



202507080039

07/08/2025 02:10 PM Pages: 1 of 15 Fees: \$317.50
Skagit County Auditor

RETURN TO:
COLIN R. MORROW
CARMICHAEL CLARK, PS
P.O. BOX 5226
BELLINGHAM, WA 98227
PHONE: (360) 647-1500

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 2/22
JUL 08 2025

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

DOCUMENT TITLE:
LACK OF PROBATE AFFIDAVIT

REFERENCE NUMBER OF RELATED DOCUMENT:
N/A

GRANTOR:
CLAUDIA ALTHEA MAPLE

GRANTEE:
PETER DELACHAPELLE

ABBREVIATED LEGAL DESCRIPTIONS:
TRACT 1, SKAGIT COUNTY SP NO. 91-21 AF NO. 9106130031 [P95739]
LOT 3, SKAGIT COUNTY SP NO. 48-74 AF NO. 806909 [P30938]
LOT 4, SKAGIT COUNTY SP NO. 48-74 AF NO. 806909 [P30936]
PTN GOVT LOT 3, S13, T34N, R9E OF W.M. [P30934]
PTN NW 1/4, SE 1/4, S13, T34N, R9E OF W.M. [P30966]
PTN GOVT LOT 5, S13, T34N, R9E OF W.M. [P99158]
TRACT 3, SKAGIT COUNTY SP NO. 72-76 AF NO. 857846 [P30898]

ASSESSOR'S TAX PARCEL NUMBERS:
P95739
P30938
P30936
P30934
P30966
P99158
P30898

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF WHATCOM)

PETER DELACHAPELLE, being first duly sworn, upon oath, deposes and states:

1. **Status, Marriage, & Children.** I am the surviving spouse of CLAUDIA ALTHEA MAPLE (hereinafter "Decedent"), who died on March 31, 2022 at Mount Vernon, Skagit County, Washington, and who was at the time of her death a resident of Concrete, Skagit County, Washington. Decedent was a U.S. citizen. A copy of her Certificate of Death is attached hereto and fully incorporated herein by reference as **Exhibit A**. I am resident of Concrete, Skagit County, Washington. Decedent and I were married on April 18, 1994. There were no children born of this marriage, and, further, Decedent had no children, whether living or deceased at the time of her death, nor did Decedent ever adopt any children.

2. **Testacy.** Decedent died testate. She executed her Last Will and Testament (hereinafter "Will") on March 13, 2019. A copy of the Will is attached hereto and fully incorporated herein by reference as **Exhibit B**. Decedent did not revoke the Will. The Will leaves her estate to the successor trustee of the Claudia Althea Maple Living Trust, u/t/a/ dated March 13, 2019 (hereinafter "Trust").

3. **Lack of Probate.** Decedent's Will has not been probated. The successor trustee of the Trust has executed an irrevocable and complete release of the Trust's interest in the community real property described in Section 8 below. Said release is attached hereto and fully incorporated herein by reference as **Exhibit C**. Consequently, as Decedent's surviving spouse, Decedent's interest in said real property has vested in me by operation of law pursuant to RCW 11.04.15, .250 and .290.

4. **Identification of Heir(s).** Pursuant to the above referenced documentation and pursuant to the operation of law, I am the sole and rightful heir to the community real property described in Section 8 below. My name, age, relation to Decedent, and address are as follows:

Name: PETER DELACHAPELLE
Relation to Decedent: Surviving Spouse
Address: 53704 Concrete Sauk Valley Rd, Concrete, WA 98237

5. **Taxes.** No state inheritance tax or federal estate tax is due to the State of Washington or the United States on account of Decedent's death.

6. **Debts and Expenses.** All of 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 or provided for. The Decedent 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.

7. Purpose of Affidavit. I make this affidavit solely to induce a title company to issue its policies of title insurance on real property passing to me in reliance upon the representations set forth above. I agree to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance.

8. Real Property. The real property subject to this Affidavit is legally described as follows:

PARCEL #1

APN: P95739

TRACT 1, SKAGIT COUNTY SHORT PLAT NO. 91-21, APPROVED JUNE 12, 1991 AND RECORDED JUNE 13, 1991, IN VOLUME 9 OF SHORT PLATS, PAGE 375, UNDER AUDITOR'S FILE NO. 9106130031, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF GOVERNMENT LOT 5 AND THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 13, TOWNSHIP 34 NORTH, RANGE 9 EAST OF W.M.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

PARCEL #2

APN: P30938

LOT 3, SKAGIT COUNTY SHORT PLAT NO. 48-74, APPROVED SEPTEMBER 6, 1974 AND RECORDED UNDER AUDITOR'S FILE NO. 806909, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

PARCEL #3

APN: P30936

LOT 4, SKAGIT COUNTY SHORT PLAT NO. 48-74, APPROVED SEPTEMBER 6, 1974 AND RECORDED UNDER AUDITOR'S FILE NO. 806909, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

PARCELS #4 & #5

APNs: P30934; P30966

GOVERNMENT LOT 3 AND THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER, SECTION 13, TOWNSHIP 34 NORTH, RANGE 9 EAST OF W.M.

