

**FILED FOR RECORD AT REQUEST OF:**

ELDER LAW OFFICES OF  
MEYERS, NEUBECK & HULFORD, P.S.  
2828 Northwest Avenue  
Bellingham, WA 98225-2335

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20237620  
Date 08/11/2023

**WHEN RECORDED RETURN TO:**

ELDER LAW OFFICES OF  
MEYERS, NEUBECK & HULFORD, P.S.  
2828 Northwest Avenue  
Bellingham, WA 98225-2335

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**LACK OF PROBATE AFFIDAVIT**

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**GRANTOR:** ROB BAMESBERGER  
**GRANTEE:** PATRICIA BAMESBERGER  
**PARCEL NUMBER:** P64672  
P64673  
**LEGAL DESCRIPTION:** LOT 18 PLAT OF CRATER LAKE BEACH CLUB  
LOT 19, PLAT OF CRATER LAKE BEACH CLUB  
**REFERENCE NUMBERS:** 9203020078 (Previous Deed)  
201011170037 (Previous Deed)

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

I, PATRICIA BAMESBERGER, being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of ROB BAMESBERGER, who died testate on the 20<sup>th</sup> day of September, 2022, in Everett, Snohomish County, Washington State, and who is a resident of Anacortes, Skagit County, Washington State, with a certified copy of said death certificate attached hereto as **Exhibit A**;

THAT said ROB BAMESBERGER and I were married on the 29th day of January, 1972 and that there were three (3) children born of this marriage, namely, JOLENE E. ATTOLINI, MARISA A. BAMESBERGER, and EVAN K. BAMESBERGER, all of whom are adults; that there were no other children born of ROB BAMESBERGER who are now deceased leaving issue surviving, nor had he ever adopted any children;

UNRECORDED

THAT ROB BAMESBERGER executed his Last Will and Testament on the 18th day of April, 2013, a copy of the Last Will and Testament has been attached hereto as the original Last Will and Testament cannot be located; however, ROB BAMESBERGER's entire estate, including real property interests (all of which were community property), passed to the surviving spouse PATRICIA BAMESBERGER, pursuant to intestate succession laws, RCW 11.04.015(1)(a);

THAT pursuant to the above referenced documentation and pursuant to the operation of law I am the sole and rightful heir to the real property described herein below. My name, age, relationship and address is as follows:

<b>Name:</b>	<b>Age:</b>	<b>Relationship:</b>
PATRICIA BAMESBERGER	73	Wife
14101 Crater Lake Road		
Anacortes, WA 98221		

THAT the expenses of the last illness and funeral and burial of the decedent have been paid, as evidenced by receipts in my possession, or provisions have been made for full payment of any and all future and currently unknown expenses connected therewith;

THAT the decedent had never received from the State of Washington assistance consisting or nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance;

THAT there is no State of Washington Inheritance Tax due as a result of the decedent's death;

THAT there is no Federal Estate Tax due as a result of the decedent's death;

THAT no probate of the Estate of ROB BAMESBERGER has been instituted, nor is such probate contemplated;

THAT all of the real property owned by the decedent at the time of his death, or in which he had an interest was situated in Skagit County, Washington and is more particularly described as follows:

P64672:

LOT 18, PLAT OF CRATER LAKE BEACH CLUB, DIV. NO. 1, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 8 OF PLATS, PAGES 51 AND 52, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SUBJECT TO EASEMENTS, RESTRICTIONS AND RESERVATIONS OF THE RECORD.

P64673:

LOT 19, PLAT OF CRATER LAKE BEACH CLUB, DIVISION NO. 1, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 8 OF PLATS, PAGES 51 AND 52, RECORDS OF SKAGIT COUNTY, WASHINGTON.

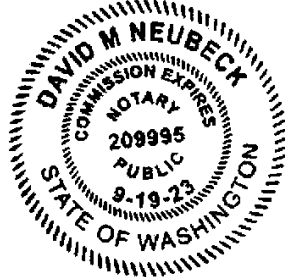
SUBJECT TO: RESTRICTIONS, RESERVATIONS AND EASEMENTS OF RECORD.


THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant(s) agree(s) to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance.

Dated this 15<sup>th</sup> day of December, 2022.

  
PATRICIA BAMESBERGER

SUBSCRIBED AND SWORN to before me, by PATRICIA BAMESBERGER, this 15<sup>th</sup> day of December, 2022.



