

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. 20236039
Date 04/05/2023

FNC-ARS-83962

Document Title(s): LACK OF PROBATE AFFIDAVIT

DECEDANT(s) : Reidar Ytgard,

AFFIANT(s) : Mildred E. Ytgard

Legal Description (Abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)
Tract 9, Samish Shores Plat, Skagit County, Washington, as per plat recorded in volume 8 of plats, page 7, records of
Skagit County; situate in the County of Skagit, State of Washington.

Assessor's Property Tax Parcel/Account Number: P68800

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

Title Insurance Commitment No.: _____, County: _____

STATE OF Washington

SS:

COUNTY OF Skagit

The undersigned, Mildred E Ytgaard, executes this affidavit relating to the estate of Reidar Ytgaard (herein "Decedent"), who died on 6/19/2021, in the County of Skagit, State of Washington, then being a resident of the City of Bow, County of Skagit, State of Washington.

(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 Mildred E Ytgaard - wife

Address: 10443 Waller Rd., Bow, WA 98232

Name & relationship _____

Address: _____

Name & relationship _____

Address: _____

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 Jonice yTgard
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to Mildred yTgard
 - ☐ 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): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 500,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 900,000, and including the value of Decedent's separate property, if any, of approximately \$ _____, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ _____.

This affidavit is made to induce Chicago 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.

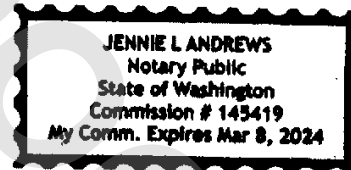
DATED: March 27, 20 23

Mildred E. Ytard
(Signature)

Mildred E. Ytard
(Print or type full name)

10443 Wahlen Rd. Bow. WA 98232
(Full address and telephone number)

360-766-5063



SUBSCRIBED and SWORN TO before me this 27th day of March, 20 23

Notary Public in and for the State of Washington
Washington, residing at Island County
Jennie L. Andrews
Commission Expires: 03/08/2024



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-029310

DATE ISSUED: 10/10/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): REIDAR

LAST NAME(S): YTGARD

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JUNE 19, 2021

HOUR OF DEATH: 12:30 AM

SEX: MALE

AGE: 92 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: FEBRUARY

BIRTH PLACE: EVERETT, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MILDRED SCHLECHT

OCCUPATION: CUSTODIAN

INDUSTRY: SCHOOL DISTRICT

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETE

US ARMED FORCES: YES

INFORMANT: MILDRED YTGARD

RELATIONSHIP: WIFE

ADDRESS: 10443 WALLEN RD BOW, WA 98232

CAUSE OF DEATH:

A: FAILURE TO THRIVE

INTERVAL: DAYS

B: SEVERE DEMENTIA

INTERVAL: YEARS

C: HYPERTENSION

INTERVAL: YEARS

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: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 10443 WALLEN RD

CITY, STATE, ZIP: BOW, WA 98232

CROSS CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

AGE OF TIME AT RESIDENCE: 27 YEARS

NAME: LARS YTGARD

OTHER: CHRISTINE

DISPOSITION: BURIAL

PLACE OF DISPOSITION: BURLINGTON CEMETERY

DATE: BURLINGTON, WASHINGTON

DATE: JUNE 28, 2021

FACILITY: HULBUSH FUNERAL HOME AND CREMATION

ADDRESS: 10443 WALLEN RD BOW, WA 98232

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

NAME: THOMAS CUFLEY

NATURAL

IF AVAILABLE TO COMPLETE

IF APPLICABLE

IF CONTRIBUTE TO DEATH: NO

IF FEMALE: NO RESPONSE

NAME: MALIK FUMAONO, MD

PHYSICIAN

CERTIFICATE ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

DATE SIGNED: JUNE 21, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: MALIK FUMAONO, PHYSICIAN

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: JUNE 22, 2021



Affidavit for Correction

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

State File Number		Fee Number		Initials	Date	Affidavit Number	
Required Information on record							
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)							
1. Name on Record: First Middle Last				2. Date of Event: MM/DD/YYYY		3. Place of Event: (City or County)	
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden				5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden			
6. Name of Person Requesting Correction:				Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Other (specify) _____			
7. Return Mailing Address: PO Box or Street Address City State Zip							
Telephone Number: ()				Email Address:			
Under penalty of perjury, I declare that the information on this affidavit is true and correct, 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:		Date:		Printed name:		Date:	
INSTRUCTIONS - go to www.doh.wa.gov 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"> Birth/Marriage/Divorce record Military record (DD-214) School transcripts Social Security Numident Report Certificate of Naturalization Hospital/medical record Copy of Passport / Enhanced ID Green/Permanent Resident card (I-551) 							
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.							
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. 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).							
Child under 18				Adult (18 years or older)			
<ul style="list-style-type: none"> If legal guardian(s), include certified court order proving guardianship. 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. No proof is required to change the first or middle name. To correct parent's information, one proof documentation is required. To correct the sex of the child, one proof documentation from a medical provider is required. 				<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 proof documentation are required. 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. To correct parent's birth date, place of birth, or name, one proof documentation 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.							
Death Certificates							
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.							
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 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.							

CERTIFIED

OCT 18 2021

Howard Leibrand

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



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



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