year Months Days 0 0	5. Under 1 Day Hours Minutes 0 0
7. Birthdate July	8a. Birthplace (City, Town, or County) Ft. Monmouth	8b. (State or Foreign Country) New Jersey	9. Decedent's Education Associates Degree
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify NO		11. Decedent's Race(s) White	
12. Was Decedent ever in U.S. Armed Forces? No			
13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.) 326 East Fir Street		13b. City or Town Mount Vernon	
13c. Residence: County Skagit	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98273
14. Estimated length of time at residence. 18 Years		15. Marital Status at Time of Death Married	
16. Surviving Spouse's Name (Give name prior to first marriage) George Koerber			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Certified Medical Assistant		18. Kind of Business/Industry (Do not use Company Name) Medical Clinic	
19. Father's Name (First, Middle, Last, Suffix) Dixon Ellery Nichols		20. Mother's Name Before (Last, Suffix) Doris	
21. Informant's Name George Koerber		22. Relationship to Decedent Husband	
23. Mailing Address: Number and Street City or Town State Zip Code 326 East Fir Street, Mount Vernon, WA 98273			
24. Place of Death: If Death Occurred in a Hospital Decedent's Residence			
25. Facility Name (If not a facility, give number & street or location) 326 East Fir Street		26a. City, Town, or Location of Death Mount Vernon	
26b. State WA		27. Zip Code 98273	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Cady Cremation Services	
30. Location-City/Town, and State Kent, Washington			
31. Name and Complete Address of Funeral Facility Affordable Burial & Cremation Services, LLC, 17910 SR 536, Mount Vernon, WA 98273		32. Date of Disposition Jan. 22, 2009	
33. Funeral Director Signature <i>[Signature]</i>			
34. Cause of Death (See instructions and examples) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. Metastatic Glioma Seizure Interval between Onset & Death 1 hour 2 years			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year	
40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		41. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
42. Date of Injury (mm/dd/yyyy)		43. Hour of Injury (24hrs)	
44. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		45. Location of Injury: Number & Street Apt No. City or Town: County: State: Zip Code + 4:	
46. Describe how injury occurred			
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician <i>[Signature]</i>		48b. Medical Examiner/Coroner <i>[Signature]</i>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Jonathon Ploudre, M.D., 2116 East Section Street, Mount Vernon, WA 98274		50. Hour of Death (24hrs) 1815 Hours	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (mm/dd/yyyy) January 20, 2009	
53. Title of Certifier Physician		54. License Number MD 0004585	
55. ME/Coroner File Number NJA# 09-028		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>		58. Date Received (mm/dd/yyyy) JAN 21 2009	
59. Amendments			

DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (5/99)

Affidavit for Correction


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
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is incorrect or incomplete as follows:				
The Record now shows:		The True fact is:		
6.		7.		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature:		16. Date:	17. Address:	
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.				
All changes must be established by documentary proof submitted with the affidavit.				
Examples of documentary proof:				
Certificate of Naturalization		Medical Record		School Record
Hospital Records		Military Record (DD-214)		Voter's Registration Card (if it bears an effective date)
Insurance Records		Birth Record		Alien Registration Card (front and back)
Marriage/Divorce Records		Passport		
Birth Certificates:				
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.				
2. The proof(s) 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.				
3. Proof must be five (or more) years old or have been established within five years of birth.				
4. Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.				
- After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.				
5. 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).				
6. This affidavit cannot be used to add a father as a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)				
Death Certificates:				
1. Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is presented) may change the non-medical information.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.				
Marriage/Dissolution (Divorce) Certificates:				
1. Personal info(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.				
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.				

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JAN 21 2009


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

QQ00315549