  
DAVID M. NEUBECK  
Notary Public in and for the  
State of Washington  
Residing in Bellingham  
My commission expires: 09/19/2023

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## EXHIBIT A

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-049581

LOCAL FILE NUMBER: 10433

DATE ISSUED: 09/29/2022

FEE NUMBER: 092922

FIRST AND MIDDLE NAME(S): ROB GEORGE  
LAST NAME(S): BAMESBERGERCOUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: SEPTEMBER 20, 2022  
HOUR OF DEATH: 08:10 PM  
SEX: MALE AGE: 74 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: LOS ANGELES, CAMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: PATRICIA BRADLEYOCCUPATION: CARPENTER  
INDUSTRY: CONSTRUCTION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NOINFORMANT: PATRICIA BAMESBERGER  
RELATIONSHIP: WIFE  
ADDRESS: 14101 CRATER LAKE ROAD ANACORTES, WA 98221CAUSE OF DEATH:  
A: INFECTED AORTIC GRAFT  
INTERVAL: 1 MONTHB:  
INTERVAL: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: PROVIDENCE REGIONAL MEDICAL CENTER  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201RESIDENCE STREET: 14101 CRATER LAKE ROAD  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARSFATHER: HAROLD BAMESBERGER  
MOTHER: MORNA [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: PREMIER MORTUARY SERVICECITY, STATE: MARYSVILLE, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 30, 2022

FUNERAL FACILITY: PREMIER MORTUARY SERVICE

ADDRESS: 1727 E MARINE VIEW DR STE B  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201  
FUNERAL DIRECTOR: JOSEPH L. PARKERMANNER 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: MARK D. PAPENHAUSEN, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1330 ROCKEFELLER AVE STE 520  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201  
DATE SIGNED: SEPTEMBER 28, 2022CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ZHARIA DENNIS  
DATE RECEIVED: SEPTEMBER 28, 2022

202308110019

**Affidavit for Correction**

08/11/2023 09:47:47  
 Olympia, WA 98504-7814  
 360-236-4300

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
<b>Required information must match current information on record</b>				
<b>Record Type:</b> <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record: First _____		2. Date of Event: Month/Day/Year _____		3. Place of Event City/State/Zip _____
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"/> 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: PO Box or Street Address _____				
Telephone Number: ( ) _____		Email Address: _____		
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
<b>The record currently shows:</b>		<b>The true fact is:</b>		
8. _____		9. _____		
10. _____		11. _____		
12. _____		13. _____		
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>				
14a. Signature: Printed name: _____ Date: _____		14b. Signature of 2nd parent (if required): Printed name: _____ Date: _____		
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
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) <b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>				
<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. <b>The proof(s) must match</b> 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>				
• 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, <b>signatures from both parents listed on the certificate are required</b> . If one parent is deceased, submit a death certificate with request.				
<b>Adult (18 years or older)</b>				
• 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.				
<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.

**CERTIFIED**  
 Kittitas Co. Public Health

SEP 29 2022

*Mark W. Larson M.D.*  
 Dr. Mark W. Larson, M.D.  
 Health Officer



0 5 3 1 2 9 9 9

**EXHIBIT B****WILL OF****ROB BAMESBERGER**

I, ROB GEORGE BAMESBERGER, a resident of Anacortes, Skagit County, Washington, and a citizen of the United States, declare that this is my Will. I revoke all prior Wills and Codicils.

**ARTICLE 1**Family

1.1 FAMILY. I am married to PATRICIA BAMESBERGER, and all references to "my spouse" are to her. My only children, living or deceased, are JOLENE ERICA ATTOLINI of Ferndale, Washington; MARISA ANN BAMESBERGER of Bellingham, Washington; and EVAN KEITH BAMESBERGER of Burlington, Washington. I intentionally make no provision in this Will for any member of my family or their descendants except as specifically described.

**ARTICLE 2**Legal Representatives

2.1 PERSONAL REPRESENTATIVE. I name my spouse as my personal representative. If my spouse fails to qualify or ceases to act as my personal representative, I name EVAN KEITH BAMESBERGER as my personal representative.

**ARTICLE 3**Specific Gifts And Special Directions

3.1 LIST OF GIFTS. I may leave a handwritten and/or signed list which refers to this provision in my Will and directs the distribution of certain items of tangible personal property. This list or other separate writing is subject to change from time to time. I intend such list to conform to RCW 11.12.260, and if I leave such writing, my personal representative shall distribute my property as directed therein. However, if my spouse survives me, the list shall instead be considered an expression of my desire about how such property should ultimately be distributed on the death of my spouse; provided that, if my spouse joins in the gift of any item of listed tangible personal property, such item may be distributed on my death as directed. Any property distributed pursuant to such list shall be considered as a specific bequest and not as part of a legatee's remaining distributive share, if any. If by means of this list I gift a work of art or any intellectual property to which I own the copyright, I hereby state that such copyright is given along with the specific gift, unless copyrights are given by a different specific gift in this Will. Any property not specifically identified in such a list, or any property allocated to a beneficiary named therein who does not survive me by ninety (90) days, shall pass according to this Will. All such tangible personal property is given subject to outstanding mortgages, liens and encumbrances. My personal

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representative shall pay any costs of distribution, including, but not limited to, appraisal, insurance, postage, shipping and handling from the residue of my estate. If no such writing is found within ninety (90) days of the appointment of my personal representative, this Article shall have no force or effect whatsoever.

