



02/08/2024 03:38 PM Pages: 1 of 11 Fees: \$313.50
Skagit County Auditor

FILED FOR RECORD AT REQUEST OF:

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

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 9527
FEB 08 2024

WHEN RECORDED RETURN TO:

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

Amount Paid \$ 0
Skagit Co. Treasurer
By *DM* Deputy

LACK OF PROBATE AFFIDAVIT

GRANTOR: BONNIE G. HUHN, wife (deceased)
GRANTEE: WALTER T. HUHN, as his separate property
PARCEL NUMBER: P26086
LEGAL DESCRIPTION: LOT 2, SHORT PLAT NO. 60-89 (Full legal found on pages 2 & 3)
REFERENCE NUMBERS: 200002030092 (Previous Deed)
202401290021 (DPA)

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

We, DEBORAH LYNN CARTER and HEATHER JEAN BLUNT as Joint Attorneys-in-Fact for WALTER T. HUHN ("Affiant") pursuant to his Durable Power of Attorney dated January 31, 2023, and recorded under the Skagit County Auditor's File Number referenced above, being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of BONNIE G. HUHN ("Decedent"), who died testate on June 4, 2021, in Mount Vernon, Skagit County, Washington, and was at the time of their death a resident of Mount Vernon, Skagit County, Washington, as evidenced by the Death Certificate attached hereto as **Exhibit A**.

THAT the Decedent and I were married on the 26th day of February, 1966.

THAT 2 (two) children were born by the Decedent, namely, DEBORAH LYNN CARTER and HEATHER JEAN BLUNT, all of whom are adults. THAT the Decedent has no children who are now deceased leaving issue surviving nor had they adopted any children.

THAT the Decedent executed their Last Will and Testament on September 29, 2020, and a copy of said Will attached hereto as **Exhibit B**. Since title to the subject property herein passed to Affiant via operation of law, it is Affiant's intent not to probate said Will (as it is not required).

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:

WALTER T. HUHNS, age 81, Surviving Spouse
15086 Family Court
Mount Vernon, WA 98273

THAT all obligations, expenses of last illness and funeral and burial services owing at the date of death of the Decedent have been paid in full or provided for, and all future and currently unknown expenses connected therewith shall be provided for by the Affiant.

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 no inheritance tax or estate tax is due to either the State of Washington or to the United States of America as a result of the Decedent's death.

THAT probate of the Estate of the Decedent has not been instituted nor contemplated.

THAT all of the real property owned by the Decedent at the time of their death, or in which they had an interest was community property, was situated in Mount Vernon, Skagit County, Washington, and is legally described as follows:

LOT 2, SHORT PLAT NO. 60-89, APPROVED MAY 8, 1990, RECORDED MAY 11, 1990, IN VOLUME 9 OF SHORT PLATS, PAGES 224 AND 225, UNDER AUDITOR'S FILE NO. 9005110031, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF GOVERNMENT LOT 1 IN SECTION 19, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

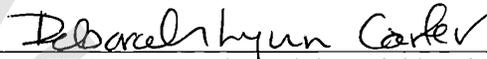
TOGETHER WITH THAT CERTAIN 1190 BUCKINGHAM 66X38 MOBILE HOME, VIN NUMBER 17706130.

SUBJECT TO : NOTES AS SET FORTH ON THE FACE OF SHORT PLAT NO. 60-89; UTILITY EASEMENTS AS SET FORTH ON THE FACE OF SHORT PLAT NO. 60-89.

Parcel No.: P26086

THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to WALTER T. HUHN, as his separate property, in reliance upon the representations set forth above. Affiants agree to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance. The transfer of real property by this affidavit is made pursuant to WAC 458-61A-202(6)(h).

Dated this 25th day of January, 2024.



WALTER T. HUHN by and through his Joint Attorneys-in-Fact DEBORAH LYNN CARTER



WALTER T. HUHN by and through his Joint Attorneys-in-Fact HEATHER JEAN BLUNT

SUBSCRIBED AND SWORN to before me, by DEBORAH LYNN CARTER and HEATHER JEAN BLUNT as Joint Attorneys-in-Fact for WALTER T. HUHN, this 25th day of January, 2024.



A handwritten signature in black ink, appearing to read "Sara LC Hulford", written over a horizontal line.

