



202312140015

12/14/2023 09:13 AM Pages: 1 of 13 Fees: \$215.50
Skagit County Auditor

JONES BUTLER DOLAN, PS
P.O. Box 458
Stanwood, WA 98292
360-629-3833

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20239017
DEC 14 2023

Amount Paid \$0
Skagit Co. Treasurer
By KD Deputy

**LACK OF PROBATE AFFIDAVIT
COMMUNITY PROPERTY**

Document Title:	Lack of Probate Affidavit – Community Property
Grantor:	Lloyd D. Hooper, deceased
Grantee:	Olla F. Hooper, a single woman
Assessor Parcel No:	P70275; XrefID: 4037-000-031-0002
Address:	12076 Cohoe Drive Burlington, WA 98233
Abbreviated Legal:	LOT 30 AND THE EAST 1/2 OF LOT 31, WEST VIEW ACRES SUBDIVISION, RECORDED IN VOLUME 7 OF PLATS, PAGE 35, RECORDS OF SKAGIT COUNTY, WASHINGTON.
Reference No:	200808200072

Lack of Probate Affidavit - Community Property

Olla F. Hooper, being first duly sworn, declares as follows:

2. Real Property. Decedent left a community interest in the real property fully described below. Decedent and I acquired the real property as community property by a Deed of Trust dated August 20, 2008, and recorded under Skagit County Recording No. 200808200072.

SUBJECT TO: Easements, restrictions, and reservations of record, if any.

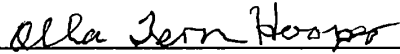
4. Character and Value of Decedent's Estate. The estimated tax assessed value of Decedent's share of this property at death was one hundred five thousand, nine hundred fifty dollars (\$105,950.00), consisting of his share of community property interest in real property.

6. Federal Estate Tax. Decedent's estate was not liable for federal estate tax.

8. Washington Assistance. Decedent was not liable for repayment for subsistence or medical care to the state of Washington.

9. Purpose of Affidavit. I am making this Affidavit to induce any title insurance company, in reliance on the representations made in this Affidavit, to issue one or more policies of title insurance on the real property passing to me, as Decedent's surviving spouse, because the real property was Decedent's and my community property.

Dated this 3 day of October, 2023.

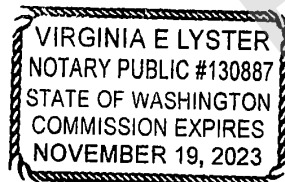


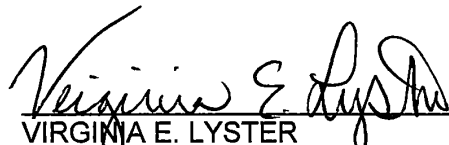
OLLA F. HOOPER
12076 Cohoe Drive
Burlington, Washington 98233

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that Olla F. Hooper is the person who appeared before me, and she acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 3 day of October, 2023.





VIRGINIA E. LYSTER
Notary Public
In and for the State of Washington
My appointment expires: 11-19-2023

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-055291

DATE ISSUED: 12/27/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LLOYD DARRELL
LAST NAME(S): HOOPER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 21, 2017
HOUR OF DEATH: 06:00 PM
SEX: MALE AGE: 86 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: ROCKPORT, WA

MARITAL STATUS: MARRIED
SPOUSE: OLLA FERN WEAVER

OCCUPATION: LEAD WAREHOUSEMAN
INDUSTRY: ELECTRICITY GENERATION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: FERN HOOPER
RELATIONSHIP: WIFE
ADDRESS: 12076 COHOE DRIVE, BURLINGTON, WA 98233

CAUSE OF DEATH:
A: RESPIRATORY FAILURE
INTERVAL: 24 HOURS
B: END STAGE CONGESTIVE HEART FAILURE
INTERVAL: WEEKS
C: CORONARY ARTERY DISEASE
INTERVAL: YEARS
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 98274

RESIDENCE STREET: 12076 COHOE DRIVE
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 37 YEARS

FATHER/PARENT: JAMES WASHINGTON HOOPER
MOTHER/PARENT: LAURIE VASHTI [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 26, 2017

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: BENJAMIN MCLAUGHLIN, DO
TITLE: DO
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: DECEMBER 23, 2017

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LESLIE GOFF
DATE RECEIVED: DECEMBER 26, 2017



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				
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:	3. Place of Event:		
4. Father/Parent Full Legal 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"/> Parent(s)	<input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director	<input type="checkbox"/> Informant <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Hospital

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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- 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.
- 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.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- 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

DEC 27 2017

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

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



0 1 5 2 0 7 5 3

LAST WILL AND TESTAMENT**OF****LLOYD D. HOOPER****ARTICLE 1****DECLARATIONS**

I, LLOYD D. HOOPER, a resident of Skagit County, Washington, being of sound mind, competent, and not acting under the undue influence or duress of any person whomsoever, do hereby make, publish and declare:

1.1 TESTAMENTARY INTENT: This document is my Last Will and Testament and in making it, I revoke all other Wills and Codicils that I have previously made.