3.2 HOUSEHOLD AND PERSONAL EFFECTS. Aside from the specific gifts, if any, disposed of in the list described above, I give any interest I have in household goods and furnishings, personal vehicles, recreational equipment, clothing, jewelry, personal effects, and other property for personal or household use, together with any insurance on this property, to my spouse, if my spouse survives me. If my spouse does not survive me, I give this property in substantially equal shares to my children, one share to each of them who survives me, not by right of representation, but *per capita*, to be divided among them as they agree or, if they do not agree, then as my personal representative shall determine.

#### ARTICLE 4

##### Residue

4.1 IF SPOUSE SURVIVES. I give the residue of my estate to my spouse, if my spouse survives me.

4.2 IF SPOUSE DOES NOT SURVIVE. If my spouse does not survive me, I give 7% (seven percent) of the residue of my estate to each of my grandchildren who survives me, not by right of representation, but *per capita*. I give all the rest, residue and remainder of my estate in substantially equal shares to my children, one share to each of them who survives me, not by right of representation, but *per capita*.

#### ARTICLE 5

##### Personal Representative

5.1 NO BOND REQUIRED. No bond shall be required of any personal representative named in this Will, in any jurisdiction, for any purpose.

5.2 NONINTERVENTION POWERS. My personal representative shall have nonintervention powers to settle my estate in the manner set forth in this Will. It is my intention to avail myself of the provisions of the nonintervention Will statutes of the State of Washington, and these nonintervention powers shall be unrestricted.

5.3 POWERS. I give my personal representative all powers conferred on a personal representative by Washington law as now existing or later amended, whether or not those powers are exercised in Washington.

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5.4 TRANSFER TO CUSTODIAN. If any interest passes under this Will to a person under the age of twenty-five (25), I authorize my personal representative to name a custodian for that person, and to transfer that interest to the custodian for that person under the Washington Uniform Transfers to Minors Act.

#### ARTICLE 6

##### Taxes And General Administrative Provisions

6.1 SURVIVORSHIP. A beneficiary under my Will shall be considered to survive me only if the beneficiary is living on the ninetieth (90<sup>th</sup>) day after the date of my death.

6.2 TAXES. All estate, inheritance, and other death taxes (including interest and penalties) payable by reason of my death, whether on property passing under this Will or otherwise, shall be apportioned according to Washington law.

6.3 DEBTS AND EXPENSES. I direct my personal representative to pay my debts as they come due, and my funeral and estate administration expenses.

6.4 ELECTIONS, DECISIONS, AND DISTRIBUTIONS.

6.4(a) GENERAL AUTHORITY. I authorize my personal representative to make any election or decision available to my estate under federal or state tax laws, to make pro rata or non pro rata distributions without regard to any differences in tax basis of assets distributed, and to make distributions in cash, in specific property, in undivided interests in property, or partly in cash and partly in property.

6.4(b) GOOD FAITH DECISIONS BINDING. The good faith decisions of my personal representative in the exercise of these powers shall be conclusive and binding on all parties, and my personal representative need not make any adjustments among beneficiaries because of any election, decision, or distribution.

6.5 CHANGE IN CORPORATE FIDUCIARY. If any corporate fiduciary is merged or voluntarily liquidated into or consolidated with another entity having the required fiduciary powers, the successor shall have all powers granted to the original corporate fiduciary.

6.6 DESCENDANTS. As used in this document, "descendants" includes naturally born persons, and persons who were legally adopted before their twenty-first (21<sup>st</sup>) birthday.

6.7 WILLS MAY BE AMENDED. My spouse and I have not entered into any agreement to make Wills or agreement not to revoke Wills, and each of us reserves the right to unilaterally amend, revoke and execute a new Will during our joint lives or following our spouse's death.

6.8 GOVERNING LAW. The validity and construction of my Will shall be determined under Washington law in effect on the date my Will is signed.

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6.9 CAPTIONS. The captions are inserted for convenience only. They are not a part of this instrument and do not limit the scope of the section to which each refers.

I have signed this Will on this 15 day of April, 2013.

[Signature]  
ROB BAMESBERGER

This instrument, consisting of six (6) typewritten pages, including this page and the attached Affidavit of Attesting Witnesses, was on the above date and in our presence, signed by ROB BAMESBERGER, the testator. We, at his request, have signed our names as attesting witnesses this 15 day of April, 2013.