SARA LC HULFORD
Notary Public in and for the
State of Washington
Residing in Bellingham
My commission expires: 10/03/2027

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

EXHIBIT

A

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-026755

DATE ISSUED: 12/01/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): BONNIE GAY
LAST NAME(S): HUHN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JUNE 04, 2021

HOUR OF DEATH: 07:45 AM

SEX: FEMALE AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: CAMDEN, NJ

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: WALTER THOMAS HUHN

OCCUPATION: RN

INDUSTRY: MEDICINE

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: WALTER THOMAS HUHN

RELATIONSHIP: HUSBAND

ADDRESS: 15086 FAMILY COURT, MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: STAGE IV METASTATIC BREAST CANCER

INTERVAL: 2 YEARS

B:

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 15086 FAMILY COURT

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 15086 FAMILY COURT

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER: WALTER ANDREW GRAHAM

MOTHER: SELM [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JUNE 09, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: DANIEL G LA PLAUNT

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

CERTIFIER NAME: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JUNE 04, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: JUNE 07, 2021



Affidavit for Correction

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.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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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: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: City or County
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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____				

7. Return Mailing Address: P.O. 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 forgoing is true and correct.

14a. Signature:		14b. Signature of 2 nd 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 Record
- 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 422-159).

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.
- *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.

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.

Death Certificates

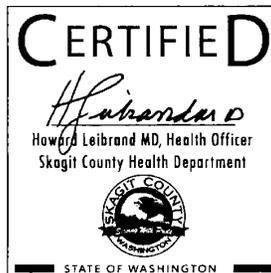
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.

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.



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



0 6 5 6 4 9 4 8

EXHIBIT
B

Last Will & Testament
of
Bonnie G. Huhn

Know All Men By These Presents, that I, **Bonnie G. Huhn**, a resident of Skagit County, Washington, being of sound and disposing mind and memory and not acting under duress, menace, fraud or the undue influence of any person whomsoever, do hereby make, publish and declare this to be my Last Will and Testament, and I hereby revoke all former Wills and Codicils previously made by me.

FIRST
Identification of Family/Beneficiaries.

I hereby declare that I am a married woman, my immediate family consists of my husband, **Walter T. Huhn**, and my children, namely: **Deborah Lynn Carter**, and **Heather Jean Blunt**, both of legal age at the time of the execution of this Will. I further declare that I have no other children, living or dead, as of the date of this Will. Except as provided below, I make no provision in this Will for any child of mine whether named herein or hereafter born to or adopted by me, nor for the descendants of any child who does not survive me.

SECOND
Disposition of Property.

2.1 Gift by Separate List.

I may leave a list, signed by me or in my handwriting in which I dispose of some or all of my tangible personal property. I intend that list to conform to RCW 11.12.260, as now enacted or as hereafter amended as of the date of my death. I intend that if I have made such a writing that such writing shall be given effect as if actually contained in my said Last Will itself. Said list shall be in the same safekeeping place as this Will. Said instructions concern personal and sentimental property items, which are to be given to certain individuals. I further direct that any personal property effects not so designated shall be liquidated and enter into my estate. If a

Last Will and Testament of Bonnie G. Huhn

Page 1 of 5

BGH: Initials of Testator/Testatrix

FT: Initials of Witness

JLK: Initials of Witness

①

Kamb Law Office
John G. Kamb, Jr., WSBA #12510
702 Main Street, Mount Vernon, WA 98273
Phone: (360) 336-6145, email: Kamblaw@gmail.com

person named in the list to receive property dies before me, the property will be disposed of under this Will unless I have made an alternate disposition in the list. I give any insurance policies on property contained in the list to the person named to receive such property.

2.2 Provisions for my Pet or Pets

I give my dog Buddy, and/or other animals, which I may own at the time of my death, to my husband, **Walter T. Huhn**, provided he survives me by thirty (30), with the request that he treat them as companion animals. If he is unable or unwilling to accept my animals, or if he does not survive me by thirty (30) days I give such animals to **Deborah Lynn Carter**, presently residing at Mount Vernon Washington with the request that she treat them as companion animals. If she is unable or unwilling to accept my animals, my Executor shall select an appropriate person to accept the animals and treat them as companion animals, and I give my animals to such person.

2.3 Residue of my estate.

I give, devise, and bequeath all my property, both real and personal, not disposed of in 2.1 above to my, husband, **Walter T. Huhn**, provided he survives me by thirty (30) days. If **Walter T. Huhn** does not survive me by thirty (30) days, I give, devise and bequeath all of my property, both real and personal, not disposed of in 2.1 above to my children, **Deborah Lynn Carter**, and **Heather Jean Blunt** in equal shares. If either of my children should not survive me by thirty (30) days, leaving issue of her own who do survive me by thirty (30) days, then said child's share shall pass to her surviving issue per stirpes. If either of my said children should not survive by thirty (30) days, and have no living issue who survive me by thirty (30) days, then said child's share shall pass to my other child who survives me by thirty (30) days.

THIRD

Taxes; Expenses of Administration

I direct that all costs of administration, and all taxes or duties, including interest thereon, imposed by any jurisdiction on or in relation to any property includable in my estate because of my death, where or not such property passes under the provisions of this Will, be paid out of the residue of my estate. The personal representative shall have authority to prepay or defer any taxes attributable to remainder interests created under this Will. To the extent such taxes cannot be satisfied from my residuary estate, they shall be prorated among the beneficiaries of property passing under the provisions of this Will, or outside the provisions of this Will, as if there were no provisions for such taxes herein.