1.2 FAMILY DECLARATIONS: I declare that I am over eighteen years of age and a married man. My spouse's name is OLLIE FERN HOOPER. I am a citizen of the United States. I have three(3) living adult children from this marriage: CONNIE SUE KEELE of Mount Vernon, Washington, CINDY LEE HOOPER of Burlington, Washington, and, CLINTON ROY HOOPER of Burlington, Washington. I do not have any children now deceased with issue living. Except as provided below, I make no provision in this Will for any child who survives me, whether named herein or hereafter born or adopted, nor for the descendants of any child who does not survive me.

1.3 IDENTIFICATION OF PROPERTY: I intend by this Will to dispose of my separate property, my share of my spouse's and my community property, and that portion of our quasi-community property over which I have the power of disposition. I hereby confirm to my spouse my spouse's interest in our community property and my spouse's expectant interest in any quasi-community property that I

LAST WILL AND TESTAMENT**LLOYD D. HOOPER**

may own.

1.4 GIFTS BY LIST: At my death, I may have prepared a handwritten and/or signed list defining the persons to whom I wish certain items of tangible personal property to pass. I intend that list to conform to R.C.W. 11.12.260 as a consequence of which the property listed thereon shall pass in accordance with such list.

ARTICLE 2

GIFTS

2.1 SPECIFIC BEQUESTS: I give to my spouse, if she survives me, the following:

A. All of my interest in any and all of our community property and quasi-community property, of every nature whatsoever and wheresoever situated.

B. All of my interest in any and all of our tangible personal property of every nature whatsoever, unless otherwise disposed of under paragraph 1.4 above, including without limitation, automobiles, boats, furniture, household furnishings, rugs, pictures, books, silverware, linen, china, glassware, art objects, wearing apparel, and, sporting equipment.

C. My interest in any property or liability insurance policy covering any item disposed of under this paragraph.

D. Any interest I may have in and to any policy of insurance upon the lives of any of our children.

E. Any interest I may have in any separate property, of whatsoever nature and wheresoever situated, at the time of my death.

LAST WILL AND TESTAMENT

LLOYD D. HOOPER

F. If any article of personal property pass to more than one of my children, said children shall have ninety(90) days from the date of the filing of the probate of my Will to divide such property among themselves. My personal representative shall represent any child under the legal age or other legal disability in dividing such property. If such children do not agree among themselves to a division within that period, I give my personal representative authority to make an equitable distribution of such articles among such children and to sell unallocated items of personal property, adding to the residue of my estate the proceeds of such sales. In so doing, the personal representative may sell any or all of such property to one or more of my beneficiaries or to others.

2.2 ESTATE RESIDUE: If my spouse does not survive me, I give, devise and bequeath the rest, remainder and residue of my estate, of whatsoever nature and wheresoever situated, to my adult children in equal shares.

2.3 CATASTROPHE BEQUEST: If neither my spouse nor any of my children survive me by sixty(60) days, my estate shall pass in equal shares to my grandchildren, JACOB M. KEELE and COURTNEY L. KEELE, of Mount Vernon, Washington.

ARTICLE 3

OFFICE OF PERSONAL REPRESENTATIVE

3.1 NOMINATIONS: I nominate as Personal Representative and as Successor Personal Representatives of this Will those named below. Each Successor Personal Representative shall serve in the order designated if the prior designated Personal Representative fails to qualify or ceases to act.

Personal Representative: OLLIE FERN HOOPER

Successor Personal Representative: CONNIE S. KEELE

LAST WILL AND TESTAMENT

LLOYD D. HOOPER



Successor Personal Representative: CINDY L. HOOPER

3.2 BOND-WAIVER: I request that the court not require bond of any Personal Representative nominated in this Will.

3.3 NONINTERVENTION: I request that this Will and my estate be treated without the intervention of any court as is provided under the laws of any state where this Will may be filed for probate. The non-intervention powers in this Article shall be unrestricted.

3.4 RETAIN ASSETS AND EXCULPATION: The Personal Representative shall have the power to retain any asset of the estate, including unproductive, speculative, or fluctuating assets. The Personal Representative shall not be liable for any resulting losses unless he or she acts in bad faith, willful misconduct, or gross negligence.

3.5 SELL ASSETS: The Personal Representative shall have the power to sell, with or without notice, at either public or private sale, for cash or terms, any property of my estate as the Personal Representative, in the Personal Representative's reasonable discretion, considers necessary for the proper administration and distribution of my estate.

3.6 LEASE PROPERTY: The Personal Representative shall have the power to lease all or any property of my estate on such terms that the Personal Representative considers proper.

3.7 DISTRIBUTION OF PROPERTY - IN KIND, NON PRO-RATA, AT DATE OF DISTRIBUTION VALUES: The Personal Representative shall have the power to determine what property of my estate shall be allocated to the shares, parts, or bequests in selecting property for distribution or satisfaction of any bequest. Further, the Personal Representative may satisfy any general pecuniary bequest, except when specifically directed otherwise, by cash or in kind, or partly in each, with property distributed in kind valued at the

LAST WILL AND TESTAMENT
LLOYD D. HOOPER



date of distribution.