EXCEPT THAT PORTION OF SAID GOVERNMENT LOT 3 DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF SAID GOVERNMENT LOT 3; THENCE SOUTH ALONG THE WEST LINE THEREOF TO THE NORTH LINE OF SAUK VALLEY ROAD NO. XCII, AS CONVEYED TO SKAGIT COUNTY BY DEEDS RECORDED UNDER AUDITOR'S FILE NOS. 332817 AND 589713; THENCE EASTERLY ALONG THE NORTH LINE OF SAUK VALLEY ROAD NO. XCII, A DISTANCE OF 300 FEET; THENCE NORTH TO THE NORTH LINE OF SAID GOVERNMENT LOT 3, OR SAID NORTH LINE EXTENDED EAST; THENCE WEST ALONG SAID NORTH LINE OF GOVERNMENT LOT 3, OR THE EASTERLY EXTENSION THEREOF TO THE POINT OF BEGINNING.

ALSO EXCEPT THAT PORTION OF SAID GOVERNMENT LOT 3 DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF THAT CERTAIN TRACT CONVEYED TO STEWART O. NESS, ET UX., BY DEED DATED APRIL 30, 1976, AND RECORDED MAY 7, 1976, AS RECORDED UNDER AUDITOR'S FILE NO. 834591; THENCE EASTERLY ALONG THE NORTH LINE OF SAUK VALLEY ROAD NO. XCII A DISTANCE OF 215 FEET; THENCE NORTH TO THE SOUTHWESTERLY LINE OF THE SAUK RIVER; THENCE NORTHWESTERLY ALONG SAID SOUTHWESTERLY LINE TO THE NORTH LINE OF SAID GOVERNMENT LOT 3; THENCE WEST ALONG SAID NORTH LINE TO A POINT ON THE EAST LINE OF SAID NESS TRACT; THENCE SOUTH ALONG THE EAST LINE OF SAID NESS TRACT TO THE POINT OF BEGINNING.

ALSO EXCEPT THOSE PORTIONS CONVEYED TO SKAGIT COUNTY BY DEEDS RECORDED DECEMBER 9, 1940 AND JANUARY 8, 1960, AS RECORDED UNDER AUDITOR'S FILE NOS. 332817 AND 589713, RESPECTIVELY.

ALSO EXCEPT THE FOLLOWING DESCRIBED PORTION OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER, SECTION 13, TOWNSHIP 34 NORTH, RANGE 9 EAST OF W.M.:

COMMENCING AT THE NORTHEAST CORNER OF SAID SUBDIVISION; THENCE SOUTH 01°21'05" WEST ALONG THE EAST LINE THEREOF, A

LACK OF PROBATE AFFIDAVIT
PAGE 4 OF 6



CARMICHAEL CLARK, P.S.
ATTORNEYS AT LAW
P.O. Box 5226
Bellingham, WA 98227
P. 360 647 1500 • F. 360 647 1501

DISTANCE OF 65.75 FEET TO A POINT IN AN EXISTING FENCE LINE & THE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE CONTINUING SOUTH 01°21'05" WEST ALONG THE EAST LINE OF SAID SUBDIVISION, A DISTANCE OF 352.11 FEET; THENCE NORTH 52°28'07" WEST, A DISTANCE OF 51.63 FEET; THENCE NORTH 09°13'13" WEST, A DISTANCE OF 328.75 FEET TO THE END OF THE EXISTING FENCE; THENCE SOUTH 87°47'16" EAST ALONG SAID FENCE, A DISTANCE OF 102.00 FEET TO THE POINT OF BEGINNING.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

PARCEL #6

APN: P99158

THAT PORTION OF GOVERNMENT LOT 5, SECTION 13, TOWNSHIP 34 NORTH, RANGE 9 EAST OF W.M. DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF SAID GOVERNMENT LOT 5; THENCE SOUTH 85°45'14" ALONG THE NORTH LINE THEREOF 601.45 FEET; THENCE SOUTH 77°43'42" WEST 78.13 FEET TO THE EAST LINE OF THE COUNTY ROAD; THENCE SOUTH 77°43'42" WEST 68.67 FEET TO A POINT ON THE WEST LINE OF THE COUNTY ROAD IN AN EXISTING EAST-WEST FENCE LINE; THENCE NORTH 88°44'54" WEST ALONG SAID FENCE LINE 458.01 FEET TO A POINT ON THE WEST LINE OF SAID GOVERNMENT LOT 5; THENCE NORTH 01°21'05" WEST ALONG THE WEST LINE THEREOF 65.75 FEET TO THE POINT OF BEGINNING;

