

FILED FOR RECORD AT REQUEST OF:

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

WHEN RECORDED RETURN TO:

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

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Kaylee Oudman
Affidavit No. 20242178
Date 09/17/2024

LACK OF PROBATE AFFIDAVIT

GRANTOR: MICHAEL R. NOWAK
GRANTEE: DONNA K. NOWAK
PARCEL NUMBERS: P61929
P18329
LEGAL DESCRIPTIONS: TRACT 1, BERGMAN'S LAKE MCMURRAY TRACTS
PTN OF BNR CO. RIGHT-OF-WAY, TRACT 1, BERGMAN'S LAKE
MCMURRAY TRACTS (Full legals on Pages 2-3)
REFERENCE NUMBERS: 8308290052
8801210048 (Prior Deeds)

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I, DONNA K. NOWAK ("Affiant"), being first duly sworn on oath, depose and say:

THAT I, DONNA K. NOWAK, am the surviving spouse of MICHAEL R. NOWAK ("Decedent"), who died testate on January 24, 2024 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 18th day of June, 1966.

THAT one (1) child was born by the Decedent, namely, ROBERT W. NOWAK, who is an adult. THAT the Decedent has no children who are now deceased leaving issue surviving, nor had they adopted any children.

UNOFFICIAL
THAT the Decedent executed their Last Will and Testament on June 14, 2003, and said Will has been filed with the Skagit County Clerk, under Skagit County Cause No. 24-4 00496 29 _____, with a conformed copy 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:

Name:	Age:	Relationship:
Donna K. Nowak 23075 State Route 9 Mount Vernon, WA 98274	80	Surviving Spouse

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 of 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. There are two (2) parcels, each of which are legally described as follows:

PARCEL NUMBER 1: P61929

TRACT 1 OF "ASSESSOR'S PLAT OF BERGMAN'S LAKE MCMURRAY TRACTS", ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 8 OF PLATS, PAGE 89, RECORDS OF SKAGIT COUNTY, WASHINGTON.

TOGETHER WITH ALL RIGHT, TITLE AND INTEREST OF BURLINGTON NORTHERN INC. LEASE DATED AUGUST 1, 1979 TO RAILROAD RIGHT OF WAY CONTIGUOUS TO THE ABOVE DESCRIBED PROPERTY.

SUBJECT TO: RIGHT GRANTED TO SEATTLE LAKE SHORE AND EASTERN RAILWAY COMPANY, A CORPORATION, TO GO UPON THE LAND ADJACENT TO THE CENTERLINE OF SAID RAILWAY, TO CUT ANY TREES DANGEROUS TO OPERATION OF SAID RAILWAY, IN AN INSTRUMENT DATED AND RECORDED DECEMBER 11, 1889, IN VOLUME 9 OF DEEDS, PAGE 31.

PARCEL NUMBER 2: P18329

THAT PORTION OF THE BURLINGTON NORTHERN RAILROAD COMPANY RIGHT-OF-WAY, CONVEYED BY DEED RECORDED UNDER AUDITOR'S FILE NO. 8702180078, RECORDS OF SKAGIT COUNTY, WASHINGTON, LYING BETWEEN THE EAST AND WEST LINES EXTENDED, OF THE FOLLOWING DESCRIBED PROPERTY:

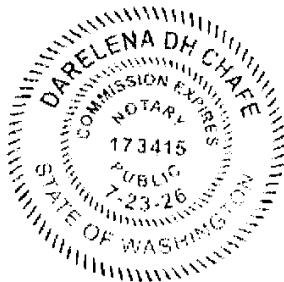
TRACT 1 OF "ASSESSOR'S PLAT OF BERGMAN'S LAKE MCMURRAY TRACTS": ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 8 OF PLATS, PAGE 89, RECORDS OF SAID COUNTY.


THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to DONNA K. NOWAK 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. The transfer of real property by this affidavit is made pursuant to WAC 458-61A-202(6)(h).

Dated this 23rd day of August, 2024.


DONNA K. NOWAK

SUBSCRIBED AND SWORN to before me, by DONNA K. NOWAK, this 23rd day of August, 2024.




DARELENA DH CHAFE
Notary Public in and for the
State of Washington
Residing in Burlington
My commission expires: 07/23/2026

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

EXHIBIT A

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-004008

DATE ISSUED: 02/01/2024
FEE NUMBER:FIRST AND MIDDLE NAME(S): MICHAEL ROBERT
LAST NAME(S): NOWAKCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 24, 2024
HOUR OF DEATH: 10:10 PM
SEX: MALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: EVERETT, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: DONNA KAY WOLFEOCCUPATION: SELF EMPLOYED
INDUSTRY: RETAIL CLOTHING
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YESINFORMANT: ROB NOWAK
RELATIONSHIP: SON
ADDRESS: 23075 STATE ROUTE 9, MT VERNON WA 98274CAUSE OF DEATH:
A: MALIGNANT NEOPLASM OF LUNG
INTERVAL: 4 YEARSB:
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: 23075 STATE ROUTE 9
CITY, STATE, ZIP: MT VERNON, WASHINGTON 98274RESIDENCE STREET: 23075 STATE ROUTE 9
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARSFATHER: ROBERT FRANKLIN NOWAK
MOTHER: [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUMCITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: JANUARY 29, 2024

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
FUNERAL DIRECTOR: TIM D. POWELLMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: HEATHER GUTIERREZ, PA-C
TITLE: PHYSICIAN ASSISTANT
CERTIFIER ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
DATE SIGNED: JANUARY 25, 2024CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: HEATHER GUTIERREZ, PHYSICIAN ASSISTANTLOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER
DATE RECEIVED: JANUARY 29, 2024

Affidavit for Correction

09/17/2024 01:26 PM
Records & 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	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: 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 foregoing is true and correct.

