

After recording return to:
Charlie Cummins
PO Box 29992
Bellingham, WA 98228

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 04/21/2023

Please print legibly or type information.

Document Title: Lack of Probate

Grantor: Richard Cummins

Grantee: Charlie Cummins and Benjamin Cummins

Legal Description (Abbreviated: i.e., lot, block & subdivision name or number OR section/township/range and quarter/quarter section) lot 34 eagle valley pud
(0.3800 AC) (TITLE ELIMINATION) INCLUDING MANUFACTURED HOME 1995 LIBERTY 44X28 SERIAL
NUMBER 09L29259XU EAGLE VALLEY PUD LOT

Complete Legal Description on Page ____ of Document

Assessor's Property Tax Parcel/Account Number: P106927

The Auditor/Recorder will rely on the information provided on this cover sheet. The Staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature of Requesting Party(required for non-standard recordings only) GPCOVST. Doc rev4/02

LACK OF PROBATE AFFIDAVITDate: February 15, 2023Order No.: 208135-LT

Note: All applicable questions must be answered fully. Notwithstanding Land Title and Escrow Company and its underwriters possible willingness to insure this transaction without a probate of the decedent's estate, you are advised to consult with an attorney regarding the benefits of conducting a probate. A certified copy of the Death Certificate must be attached to this Affidavit.

The undersigned, being first duly sworn, and with the understanding that Land Title and Escrow Company and its underwriters will be relying on the information contained herein in determining whether or not to insure title to real property, deposes and says:

1. The undersigned is the Son (relationship to decedent) of Richard Cummins (name of decedent), who died on 11/14/2021 (date of death) at Mount Vernon (City), Skagit (County), WA (State).
2. At the time of his/her death, the decedent was a legal resident of Mount Vernon (City), Skagit (County), WA (State).
3. Initial one of the following:
 - ☒ Decedent left no last Will; or
 - ☐ Decedent left a last Will which has not been probated, and a true copy of which is attached hereto, and the same was never revoked; or
 - ☐ Decedent left a last Will which was probated in _____ County, State of _____, and an authenticated Distribution is attached hereto.
4. If the undersigned is the surviving spouse of the decedent, initial any of the following which apply:
 - ☐ The undersigned and the deceased acquired the property described in the above-referenced title order as community property under deed dated _____ and recorded under _____ County recording number _____; or
 - ☐ The undersigned and the deceased provided for the conversion of the property described in the above-referenced title order from separate property to community property by deed dated _____ and recorded under _____ County recording number _____; or
 - ☐ The undersigned and the deceased provided for the conversion of separate property to community property and for the disposition of all community property by a Community Property Agreement dated _____ and recorded under _____ County recording number _____.

5. A complete list of the living heirs at law of the decedent, and their ages, relationship to decedent and current address, is as follows (attach a separate page, if necessary). NOTE: The "heirs at law" include, but are not limited to, the decedent's spouse, children (natural or adopted), parents, brothers, sisters, grandchildren, and great-grandchildren).

| | | | |
|--------------------------|-----|--------------|--|
| Charles William Cummins | 50 | Son | 5079 Aerie Ln Sedro Woolley, WA 98284 |
| Full Name | Age | Relationship | Complete Address |
| Benjamin Zachary Cummins | | Son | 720 Bordentown Ave, South Amboy NJ 08879 |
| Full Name | Age | Relationship | Complete Address |
| | | | |
| Full Name | Age | Relationship | Complete Address |
| | | | |
| Full Name | Age | Relationship | Complete Address |
| | | | |
| Full Name | Age | Relationship | Complete Address |

6. All the debts of the decedent, including, but not limited to, all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:

_____.

7. The decedent was 66 years of age on the date of their death.

8. Question 8 should only be answered if the deceased was 55 years or older at the time of their death.

- a. Did the decedent receive assistance from the State of Washington, Department of Social and Health Services for subsistence or medical care (Medicaid/Welfare):

☐ Yes ☒ No ☐ I don't know

- b. If the answer to 8(a) is "yes" or "I don't know," did the decedent's spouse, at the time of the decedent's death, live on the property described in the above-referenced title order?

☐ Yes ☐ No ☐ I don't know

9. As of the date of death, the total value of the decedent's estate was approximately \$ 160,000.

This affidavit is made to induce Land Title and Escrow Company and its underwriters to issue its policies of title insurance on real property passing to the surviving heir(s) in reliance upon the representations hereinabove set forth.

Note: A request to insure may be required from an attorney, and deeds may be required from heirs or devisees of the decedent.

Benjamin Cummins
Affiant's Signature

Benjamin Cummins
Printed Name of Affiant

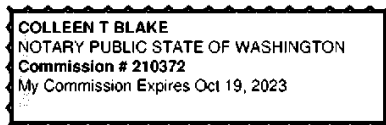
720 Bordentown, South Amboy, NJ 08879
Address
(732) 308-8892
Phone Number

State of: Washington
County of: Snohomish

I certify that I know or have satisfactory evidence that Benjamin Cummins is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 03/21/2023
Colleen T Blake
Signature
Notary Public
Title
My appointment expires: 10/19/2023

Seal or Stamp



Notarial act performed by audio-visual communication

LACK OF PROBATE AFFIDAVITDate: February 15, 2023Order No.: 208135-LT

Note: All applicable questions must be answered fully. Notwithstanding Land Title and Escrow Company and its underwriters possible willingness to insure this transaction without a probate of the decedent's estate, you are advised to consult with an attorney regarding the benefits of conducting a probate. A certified copy of the Death Certificate must be attached to this Affidavit.

