



202408260069

08/26/2024 02:48 PM Pages: 1 of 12 Fees: \$314.50
Skagit County Auditor

When recorded return to:

Blair J. Bennett
Bennett & Bennett, PLLC
400 Dayton St, Suite A
Edmonds, WA 98020

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 1909
AUG 26 2024

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

DOCUMENT TITLE: Lack of Probate Affidavit

GRANTOR: Chelin, Gary B., a married man (deceased)

GRANTEE: Chelin, Pauline F., a single woman

LEGAL DESCRIPTION: Lot 99, Block 2, Holiday Hideaway No. 1, per plat recorded in Vol. 8 of plats, pages 36 through 42, records of Skagit County, Washington.

Situate in Skagit County, State of Washington.

ASSESSOR'S TAX
PARCEL NOS.: P65829/39260020990003

REFERENCE NOS. OF
DOCUMENTS RELEASED
OR ASSIGNED: 202406030385

LACK OF PROBATE AFFIDAVIT
(Succession)

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

I, PAULINE F. CHELIN, being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of GARY B. CHELIN, who died on the 3rd day of January, 2024, in Edmonds, Snohomish County, Washington, and who was a resident of Edmonds, Snohomish County, Washington, with a certified copy of said death certificate attached hereto as Exhibit A;

kb/clients/Chelin-Gary np/lack of probate affidavit-Cabin/5/30/2024

ORIGINAL

Page 1

BENNETT & BENNETT, PLLC • ATTORNEYS AT LAW
400 Dayton, Suite A • Edmonds, Washington 98020 • (425) 776-0139

UNO
O
ENT

THAT the said GARY B. CHELIN and I were married on the 18th day of December, 1970, and that there were three children born of this marriage, namely, CHRISTOPHER S. CHELIN, PATRICK D. CHELIN, and JAMES R. CHELIN, all of whom are adults; that there were no other children born of GARY B. CHELIN who are now deceased leaving issue surviving, nor had he ever adopted any children;

THAT GARY B. CHELIN executed his Last Will and Testament on the 15th day of August, 1997, which Will has been filed with the Snohomish County Clerk, under Snohomish County Cause No. 24-4-01164-31, with a conformed copy of said Last Will and Testament attached hereto as Exhibit B;

THAT GARY B. CHELIN and I entered into a Community Property Agreement on the 15th day of August, 1997, which Agreement has been recorded with the Snohomish County Auditor, under Auditor's File No. 202406030385, which is attached hereto as Exhibit C; Since title to the subject community property herein passed to the Affiant, surviving spouse, via the above referenced Community Property Agreement, then 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 said Community Property Agreement, I am the sole and rightful heir to the real property described hereinbelow. My name, age, relationship and address is as follows:

PAULINE F. CHELIN, age 77 (at time of passing of decedent), Surviving Spouse
20504 79th Avenue West
Edmonds, WA 98026

THAT the expenses of the last illness and funeral and burial of the decedent have been paid, as evidenced by receipts in my possession, or provisions have been made for full payment of any and all future and currently unknown expenses connected therewith;

THAT the decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance;

THAT there is no State of Washington Inheritance Tax due as a result of the decedent's death;

THAT there is no Federal Estate tax due as a result of decedent's death;

THAT no probate of the Estate of GARY B. CHELIN has been instituted, nor is such probate contemplated;

THAT all of the real property owned by the decedent at the time of his death, or in which he had an interest was community property, was situated in Skagit County, Washington and is more particularly described as follows:

Lot 99, Block 2, Holiday Hideaway No. 1, per plat recorded in Vol. 8 of plats,
pages 36 through 42, records of Skagit County, Washington.

Parcel No.: P65829/39260020990003

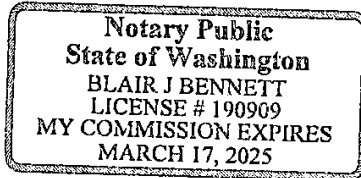
THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to the affiant(s) in reliance upon the representations set forth above. Affiant(s) agree(s) to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance.

Pauline Chelin DATED: 08/15/2024
PAULINE F. CHELIN

STATE OF WASHINGTON)
)
COUNTY OF SNOHOMISH) ss

I certify that I know or have satisfactory evidence that PAULINE F. CHELIN signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 15th day of August, 2024.