3.8 FACILITY OF PAYMENT: In making distributions to a minor, to a person under legal disability, or to a person not adjudicated incompetent but who, by reason of illness or mental or physical disability, is in the opinion of the Personal Representative unable to manage the distribution properly, then the Personal Representative in his or her reasonable discretion shall pay such distribution in any of the following ways: (1) to the beneficiary directly, (2) to the legally appointed guardian of the beneficiary, (3) to a custodian for the beneficiary under the Uniform Transfers to Minors Act, (4) to a Trust for the benefit of the beneficiary, or, (5) to an adult relative or friend in reimbursement for amounts properly advanced for the benefit of the beneficiary.

3.9 PURCHASE OF ESTATE PROPERTY BY BENEFICIARY, PERSONAL REPRESENTATIVE: Any beneficiary of my estate, even when acting as Personal Representative, shall have the power to purchase or exchange assets for assets of my estate or any fractional interest for adequate consideration.

3.10 PAYMENTS OF EXPENSES, DEBTS AND TAXES: My Personal Representative shall pay all expenses of my estate including but not limited to reasonable funeral, burial or interment expenses and expenses associated with delivery and transportation of my personal property gifts; all debts of my estate; and, all estate, inheritance and succession taxes assessed by reason of my death, whether attributable to property passing under this Will or outside it, from the proceeds of my estate before distribution of the specific bequests listed in paragraph 2.1.

ARTICLE 4 GENERAL PROVISIONS

4.1 SURVIVORSHIP REQUIREMENT: For all gifts under this Will, I require that the beneficiary survive me for sixty(60) days before

LAST WILL AND TESTAMENT
LLOYD D. HOOPER



entitlement to such gift.

4.2 DEFINITIONS: As used in this Will, the following terms shall mean:

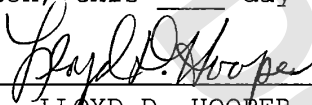
Reference to children, issue and descendants shall include adopted persons and persons hereafter born unless the context requires otherwise.

The masculine, feminine, or neuter gender and the singular or plural number shall each include the others whenever the context indicates.

Clause headings are for reading convenience and shall be disregarded when construing this Will.

**ARTICLE 5
EXECUTION**

5.1 SIGNATURE CLAUSE: IN WITNESS WHEREOF, I have hereunto set my hand and published and declared this as my Last Will and Testament at Bellingham, Washington, this 26th day of MARCH, 1998.



LLOYD D. HOOPER

5.2 ATTESTATION CLAUSE: The Testator, LLOYD D. HOOPER, declared to us, the undersigned, that this instrument consisting of seven(7) typewritten pages, including the page signed by us as witnesses, was the Testator's Last Will and Testament and requested us to act as witnesses to it. The Testator thereupon signed this Will in our presence on the 26th day of March, 1998, all of us being present at the same time. We now subscribe our names as witnesses at the Testator's request, in the Testator's presence, and in the presence of each other.

**LAST WILL AND TESTAMENT
LLOYD D. HOOPER**



We declare under penalty of perjury that the foregoing is true and correct.

Doris J. Hooper
Signature of Witness

Barry M. Metens
Signature of Witness

DORIS J. HOOPER

BARRY M. METENS

1530 William Way APT 208

114 W. MAGNOLIA ST. #431

MT. VERNON, WASH.

Bellingham, WA 98225

LAST WILL AND TESTAMENT
LLOYD D. HOOPER

L.H.

AFFIDAVIT OF ATTESTING WITNESSES TO THE WILL
OF
LLOYD D. HOOPER

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

Each of the undersigned attesting witnesses, after being sworn, on oath states:

1. Request of Testator: LLOYD D. HOOPER, testator herein, requested that all attesting witnesses make this affidavit.

2. Execution: The Will to which this affidavit is attached was executed by the above-named testator on the 26th day of March, 1998, at Mount Vernon, Washington.

3. Declarations: Immediately prior to execution, the testator declared the document to be his Last Will and Testament and requested the undersigned witnesses to subscribe their names.

4. Signatures: The testator signed the document in the presence of all witnesses, and the witnesses attested the execution by subscribing their names in the presence of the testator and of each other.

5. Competency: At the time of execution of the Will: (a) the testator appeared to be of sound mind, of legal age, and acted freely without any duress or undue influence, and (b) the witnesses were each competent and of legal age.

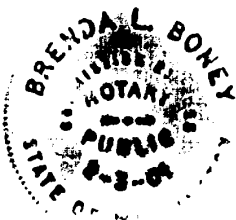
Doris J. Hooper
DORIS J. HOOPER
Witness,

Barry M. Meyer
Witness, BARRY M. MEYER

Residing at: 1530 William Way Apt 208
Mt Vernon, WASH.

Residing at: 114 W. MAGNOLIA ST.
A431
Bellingham, WA 98225

SUBSCRIBED AND SWORN before me on this 26 day of
March, 1998.



Brenda L. Boney / Brenda L. Boney
NOTARY PUBLIC in and for the
State of Washington residing at
Bellingham
My appointment expires: 02/03/01

[Signature]