The undersigned, being first duly sworn, and with the understanding that Land Title and Escrow Company and its underwriters will be relying on the information contained herein in determining whether or not to insure title to real property, deposes and says:

The undersigned is the Son (relationship to decedent) of Richard Cummins (name of decedent), who died on 11-14-21 (date of death) at Mount Vernon (City), Skagit (County), Washington (State).

At the time of his/her death, the decedent was a legal resident of Sedro Woolley (City), Skagit (County), Washington (State).

3. Initial one of the following:

☒ Decedent left no last Will; or

☐ Decedent left a last Will which has not been probated, and a true copy of which is attached hereto, and the same was never revoked; or

☐ Decedent left a last Will which was probated in _____ County, State of _____, and an authenticated Distribution is attached hereto.

4. If the undersigned is the surviving spouse of the decedent, initial any of the following which apply:

☐ The undersigned and the deceased acquired the property described in the above-referenced title order as community property under deed dated _____ and recorded under _____ County recording number _____; or

☐ The undersigned and the deceased provided for the conversion of the property described in the above-referenced title order from separate property to community property by deed dated _____ and recorded under _____ County recording number _____; or

☐ The undersigned and the deceased provided for the conversion of separate property to community property and for the disposition of all community property by a Community Property Agreement dated _____ and recorded under _____ County recording number _____.

5. A complete list of the living heirs at law of the decedent, and their ages, relationship to decedent and current address, is as follows (attach a separate page, if necessary). NOTE: The "heirs at law" include, but are not limited to, the decedent's spouse, children (natural or adopted), parents, brothers, sisters, grandchildren, and great-grandchildren).

| | | | |
|--------------------------------------|------------------|----------------------------|--|
| <u>Charlie Cummins</u> Full Name | <u>51</u> Age | <u>SON</u> Relationship | <u>5074 Acie Ln Sidra Woolley WA 98284</u> Complete Address |
| <u>Benjamin Cummins</u> Full Name | <u>41</u> Age | <u>SON</u> Relationship | <u>720 Bordentown Ave South Amboy New Jersey 08879</u> Complete Address |
| Full Name | Age | Relationship | Complete Address |
| Full Name | Age | Relationship | Complete Address |
| Full Name | Age | Relationship | Complete Address |

6. All the debts of the decedent, including, but not limited to, all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:

7. The decedent was 146 years of age on the date of their death.
8. Question 8 should only be answered if the deceased was 55 years or older at the time of their death.
- Did the decedent receive assistance from the State of Washington, Department of Social and Health Services for subsistence or medical care (Medicaid/Welfare):
☐ Yes ☒ No ☐ I don't know
 - If the answer to 8(a) is "yes" or "I don't know," did the decedent's spouse, at the time of the decedent's death, live on the property described in the above-referenced title order?
☐ Yes ☐ No ☐ I don't know

9. As of the date of death, the total value of the decedent's estate was approximately \$ 1,000,000.

This affidavit is made to induce Land Title and Escrow Company and its underwriters to issue its policies of title insurance on real property passing to the surviving heir(s) in reliance upon the representations hereinabove set forth.

Note: A request to insure may be required from an attorney, and deeds may be required from heirs or devisees of the decedent.



Affiant's Signature

Charlie Cummins

Printed Name of Affiant

507A PERIE LN

SEALIE WOODLEY WA 98284

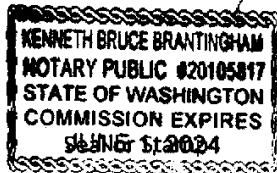
Address

360-630-4041

Phone Number

State of: WashingtonCounty of: Snohomish

I certify that I know or have satisfactory evidence that CHARLIE CUMMINS is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: MARCH 21, 2023

Signature

NOTARY PUBLIC

Title

My appointment expires: JUNE 1, 2024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-059008

DATE ISSUED: 11/19/2021
FEE NUMBER:FIRST AND MIDDLE NAME(S): RICHARD WILLIAM
LAST NAME(S): CUMMINSCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 14, 2021 FOUND
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 66 YEARS
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: COLTON, CAMARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: MAINTENANCE
INDUSTRY: HEALTH CARE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: CHARLIE CUMMINS
RELATIONSHIP: SON
ADDRESS: 5079 AERIE LANE, SEDRO WOOLLEY, WA 98284CAUSE OF DEATH:
A: ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: YEARS
B: LONG TERM TOBACCO USE
INTERVAL: YEARS
C:
INTERVAL:
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:

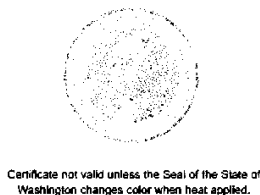
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274RESIDENCE STREET: 5079 AERIE LANE
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARSFATHER: WILLIAM E CUMMINS
MOTHER: [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 19, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: SARAH A. DRAKEMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: NOVEMBER 17, 2021CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 211114-410
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: NOVEMBER 19, 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 OFFICE USE ONLY | | | |
| State File Number | Fee Number | Initials | Affidavit Number |
| Required information must match current 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: | | 2. Date of Event: | |
| First Last | | 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 2 nd parent (if required): | |
| Printed name: | | Printed name: | |
| Date: | | 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: • 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 • 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. • 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. Adult (18 years or older) • 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. | | | |
| 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

NOV 19 2021

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



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