[Signature]
Notary Public in and for the State of Washington
Residing at Edmonds, WA
My commission expires: March 17, 2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Exhibit A

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-000120

LOCAL FILE NUMBER: 77

DATE ISSUED: 01/10/2024

FEE NUMBER: 1706065

FIRST AND MIDDLE NAME(S): GARY BURNETT

LAST NAME(S): CHELIN

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: JANUARY 03, 2024

HOUR OF DEATH: 03:10 AM

SEX: MALE

AGE: 78 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: PAULINE FRANCES LORD

OCCUPATION: ELECTRICIAN

INDUSTRY: CONSTRUCTION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: PAULINE FRANCES CHELIN

RELATIONSHIP: WIFE

ADDRESS: 20504 79TH AVE W, EDMONDS, WA 98026

CAUSE OF DEATH:

A: CATHETER ASSOCIATED URINARY TRACT INFECTION

INTERVAL: DAYS

B: SEPSIS

INTERVAL: DAYS

C: LIKELY METASTATIC RENAL CELL CARCINOMA

INTERVAL: MONTHS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES, CORONARY ARTERY DISEASE, ACUTE RENAL FAILURE

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: SWEDISH EDMONDS HOSPITAL

CITY, STATE, ZIP: EDMONDS, WASHINGTON 98026

RESIDENCE STREET: 20504 79TH AVE W

CITY, STATE, ZIP: EDMONDS, WA 98026-6831

INSIDE CITY LIMITS: YES

COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 53 YEARS

FATHER: DONALD BRUCE CHELIN

MOTHER: BEATRICE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLE

CITY, STATE: MARYSVILLE, WASHINGTON

DISPOSITION DATE: JANUARY 05, 2024

FUNERAL FACILITY: CHAPEL OF THE RESURRECTION

ADDRESS: 16300 - 112TH AVE NE

CITY, STATE, ZIP: BOTHELL, WASHINGTON 98011

FUNERAL DIRECTOR: PAUL J. PUTNAM, JR

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: ROBERT J. GOULD, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 21601 76TH AVE WEST

CITY, STATE, ZIP: EDMONDS, WASHINGTON 98026

DATE SIGNED: JANUARY 03, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: EMILEE FERGUSON

DATE RECEIVED: JANUARY 04, 2024



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

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
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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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 forgoing is true and correct.

14a. Signature:	14b. Signature of 2nd parent (if required):
Printed name:	Printed name:
Date:	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 422-159).

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.

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

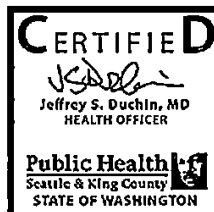
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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 7 0 2 8 5 7 0

EXHIBIT B

FILED

JUN 03 2024

HEIDI PERCY
COUNTY CLERK
SNOHOMISH CO. WASH.

24 4 01164 31

Last Will and Testament

OF

GARY B. CHELIN

I, GARY B. CHELIN, of Snohomish County, Washington, being of sound and disposing mind and not acting under duress, menace, fraud or undue influence by any person, declare this to be my Last Will and Testament, and hereby revoke all wills and codicils heretofore made by me.

ARTICLE I: IDENTIFICATION OF FAMILY

My immediate family now consists of my spouse, PAULINE F. CHELIN, and my children, CHRISTOPHER S. CHELIN, born July 30, 1971, PATRICK D. CHELIN, born September 10, 1973, and JAMES R. CHELIN, born March 23, 1977, and any other children hereafter born to or adopted by my spouse and me. I have no deceased children. Except as provided below, I make no provision in this will for any of my children who survive me, whether named herein or hereafter born or adopted, nor for the descendants of any child who does not survive me.

ARTICLE II: PAYMENT OF CLAIMS

I hereby order and direct that all claims which are filed and allowed against my estate be paid as soon as reasonable by my personal representative.



ARTICLE III: BEQUEST TO SPOUSE

I hereby give, devise and bequeath to my spouse **PAULINE F. CHELIN**, my entire estate, both real and personal and wheresoever situated, provided my spouse survives me by ninety (90) days.

ARTICLE IV: ALTERNATIVE RESIDUAL BEQUEST

In the event my spouse does not survive me by ninety (90) days, I give, devise and bequeath my entire estate, both real and personal and wheresoever situated, in equal shares to **CHRISTOPHER S. CHELIN, PATRICK D. CHELIN** and **JAMES R. CHELIN**. In the event that any of my children predecease me leaving issue, I declare that such share as that deceased child would have taken shall pass to that child's lineal descendants, per stirpes.

ARTICLE V: APPOINTMENT OF PERSONAL REPRESENTATIVE

I hereby nominate and appoint my spouse as executor of my estate, but if my spouse shall be unable or unwilling so to act, I hereby nominate and appoint **CHRISTOPHER S. CHELIN** as alternate personal representative, but if he shall be unable or unwilling so to act, I hereby nominate and appoint **PATRICK D. CHELIN**. My personal representative shall act without bond, and without the intervention of any court, except as may be required by the laws of the state of Washington or any other state in which I have property in the case of nonintervention wills, and shall have full power to sell, convey and encumber, without notice or confirmation, any assets of my estate, real or personal, at such prices as may seem

just; to advance funds and borrow money, secured or unsecured, from any source; to mortgage or pledge estate property; to select any part of the estate in satisfaction of any partition or distribution hereunder, in kind, in money, or both, whether or not such acts are necessary for the administration of my estate.

