

Return Address:

Bonnie Hansen
812 John Linenhead
Sedro Woolley Wa 98284

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 08/30/2023

GNW 23-18977

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Bonnie Hansen, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is wife/widow

of Marvin Hansen who died on June 3, 2022
Relationship to decedent Date

at Sedro Woolley Skagit WA
City Decedent/Grantor County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

Section 24, township 35 North, Range 4 East;
Ptn. NE NE

Assessor's Property Tax Parcel/Account Numbers: (List All)

P 37485

see attached
(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Bonnie Hansen wife/widow

Full name, age and relationship

812 A John Liner Rd Sedro Woolley WA 98284

Address

City

State

Zip

Tamar DeGraff

Full name, age and relationship

812 B John Liner Rd Sedro Woolley WA 98284

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

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Full name, age and relationship

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City

State

Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 750K of which approximately \$ _____ was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (X) OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never (X) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: June 22, 2023

Bonnie Joyce Hansen Bonnie Joyce Hansen
Affiant's full name Telephone number

812A John Limer Rd Sedro Woolley WA 98284
Street City State Zip Code

State of WA County of Skagit

I know or have satisfactory evidence that Bonnie Hansen
(Name of Person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/hers) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: June 22, 2023 Gyaron Romero
Signature of Notary Public

(SEAL) Residing at Skagit

Notary Public in and for the State of WA

My appointment expires: 6/23, 2025.

(Based on REV 84 0017 (1/3/17))

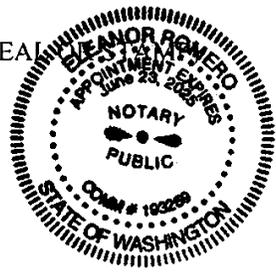


EXHIBIT "A"
Property Description

Closing Date: June 29, 2023

Buyer(s): John F. Donohue

Property Address: 113 North Central Avenue, Sedro-Woolley, WA 98284

PROPERTY DESCRIPTION:

Parcel "A"

That portion of the Northeast 1/4 of the Northeast 1/4 of Section 24, Township 35 North, Range 4 East, W. M., described as follows:

Beginning at a point 10 feet East and 140 feet North of the Southwest corner of said subdivision; thence North parallel with and 10 feet East of the West line of said subdivision, 74 feet; thence East parallel with the South line of said subdivision, 94 feet; thence South parallel with the West line of said subdivision, 74 feet; thence West parallel with the South line of said subdivision, 94 feet to the Point of Beginning.

Parcel "B"

That portion of the Northeast 1/4 of the Northeast 1/4 of Section 24, Township 35 North, Range 4 East, W.M., described as follows:

Beginning at a point 10 feet East and 214 feet North of the Southwest corner of said subdivision; thence East parallel with the South line of said subdivision, 94 feet to the True Point of Beginning; thence East 40 feet; thence South 74 feet; thence West 40 feet; thence North 74 feet to the True Point of Beginning.

Parcel "C"

That portion of the Northeast 1/4 of the Northeast 1/4 of Section 25, Township 35 North, Range 4 East, W.M., described as follows:

Beginning at a point 10 feet East and 134 feet North of the South west corner of said subdivision; thence North parallel with and 10 feet East of the West line of said subdivision, 6 feet; thence East parallel with the South line of said subdivision, 134 feet;

thence South parallel with the West line of said subdivision, 6 feet;
thence West parallel with the South line of said subdivision, 134 feet to the point of beginning.

Washington State Department of Health
 DC11422-034 August 2019

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: _____ Date: _____ Affidavit Number: _____

Required information must match current information on record

Required

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____
First Middle Last Month Day Year (City or County)

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
First Middle Last First Middle Last

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____
PO Box or Street Address City State Zip

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 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:

- 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 422-169).

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.

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.

*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, executor/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

JUN 08 2022

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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