[Signature]  
Signature

[Signature]  
Signature

Felicia Valme  
Printed Name

Lupe Mora  
Printed Name

Residing at:

Residing at:

La Comar, WA

La Comar, WA



4. The other witness and I, in the presence of the testator and each other, now affix our signatures as witnesses to the Will and make this affidavit.

[Signature]

Signature

Lupe Mora

Signature

Felicia Value

Printed Name

Lupe Mora

Printed Name

Residing at:

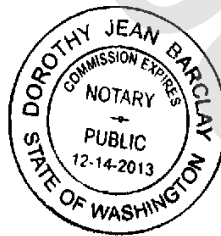
Residing at:

La Conner, WA

La Conner, WA

SUBSCRIBED AND SWORN TO before me on April 18, 2013.

[Signature]  
Notary Public in and for  
the State of Washington,  
Residing at Seattle, WA  
My commission expires: 12-14-2013



# CONSENT TO RELEASE OF MEDICAL INFORMATION

ROB BAMESBERGER

I, Rob Bamesberger, DOB 09/24/1947, hereby authorize all physicians and psychiatrists who have treated me, and all other providers of health care, including hospitals, nursing homes, transport services and care centers, to release to the individuals set forth below any and all information relating to my whereabouts, condition or treatment, including all "Protected Health Information" (as defined in 45 CFR § 164.501 *et seq.*, and its successors [HIPAA]), and all other information contained in my medical records or otherwise which such individual may request. I hereby waive all privileges attached to physician-patient relationships and to any communication, verbal or written, arising out of such relationships.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by such individuals and therefore no longer protected by 45 CFR § 164.508 *et seq.* and its successors (HIPAA). Those listed below are authorized to request, receive and review any information, verbal or written, pertaining to my physical or mental health, including medical and hospital records, and to execute any releases, waivers or other documents that may be required in order to obtain such information, and to disclose such information to such persons, organizations and health care providers as such individuals may designate. For purposes of 45 CFR § 164.508, each of the individuals listed below shall also be known as my personal representative. A copy of this authorization shall be considered as effective as the original. The expiration date of this authorization is three years after the date of my death.

Information may be given to the following individuals: Pat Bamesberger; Jolene Attolini; Marisa Bamesberger; and Evan Keith Bamesberger.

Dated April 15, 2013.

Witness

Rob Bamesberger  
Rob Bamesberger

Witness

STATE OF WASHINGTON )

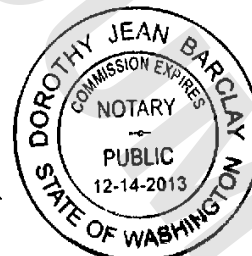
: ss

County of Skagit )

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

Dated: April 18, 2013

Sarah M. Barry  
Notary Public in and for the State  
of Washington, residing at Edin Woody  
My Commission Expires: 12-14-2013

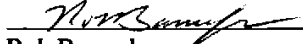


**DIRECTION FOR  
DISPOSITION OF REMAINS**

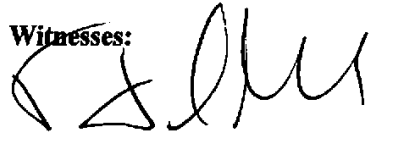
PURSUANT to RCW 68.50.160, I, Rob Barnesberger, make the following provisions for the disposition of my remains:

1. Following my death, I direct that my remains be cremated. I direct that my cremated remains be disposed of as follows: scattered at the discretion of my spouse and children.
2. I appoint Rob Barnesberger or, if he is unable, then my children, namely Evan Keith Barnesberger, Jolene Erica Attolini, and Marisa Ann Barnesberger, as my agents or representatives for making arrangements for the preparation, care and disposition of my remains pursuant to RCW 68.50.160(3)(a).
3. In the event I have made pre-arrangements for the disposition of my remains with a licensed funeral establishment or cemetery authority under RCW 18.39.280 through 18.39.345 and Chapter 68.46 RCW, then such arrangements shall take precedence over these directions.
4. No funeral home, cemetery and/or cremation authority shall be liable for arranging for or undertaking the disposition of my remains if done in reliance on this authorization.
5. I DIRECT that all of my relatives, surviving at my death, honor this authorization.

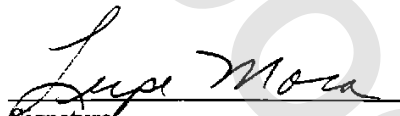
DATED this 18 day of April, 2013.

  
\_\_\_\_\_  
Rob Barnesberger

Witnesses:

  
\_\_\_\_\_  
Signature

Felicia Valua  
Printed Name

  
\_\_\_\_\_  
Signature

Lupe Mora  
Printed Name