ARTICLE VI: DEFINITIONS


A. All reference to children and descendants shall include adopted children.

B. Unless some other meaning and intent is apparent from the context, the plural shall include the singular and vice versa, and masculine, feminine and neuter words shall be used interchangeably.

IN WITNESS WHEREOF, I have set my hand and seal and publish and declare this my Last Will and Testament on this 15 day of AUGUST, 1997.


GARY B. CHELIN, Testatrix

The foregoing instrument consisting of four pages, of which this is the second to last, was on the 15 day of August, 1997, signed, sealed and published by GARY B. CHELIN as and declared to be her Last Will and Testament in the presence of each of us, who, at her request and in her presence and in the presence of each other, have subscribed our names as witnesses thereto.


WITNESS


WITNESS

AFFIDAVIT OF WITNESSES

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

We, who have signed as witnesses below, being sworn, state:

On this 15 day of August, 1997, GARY B. CHELIN, who then was of sound and disposing mind and memory, of legal age and not under duress, declared the foregoing instrument to be his Last Will and Testament, signed it in our presence and requested that we sign as witnesses to the Will and that we make this affidavit. Each of us then, in the presence of the testator and of each other, did sign as witnesses to the Will and to make this affidavit.

Amy Barbey, residing at lake Huron Washington.

Robert B. Fisher, residing at Everett, Washington.

SUBSCRIBED AND SWORN to before me this 15 day of August, 1997.

Ann Michael
ANN MICHAEL, Notary Public
My Comm. Expires 6-15-00

Testator's Initials: JK

PREPARED BY:

Kenneth M. Kilbreath
COGDILL CARTER
3232 Rockefeller Avenue
Everett, WA 98201
(206) 259-6111

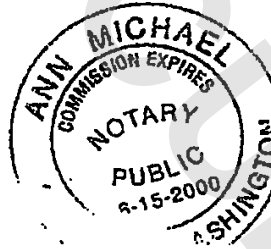


EXHIBIT C

202406030385

COMMUNITY PROPERTY AGREEMENT Rec:
\$305.506/3/2024 1:58 PM 3 PG
SNOHOMISH COUNTY, WA

When recorded return to:

Blair J. Bennett
Bennett & Bennett, PLLC
400 Dayton, Suite A
Edmonds, WA 98020

DOCUMENT TITLE: Community Property Agreement

GRANTOR: Chelin, Gary B. and Chelin, Pauline F.

GRANTEE: Chelin, Gary B. and Chelin, Pauline F.

LEGAL DESCRIPTION: n/a

ASSESSOR'S TAX
PARCEL NOS.: n/a

REFERENCE NOS. OF
DOCUMENTS RELEASED
OR ASSIGNED: n/a

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT made and entered into this 15 day of August, 1997, by and between GARY B. CHELIN and PAULINE F. CHELIN, husband and wife, of Snohomish County, Washington, pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for fixing the status and disposition of community property to take effect upon the death of either.

W I T N E S S E T H:

For and in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is agreed as follows:

1. All property whether tangible or intangible, real or personal, separate or community, and wheresoever located or situated, which either party now owns and any property hereafter acquired by either party, shall be considered for the purpose of this agreement to be and is so conveyed so as to constitute community property of the marital community consisting of the parties hereto.

2. Upon the death of either of the parties hereto, all community property as defined in the preceding paragraphs shall immediately vest in the survivor of them.

3. This agreement shall not derogate from the rights of creditors.

4. This agreement shall not be effective as to any life insurance policy on the life of one of the undersigned which is owned by the other.

5. If either party or both of the parties files an action to dissolve the marriage or seeks a legal separation, this agreement shall be void ab initio and shall be of no force or effect whatsoever.

6. This agreement may be altered, amended or cancelled by a written instrument signed by both parties or by their legal guardian or attorney in fact in the event one shall be appointed.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year first above written.

Gary B. Chelin
GARY B. CHELIN

Pauline F. Chelin
PAULINE F. CHELIN

WITNESSES:

Belen B. Piskue

Amy R. Barnes

STATE OF WASHINGTON:

SS

COUNTY OF SNOHOMISH:

On this day personally appeared before me GARY B. CHELIN and PAULINE F. CHELIN, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed the same as their free and voluntary acts and deeds, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 15 day of August, 1997.

Ann Michael
ANN MICHAEL, Notary Public
My Comm. Expires 6-15-00

Prepared by:

Kenneth M. Kilbreath
Cogdill & Carter
3232 Rockefeller Avenue
Everett, WA 98201
(206) 259-6111

