

## Return Address:

Deborah D. HamiltonPO Box 972Burlington, WA 98233

GNW 23-18982

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 10/30/2023**AFFIDAVIT (LACK OF PROBATE)**

Deborah D. Hamilton on behalf of

The undersigned affiant/grantee Per Atle Bjordal, being first duly swornDepos and states as follows: That ~~they are~~ <sup>Name of Affiant he is</sup> a rightful heir as listed on the heirs at law, to the realProperty described below, as is Surviving Spouseof Carolyn W. Bjordal <sup>Relationship to decedent</sup> who died on 08-16-2023at Burlington <sup>Decedent/Grantor</sup> Skagit <sup>County</sup> Washington <sup>State</sup>**REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)**

Abbreviated Legal Descriptions:

Lot 25, Plat of Monroe Street Addition, as per Plat recorded in Volume 16 of Plats,  
Pages 10 through 12, records of Skagit County, Washington.Situate in the County of Skagit, State of Washington.Assessor's Property Tax Parcel/Account Numbers: (List All)  
P107055 / 4640-000-025-0004

(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*):

Per Atle Bjordal

Full name, age and relationship

595 Poplar Place, Burlington, WA 98233

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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Full name, age and relationship

Address

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 \$ 515,000.00 of which approximately \$ -0- 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 ( ☒ ) OR those shown on an attachment (s) hereto ( ).

The Affiant further declares that the decedent had ( ) OR had never ( ☒ ) 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: 10/18/23 Deborah D. Hamilton

Deborah D. Hamilton

(360)757-3969

*Affiant's full name*

*Telephone number*

PO Box 972, Burlington, WA 98233

*Street*

*City*

*State*

*Zip Code*

State of Washington County of Skagit

I know or have satisfactory evidence that Deborah D. Hamilton  
*(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/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: October 18, 2023 Shelley L. Nevitt  
*Signature of Notary Public*

(SEAL OR STAMP)

Residing at Bow

SHELLEY L. NEVITT  
Notary Public  
State of Washington  
Commission # 69061  
My Comm. Expires Jun 19, 2027

Notary Public in and for the State of Washington


My appointment expires: June 19, 2027

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

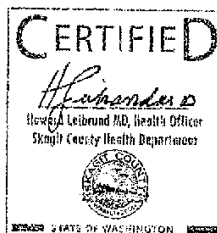
STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2023-039997	DATE ISSUED: 08/18/2023 FEE NUMBER:
FIRST AND MIDDLE NAME(S): CAROLYN MAE LAST NAME(S): BJORDAL	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: AUGUST 16, 2023 HOUR OF DEATH: 08:21 AM SEX: FEMALE AGE: 82 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY FACILITY OR ADDRESS: WHERE THE HEART IS CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 595 POPLAR PLACE CITY, STATE, ZIP: BURLINGTON, WA 98233 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 3 YEARS
BIRTH DATE: [REDACTED] BIRTHPLACE: MOUNT VERNON, WA	FATHER: ROY WOODROW WOLFE MOTHER: [REDACTED]
MARITAL STATUS: MARRIED SURVIVING SPOUSE: PER ATLE BJORDAL	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
OCCUPATION: BUSINESS INDUSTRY: ADMINISTRATION EDUCATION: BACHELOR'S DEGREE US ARMED FORCES: NO	CITY, STATE: MOUNT VERNON, WASHINGTON DISPOSITION DATE: AUGUST 21, 2023
INFORMANT: DEBORAH D HAMILTON RELATIONSHIP: DAUGHTER ADDRESS: 640 POPLAR PLACE, BURLINGTON, WA 98233	FUNERAL FACILITY: LEMLEY CHAPEL ADDRESS: 1008 THIRD ST CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284 FUNERAL DIRECTOR: TOBI G. STIDMAN
CAUSE OF DEATH: A: PROBABLE CARDIOPULMONARY ARREST INTERVAL: 14 HRS B: INTERVAL: C: INTERVAL: D: INTERVAL:	MANNER OF DEATH: NATURAL AUTOPSY: NO WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH: NO PREGNANCY STATUS IF FEMALE: NO RESPONSE
OTHER CONDITIONS CONTRIBUTING TO DEATH:	CERTIFIER NAME: ALEXA R. CELERIAN, DO TITLE: DO CERTIFIER ADDRESS: 1801 E. DIVISION STREET CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274 DATE SIGNED: AUGUST 16, 2023
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:	CASE REFERRED TO ME/CORONER: YES FILE NUMBER: 230816-618 ATTENDING PHYSICIAN: NOT APPLICABLE
LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	LOCAL DEPUTY REGISTRAR: MELISSA M. DOSS DATE RECEIVED: AUGUST 16, 2023
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	