Last Will and Testament of Bonnie G. Huhn

Page 2 of 5

B.H. : Initials of Testator/Testatrix

K.J. : Initials of Witness

J.K. : Initials of Witness

②

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702 Main Street, Mount Vernon, WA 98273

Phone: (360) 336-6145, email: Kamblaw@gmail.com

FOURTH**Nomination of Personal Representative.**

I hereby nominate and appoint my husband, **Walter T. Huhn**, as Personal Representative of this my Last Will and Testament. In the event that he is for any reason unable or unwilling to so act, then in that event only, I hereby nominate and appoint my daughter **Deborah Lynn Carter** to act as my alternate Personal Representative, also without bond. In the event that she is for any reason unable or unwilling to so act, then in that event only, I hereby nominate and appoint my daughter **Heather Jean Blunt** to act as my alternate Personal Representative, also without bond.

FIFTH**Nonintervention Powers.**

I further direct that my estate be settled without the intervention of any court, except to the extent required by law, and that my Personal Representative shall have full power to deal in any lawful way with the property of my estate without notice, approval, or confirmation of any kind, at the time, for the consideration, and on the terms and conditions as my Personal Representative shall deem advisable, whether or not the exercise of the power is necessary for the purpose of paying debts of the estate, costs of administration, or making distributions of the estate. The Personal representative may settle my estate in such manner as shall seem best and most convenient to him or her, and I hereby empower my said Personal Representative to mortgage, lease, sell, encumber, exchange and/or convey the personal and real property of my estate without an order of court for that purpose and without notice, approval or confirmation and in all other respects to administer and settle my estate without the intervention of court. No Personal Representative named in this Will shall be required to furnish bond in any jurisdiction. I declare this to be a non-intervention Will.

SIXTH**No-Contest Clause.**

If any beneficiary, any legal heir or any person claiming under any of them, singly or in conjunction with any other person or persons, contests in any court the validity of this Will or any of its provisions or seeks to obtain an adjudication in any proceeding in any court that this Will or any of its provisions are void, or seeks otherwise to void, nullify, impair or set aside this Will or any of its provisions, or conspires with or voluntarily assists anyone attempting to do any of those things, then the Personal Representative shall specifically disinherit such contesting person and all interests given to such contesting person under this Will shall be forfeited and

Last Will and Testament of Bonnie G. Huhn

Page 3 of 5

B.H. : Initials of Testator/Testatrix

J.S. : Initials of Witness

J.M. : Initials of Witness

③

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shall be determined as it would have been determined if the person had predeceased the execution of this Will. If such contesting person has no surviving issue, then their share shall be divided equally between the remaining beneficiaries, share and share alike.

SEVENTH
Revocation of Prior Will.

I hereby revoke any and all former Wills and/or Codicils made by me and declare this to be my Last Will and Testament.

IN WITNESS WHEREOF, I have hereunder set my hand and published and declared this as my Last Will and Testament at Mount Vernon, Washington set my this 29 day of Sept 2020.



Bonnie G. Huhn, Testatrix

AFFIDAVIT OF ATTESTING WITNESSES TO THE WILL

STATE OF WASHINGTON)
) §
COUNTY OF SKAGIT)

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

- 1) The above named Testator/Testatrix executed this document, consisting of 5 pages, of which this is the 4th page, on the date above set forth at Mount Vernon, Washington.
- 2) Immediately prior to execution the Testator/Testatrix declared the document to be his/her Last Will and Testament and directed or requested us to subscribe our names to it as witnesses. The Testator/Testatrix signed the above document in our presence of all of the witnesses and the witnesses attested the execution by subscribing their names in the presence of the Testator/Testatrix and of each other.
- 3) At the time of the execution of the Will the Testator/Testatrix appeared to be of sound mind, of legal age, and acted freely without any duress or undue influence. The witnesses were each competent and of legal age.

Last Will and Testament of Bonnie G. Huhn

Page 4 of 5

BGH: Initials of Testator/Testatrix

J.F.: Initials of Witness

NJK: Initials of Witness

④

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Witness residing at: Cummins Tc, WA

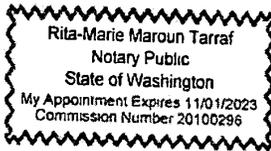
Kathleen J. Lamb

Witness residing at: Mount Vernon, WA

John G. Kamb Jr

SUBSCRIBED AND SWORN to before me this 29 day of Sept, 2020 by the said witnesses:

Kathleen Tarrat and John G. Kamb, Jr



R.M. Maroun Tarrat
Notary Public for the State of Washington,
residing at Bellingham, WA, WA.
My commission expires: 11/01/2023

Last Will and Testament of Bonnie G. Huhn

Page 9 of 5

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KI: Initials of Witness

JK: Initials of Witness



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