

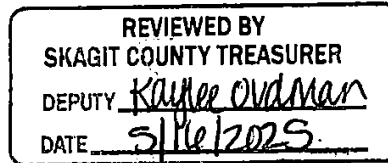


202505160076

05/16/2025 03:02 PM Pages: 1 of 9 Fees: \$311.50
Skagit County Auditor

When recorded return to:

MERLIN R ZIMMERLY
533 Windmill Lane
Burlington, WA 98233



LACK OF PROBATE AFFIDAVIT – COMMUNITY PROPERTY

Reference Number(s) of related documents:

There is no reference number assigned or released.

GRANTOR(S):

MERLIN R. ZIMMERLY, surviving spouse of FRANCES E. ZIMMERLY, deceased

GRANTEE(S):

MERLIN R ZIMMERLY, as his separate estate

Legal Description:

UNIT 12, FARMINGTON SQUARE CONDOMINIUM, ACCORDING TO THE DECLARATION THEREOF RECORDED JANUARY 28, 2004, UNDER AUDITOR'S FILE NO. 200401280083, AND SURVEY MAP PLANS THEREOF RECORDED JANUARY 28, 2004, UNDER AUDITOR'S FILE NO. 200401280084, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

Assessor's Property Tax Parcel/Account Number(s) at the time of recording:

P121257 / XrefID 4828-000-012-0000

LACK OF PROBATE AFFIDAVIT – COMMUNITY PROPERTY

MERLIN R. ZIMMERLY, being first duly sworn, declares as follows:

1. **Status.** I am the surviving spouse of FRANCES E. ZIMMERLY, then a resident of Burlington, Skagit County, Washington. A copy of her Death Certificate is attached to this Affidavit.
2. **Real Property.** Decedent left a community interest in the following real property as community property, described in the attachments to this Affidavit.

Deed recorded under Skagit County Recording No. 200603100088
Property commonly known as: 533 Windmill Ln, Burlington, WA 98233
Parcel/Account No: P121257 / XrefID 4828-000-012-0000

3. **Decedent's Will & Probate.**

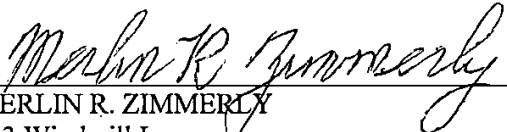
☒ Decedent left no Will.

4. **Character and Value of Decedent's Estate.** The approximate value of Decedent's estate at death is as follows:

Property	Approximate Value
One-half share of community	\$489,000

5. **Decedent's Debts & Expenses.** All the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full.
6. **Washington Estate Tax.**
☒ Decedent's estate was not liable for Washington estate tax.
7. **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 Skagit County Assessor's Office, in reliance on the representations made in this Affidavit, to remove Decedent's name from the real property passing to me as the surviving spouse of FRANCES E. ZIMMERLY, because the real property was Decedent's and my community property.

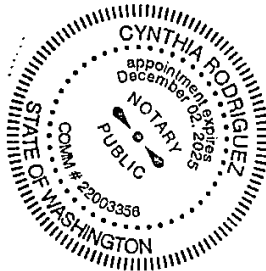
Dated this 14 day of May, 2025


MERLIN R. ZIMMERLY
533 Windmill Lane
Burlington, WA 98233

STATE OF WASHINGTON)
) ss.
COUNTY OF WHATCOM)

On this 14 day of May, 2025, I certify that I know or have satisfactory evidence that MERLIN R. ZIMMERLY is the person who appeared before me and that they acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Seal or Stamp





NOTARY PUBLIC for the State of Washington
My Commission expires: December 2, 2025

Exhibit A

Deed recorded under Skagit County Recording No. 200603100088

Property commonly known as: 533 Windmill Ln, Burlington, WA 98233

When Recorded Return to:
 MERLIN R. ZIMMERLY
 FRANCES E. ZIMMERLY
 872 Serrana Court
 Pittsburg, CA 94565

200603100088
 Skagit County Auditor
 3/10/2006 Page 1 of 2 11:27AM

Chicago Title Company - Island Division
 Order No: BE10159-MJJ

1C35970

STATUTORY WARRANTY DEED

THE GRANTOR FARMINGTON SQUARE, L.L.C., a Washington Limited Liability Company

for and in consideration of Two Hundred Ninety-Nine Thousand One Hundred Fifty-Nine and 44/100...(\$299,159.44) DOLLARS in hand paid, conveys and warrants to MERLIN R. ZIMMERLY and FRANCES E. ZIMMERLY, husband and wife

the following described real estate, situated in the County of Skagit, State of Washington:

Unit 12, FARMINGTON SQUARE CONDOMINIUM, according to the Declaration thereof recorded January 28, 2004, under Auditor's File No. 200401280083, and Survey Map and Plans thereof recorded January 28, 2004, under Auditor's File No. 200401280084, records of Skagit County, Washington.