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

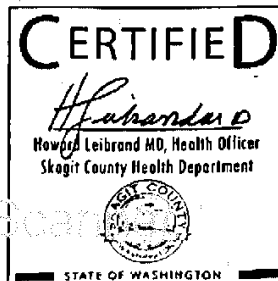
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

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.



06567107

EXHIBIT B

24-4 00496 29

SEP 11 2024

MELISSA BEATON, CO. CLERK
Deputy

Will of MICHAEL ROBERT NOWAK

I, MICHAEL ROBERT NOWAK, of MT. VERNON, WASHINGTON, declare that this is my will. I revoke all prior wills and codicils.

**ARTICLE ONE
DECLARATIONS CONCERNING FAMILY AND PROPERTY****1.1 Family. I am married to**

Donna Kay Nowak and we have one child, namely Robert Wolfe Nowak born July 31, 1970. I intentionally leave nothing to anyone else claiming to be a child of mine regardless of the validity of their claim.

1.2 Personal Wishes. It is my desire that my executor follow any written directions left with this will regarding memorial services.

My remains shall be cremated and under no circumstances shall my remains be embalmed. There is to be no funeral or memorial service. However, obituary notices can be sent to the Bellingham Herald and Skagit Valley Herald. Information for those notices is attached. Please contact People's Memorial Association Inc. at 2366 Eastlake E., 409 Areis Bldg, Seattle, WA 98102, 206-325-0489 to arrange the cremation services. Ashes will be disposed of at the discretion of my beneficiary of my will.

**ARTICLE TWO
GIFTS OF PROPERTY**

2.1 Tangible Personal Property. I direct my executor to distribute my tangible personal property to my spouse, Donna Kay Nowak, if she survives me and if not then to my child, Robert Wolfe Nowak.

I may also leave a non-testamentary letter addressed to the executor requesting that certain of my personal possessions be delivered to named individuals.

Although such letter shall not be interpreted as a testamentary writing, I request that my beneficiaries and executor carry out the requests made in the letter. If a minor child is to receive personal property it may be delivered to the child or their guardian or parent as the executor sees fit.

2.2 Residue of Estate. I leave the residue of my estate to my spouse, Donna Kay Nowak, if she survives me. If my spouse does not survive me by 30 days, then to my child, Robert Wolfe Nowak, by right of representation. If my executor determines that a beneficiary's share can be retained for their benefit in a Uniform Transfers to Minor's Act Trust, then the executor shall distribute the beneficiary's share to the executor as custodian under the act to hold said share until the maximum age allowed by law. If I am not survived by my spouse, my children, or any issue of my children, then the residue of my estate shall be distributed to my siblings who survive me in equal shares, said shares to lapse if any do not survive.

ARTICLE THREE APPOINTMENT OF FIDUCIARIES

3.1 Executor. I nominate

my spouse, Donna Kay Nowak to serve as executor of this will. If she is unable to serve, then I appoint my son, Robert Wolfe Nowak.

No bond shall be required of any executor under this will.

3.2. Executor's Authority. In addition to any powers and elective rights conferred by statute or federal law or by other provisions of this will, I grant my executor the authority to administer my estate under any procedure for informal or unsupervised administration, or any other available procedure for avoidance of administration or reduction of its burdens.

On 6/14/03, 2003 at Drainage Co, I hereby sign this document and declare it to be my will.

Michael Robert Nowak
MICHAEL ROBERT NOWAK

This document (consisting of ___ pages including this one) was signed and declared to be his will by MICHAEL ROBERT NOWAK in our joint presence. At his request, in his presence, and in the presence of each other, we hereby sign as witnesses to the execution of this will, believing that he is of sound mind and under no undue influence. Each of us observed the signing of this will by MICHAEL ROBERT NOWAK and each other subscribing witness and knows that each signature is the true signature of the person whose name was signed. Each of us is now more than eighteen years of age and a competent witness and resides at the address set forth after our name.

We declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on

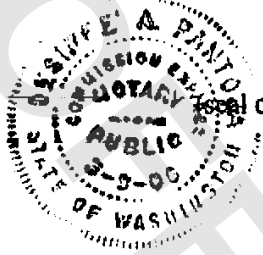
June 14, 2003, at MT. VERNON,
(date) (town)

WASHINGTON,
(state)

Heather R. Duvall, residing at MT. VERNON, WASH.
(witness signature) (town and state)

Laurie A. Duvall, residing at MT. VERNON, WASH.
(witness signature) (town and state)

State of Washington

County of SnohomishSigned and attested before me on 10/10/23 by Desiree A. Pantofa

(seal or stamp)

Desiree A. Pantofa
SignatureDesiree A. Pantofa
Printed nameMy appointment expires 3/19/26