NOT VALID IF PHOTOCOPIED OR FILTERED

DOM422-132SKAGIT (2/22)

 <b>Affidavit for Correction</b>		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
This is a legal document. Complete in ink and do not alter.			
<b>STATE OFFICE USE ONLY</b>			
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:		2. Date of Event:	
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:		7. Return Mailing Address:	
<input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital		8. Telephone Number:	
<input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		9. Email Address:	
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>			
The record currently shows:		The true fact is:	
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:		14b. Signature of 2nd parent (if required):	
Printed name:		Printed name:	
Date:		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:			
<ul style="list-style-type: none"> <li>Birth/Marriage/Divorce record</li> <li>Military record (DD-214)</li> <li>School transcripts</li> <li>Social Security Numident Report</li> <li>Certificate of Naturalization</li> <li>Hospital/medical record</li> <li>Copy of Passport / Enhanced ID</li> <li>Green/Permanent Resident card (I-551)</li> </ul>			
<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. 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 (see Acknowledgment of Parentage form DOH 422-159).			
<b>Child Under 18</b>			
<ul style="list-style-type: none"> <li>If legal guardian(s), include certified court order proving guardianship.</li> <li>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.</li> <li>No proof is required to change the first or middle name.</li> <li>To correct parent's information, one proof documentation is required.</li> <li>To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>			
*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.			
<b>Adult (18 years or older)</b>			
<ul style="list-style-type: none"> <li>Only the adult can change his or her birth certificate.</li> <li>If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>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.</li> <li>To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>			
<b>Death Certificates</b>			
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.			
<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.			

Certificates not valid unless the Seal of the State of Washington changes only when item applied.



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## COMMUNITY PROPERTY AGREEMENT (Conversion at Death)

This is an agreement dated this 6<sup>th</sup> day of November, 2014, between **P. ATLE BJORDAL** ("Husband") and **CAROLYN W. BJORDAL** ("Wife"), husband and wife, pursuant to the provisions of RCW 26.16.120, authorizing agreements between husband and wife concerning the status and disposition of community property to take effect upon the death of either.

### IT IS HEREBY AGREED AS FOLLOWS:

1. Conversion at Death. The parties do not intend by this Agreement to change the status of any of their property at this time. Upon the death of either of the parties hereto, any separate property owned by either of them shall become community property.

2. Vesting at Death of Spouse. If one spouse dies and the other spouse survives by ten (10) days, all property of the deceased spouse shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. Disclaimer. Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement, in whole or in part, or with reference to specific parts, shares or property. The interest disclaimed shall pass as if the provisions of Paragraph 2 above had been revoked as to such interest, with the surviving spouse being entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.

4. Property Held in Joint Tenancy; Tenancy in Common. Property held by the parties in joint tenancy, and any transfer or attempted transfer of community property into joint tenancy form, shall not change its status as community property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and any such property shall be deemed to be community property, and the absolute ownership and title of all such property shall vest in the survivor of the parties hereto as provided herein. Property held by the parties as tenants in common shall also be deemed to be community property and vest as provided in this Agreement.

5. Automatic Revocation. This Agreement shall terminate and become void upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce.

6. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 above. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled spouse. Each party hereby designates the other

Community Property Agreement - 1

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party as attorney-in-fact to become effective upon disability to agree to such termination. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the named spouse is unable to manage his or her own affairs.

7. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with the provisions of any community property agreement, will or other arrangement previously made by either or both of the parties that affects the parties' community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

8. Rights of Parties. The parties acknowledge that they have each been advised of their right to be represented by independent counsel prior to signing this Agreement, and hereby expressly waive that right.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first above written.

P. Atle Bjordal  
P. ATLE BJORDAL, Husband

Carolyn W Bjordal  
CAROLYN W. BJORDAL, Wife

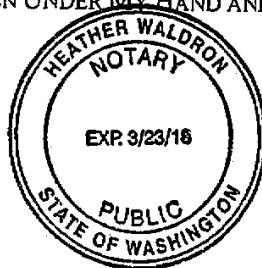
STATE OF WASHINGTON

COUNTY OF SKAGIT

SS.

I certify that I know or have satisfactory evidence that P. ATLE BJORDAL and CAROLYN W. BJORDAL are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 6<sup>th</sup> day of November, 2014.



Heather Waldron  
Printed Name Heather Waldron  
NOTARY PUBLIC in and for the State of Washington  
My Commission Expires 3-23-2018

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