



202311070049

11/07/2023 03:35 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

After recording, return to:

Janet Habery First American Title
2707 Colby Ave #601
Everett, WA 98201SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 8690

NOV 07 2023

Amount Paid \$ 0

Skagit Co. Treasurer

By

Deputy

CT

Grantor (Name of Decedent):

Janet Habery

Grantee (Heirs):

Lera Habery

Abbreviated Legal Description: TRACT "E" OF "S.S.V.P. NO. I"

Tax Parcel No.(s): P100515 / 4575-000-005-0004

CHICAGO TITLE
C20055246

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF

WA

COUNTY OF

Snohomish

The undersigned, GLEN HABERY, executes this affidavit relating to the estate ofJANET HABERY (herein "Decedent"), who died on2/23/2007

in the County of

SKAGIT

State of

WA

then being a resident of the

City of Solo Woolley

County of

SKAGIT

State of

WA

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

☐ the lawful surviving spouse of the Decedent☐ Registered domestic partner of the Decedent☒ Surviving child of the Decedent☐ One (1) 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:) _____

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds**

(continued)

Name and relationship: Glen Haberly - sonAddress: PO Box 737, Sedro-Woolley, WA 98284Name and relationship: Trust for the benefit of Leroy G. HaberlyAddress: 1215 S. 2nd Mount Vernon, WA 98273

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 Held In Trust☐ 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 LEROY HABERLY☐ unmarried, not a registered domestic partner☐ unmarried, a registered domestic partner of _____

2. That on the date of death the Decedent was:

☐ married to _____☒ unmarried, not a registered domestic partner☐ unmarried, a registered domestic partner of _____3. That on the date of death the Decedent was a citizen of the following country USA and a permanent resident of USA (if Decedent was a resident different from that of their citizenship).4. ☐ 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 no. _____ (if unrecorded, attach a copy)5. ☒ 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. _____

6. If title transferred pursuant to a Transfer of Death Deed:

☐ That there was no consideration (monetary, non-monetary, in-kind, etc.) given for the deed☐ That there was consideration given in the amount of \$ _____, including the value of monetary, non-monetary, in-kind, and other consideration.☐ Does not apply.

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
 (continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
 [Use the reverse side or attach a list if necessary]

Name and relationship: Gail Hagen-daughter
 Name and relationship: Les Haberly-son
 Name and relationship: Loren Haberly-son
 Name and relationship: Glen Haberly-son

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Status of the Will (if any)

- ☐ The decedent left a Will that devises real property.
☒ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Glen Haberly
 Signature

GLEN HABERLY
 Print Name

State of WA
 County of SKAGIT Snohomish
WV.

This record was acknowledged before me on 11/7/23 by

Glen Haberly, Trustee

Fiona S. Vassar
 (Signature of notary public)

Notary Public in and for the State of WA

My commission expires: 3/19/24

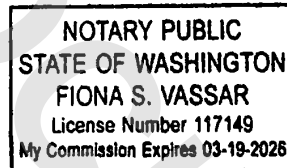


EXHIBIT "A"

Legal Description

For APN/Parcel ID(s): P100515 / 4575-000-005-0004

TRACT "E" OF "S.S.V.P. NO. I", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGE 6
AND 7, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: 140-07				Washington State Certificate of Death				State File Number			
1. Legal Name (include AKA's if any) First, Middle, LAST, Suffix JANET SONJA HABERLY				2. Death Date Feb 23, 2007							
3. Sex (M/F) Female		4a. Age - Last Birthday 74		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number [REDACTED]		6. County of Death Skagit	
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) Gilmore City		8b. (State or Foreign Country) Iowa		9. Decedent's Education High School Graduate					
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) Caucasian				12. Was Decedent ever in U.S. Armed Forces? No			
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 25080 Minkler Road								13b. City or Town Sedro-Woolley			
13c. Residence: County Skagit				13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98284		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 33 years				15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Leroy Haberly					
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Home Maker								18. Kind of Business/Industry (Do not use Company Name) Own Home			
19. Father's Name (First, Middle, Last, Suffix) Sven Anderson								20. Mother's Name Before First Marriage (First, Middle, Last) [REDACTED]			
21. Informant's Name Leroy Haberly				22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or P.O. No., City or Town, State, Zip 25080 Minkler Rd., Sedro-Woolley, WA 98284					
24. Place of Death; if Death Occurred in a Hospital: In-Patient											
25. Facility Name (If not a facility, give number & street or location) United General Hospital								26a. City, Town, or Location of Death Sedro-Woolley		26b. State WA	
26c. Zip Code 98284				27. Zip Code 98284							
28. Method of Disposition Cremation				29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Crematory				30. Location-City/Town, and State Mount Vernon, Washington			
31. Name and Complete Address of Funeral Facility Lemley Chapel, Inc., 1008 Third St., Sedro-Woolley, WA 98284								32. Date of Disposition February 23, 2007			
33. Funeral Director Signature [Signature]											
Cause of Death (See instructions and examples)											
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.											
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Pneumonia</u> Interval between Onset & Death <u>3 wk</u>											
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <u>Pulmonary emboli</u> Interval between Onset & Death <u>3 days</u>											
c. <u>Venous thrombosis legs</u> Interval between Onset & Death <u>7 days</u>											
d. <u>Cerebrovascular Accident</u> Interval between Onset & Death <u>2 mos.</u>											
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <u>Diabetes</u>											
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending											
39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year											
40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown											
41. Date of Injury (mm/dd/yyyy) [REDACTED]				42. Hour of Injury (24hrs) [REDACTED]		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) [REDACTED]				44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:											
46. Describe how injury occurred											
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)											
48a. Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. x <u>Vanoy Smith M.D.</u>											
48b. Medical Examiner/Coroner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. x											
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Vanoy Smith, M.D., 1990 Hospital Dr., #100, Sedro-Woolley, WA 98284								50. Hour of Death (24hrs) 0130 hrs.			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)								52. Date Signed (mm/dd/yyyy) February 23, 2007			
53. Title of Certifier Physician				54. License Number MD00011933				55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature x <u>Conie Carlson, Deputy</u>								58. Date Received (mm/dd/yyyy) FEB 23 2007			
59. Amendments											



DOH/CHS 003 Rev 2/06/2004

DOH-01-003 (5/99)



202311070049

11/07/2023 03:35 PM Page 6 of 6

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

Affidavit for Correction**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
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:	3. Place of Event: (City or County)	
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:		7. The True fact is:		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature:		16. Date:	17. Address:	
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.				
All changes must be established by documentary proof submitted with the affidavit				
Examples of documentary proof: Certificate of Naturalization Medical Record School Record Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date) Insurance Records Birth Record Alien Registration Card (front and back) Marriage/Divorce Records Passport				
Birth Certificates:				
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.				
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.				
3. Proof must be five (or more) years old or have been established within five years of birth.				
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.				
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).				
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)				
Death Certificates:				
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.				
Marriage/Dissolution (Divorce) Certificates:				
1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.				
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.				

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

FEB 26 2007

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

0000265798