Situated in Skagit County, Washington.

Tax Account No. : 4828-000-012-0000 P121257

Subject to: Restrictions, reservations and easements of record and Skagit County Right To Farm Ordinance as more fully described in Exhibit "A" which is attached hereto and made a part hereof.

Dated: March 3, 2006

FARMINGTON SQUARE, L.L.C.

Brian D. Gentry, Manager

STATE OF WASHINGTON
 COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that Brian D. Gentry to me known to be the Manager of FARMINGTON SQUARE, L.L.C. the entity that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of the said entity, for the uses and purposes therein mentioned, and on oath state that he is authorized to execute the said instrument on behalf of said entity.

Dated: March 8, 2006

Marcia J. Jennings
 Notary Public in and for the State of Washington
 Residing at Sedro Woolley
 My appointment expires: 10/5/2008

LPB No. 10

1103
 SKAGIT COUNTY WASHINGTON
 REAL ESTATE EXCISE TAX

MAR 10 2006

Amount Paid \$ 5330.04
 Skagit Co. Treasurer
 By BL Deputy



Chicago Title Company - Island Division

EXHIBIT 'A'

Skagit County has established a policy for unincorporated areas to protect and encourage agriculture and forestry operations. If your real property is located near an agriculture or forestry operation, you may be subject to inconvenience or discomfort arising from such operations, including but not limited to, noise, odors, fumes, dust, flies, and other associated pests, the operation of machinery of any kind during any 24-hour period, the storage and disposal of manure, and the application of fertilizers, soil amendments, and pesticides. If conducted in compliance with local, state, and federal laws, these inconveniences or discomforts are hereby deemed not to constitute a nuisance as provided in Chapter 7.48 RCW for purposes of the Skagit County Code and shall not be subject to legal action as a public nuisance.



200603100088

Skagit County Auditor

3/10/2008 Page 2 of 2 11:27AM

Exhibit B

Death Certificate of Frances Eugenia Zimmerly, issued January 25, 2023

202302010067

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2023-003133	DATE ISSUED: 01/25/2023 FEE NUMBER: 310123
FIRST AND MIDDLE NAME(S): FRANCES EUGENIA LAST NAME(S): ZIMMERLY	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: JANUARY 12, 2023 HOUR OF DEATH: 12:58 AM SEX: FEMALE AGE: 75 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: DECEDENT'S HOME FACILITY OR ADDRESS: 533 WINDMILL LANE CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 533 WINDMILL LANE CITY, STATE, ZIP: BURLINGTON, WA 98233 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 15 YEARS
BIRTH DATE: [REDACTED] BIRTHPLACE: GLENDALE, CA	FATHER: JOHN JACKSON MILTENBERGER MOTHER: FRANCES [REDACTED]
MARITAL STATUS: MARRIED SURVIVING SPOUSE: MERLIN RAY ZIMMERLY	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY
OCCUPATION: TEACHER INDUSTRY: EDUCATION EDUCATION: BACHELOR'S DEGREE US ARMED FORCES: NO	CITY, STATE: SEATTLE, WASHINGTON DISPOSITION DATE: JANUARY 24, 2023
INFORMANT: MERLIN RAY ZIMMERLY RELATIONSHIP: SPOUSE ADDRESS: 533 WINDMILL LANE, BURLINGTON, WA 98233	FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD ADDRESS: 4320 196TH ST SW - STE. C CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036 FUNERAL DIRECTOR: SHANNON EXASTRIS
CAUSE OF DEATH: A: CHOLANGIOCARCINOMA INTERVAL: 2 YEARS B: [REDACTED] INTERVAL: C: [REDACTED] INTERVAL: D: [REDACTED] INTERVAL:	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
OTHER CONDITIONS CONTRIBUTING TO DEATH: PULMONARY EMBOLI MALIGNANT ASCITES	CERTIFIER NAME: ANITA M. MEYER, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273 DATE SIGNED: JANUARY 13, 2023
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE
LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	LOCAL DEPUTY REGISTRAR: MARIA VIVANCO DATE RECEIVED: JANUARY 23, 2023
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	

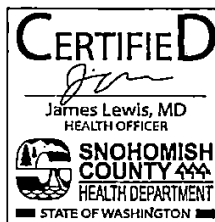
NOT VALID IF REPHOTOCOPIED OR ALTERED

202302010067

Washington State Department of Health		Affidavit for Correction		02/01/2023 02:47 PM Page 1 of 3	
DOH 422-034 August 2019		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		Date	
Initials		Date		Affidavit Number	
Required Information must match current information on record					
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 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 foregoing 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:					
<ul style="list-style-type: none">• 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					
<ul style="list-style-type: none">• 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)					
<ul style="list-style-type: none">• 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.



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