EXCEPT COUNTY ROAD.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

PARCEL #7

APN: P30898

TRACT 3 OF SKAGIT COUNTY SHORT PLAT NO. 72-76, APPROVED JUNE 7, 1977, RECORDED JUNE 8, 1977 UNDER AUDITOR'S FILE NO. 857846 IN VOLUME 2 OF SHORT PLATS, PAGE 67, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF THE NORTH 1/2 OF THE SOUTH 1/2 OF THE SOUTHEAST 1/4 OF SECTION 11, TOWNSHIP 34 NORTH, RANGE 9 EAST OF W.M.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

LACK OF PROBATE AFFIDAVIT
PAGE 5 OF 6



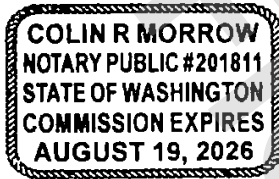
CARMICHAEL CLARK, P.S.
ATTORNEYS AT LAW
P.O. Box 5226
Bellingham, WA 98227
P. 360 647 1500 • F. 360 647 1501

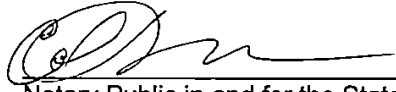
IN WITNESS WHEREOF, I have executed this Affidavit on this 1st day of July,
2025.



PETER DELACHAPELLE

SUBSCRIBED and SWORN to before me on this 1st day of July, 2025 by
PETER DELACHAPELLE.

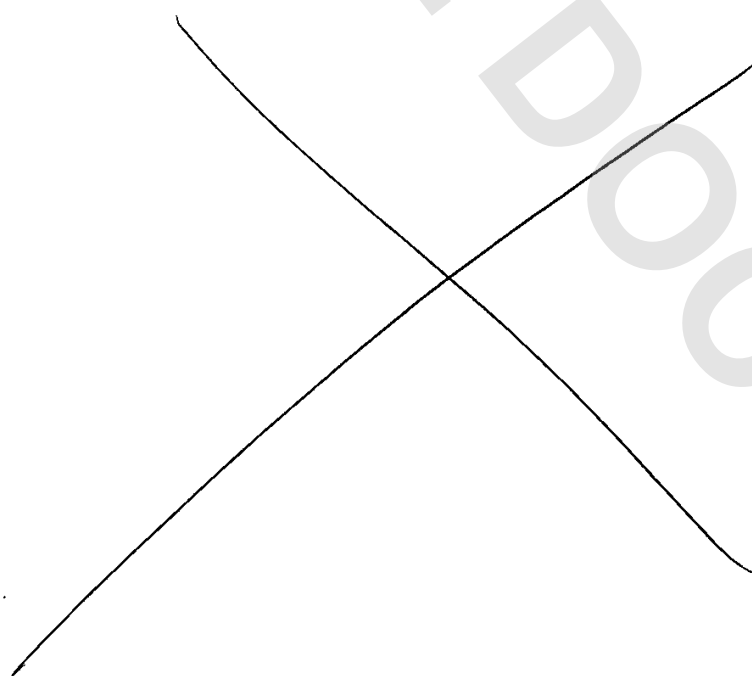




Notary Public in and for the State of Washington
Residing at: Bellingham.
My commission expires: 08/19/2026.

EXHIBIT A

COPY OF CERTIFICATE OF DEATH



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-017417

DATE ISSUED: 04/07/2022
FEE NUMBER: 141634408

FIRST AND MIDDLE NAME(S): CLAUDIA ALTHEA
LAST NAME(S): MAPLE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 31, 2022
HOUR OF DEATH: 08:45 AM
SEX: FEMALE AGE: 62 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 53704 CONCRETE SAUK VALLEY RD
CITY, STATE, ZIP: CONCRETE, WA 98237-9227
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 33 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: PASADENA, CA

FATHER: CHARLES ANDREW MAPLE
MOTHER: ALTHEA LOUIS [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: PETER DELACHAPELLE

METHOD OF DISPOSITION: NATURAL ORGANIC REDUCTION
PLACE OF DISPOSITION: EARTH

OCCUPATION: MENTAL HEALTH THERAPIST
INDUSTRY: HEALTHCARE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

CITY, STATE: AUBURN, WASHINGTON
DISPOSITION DATE: APRIL 05, 2022

INFORMANT: PETER DELACHAPELLE
RELATIONSHIP: SPOUSE
ADDRESS: 53704 CONCRETE SAUK VALLEY RD, CONCRETE, WA, 98237-

FUNERAL FACILITY: EARTH FUNERAL GROUP, INC
ADDRESS: 4620 B ST NW SUITE 102
CITY, STATE, ZIP: AUBURN, WASHINGTON 98001
FUNERAL DIRECTOR: JOHN LAWRENCE

CAUSE OF DEATH:
A: SUBARACHNOID HEMORRHAGE
INTERVAL: 24 HOURS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: AMYOTROPHIC LATERAL
SCLEROSIS, OVARIAN CANCER

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

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: ALLEN L. JOHNSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: APRIL 01, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: APRIL 04, 2022



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	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 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 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 from 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 their own 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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

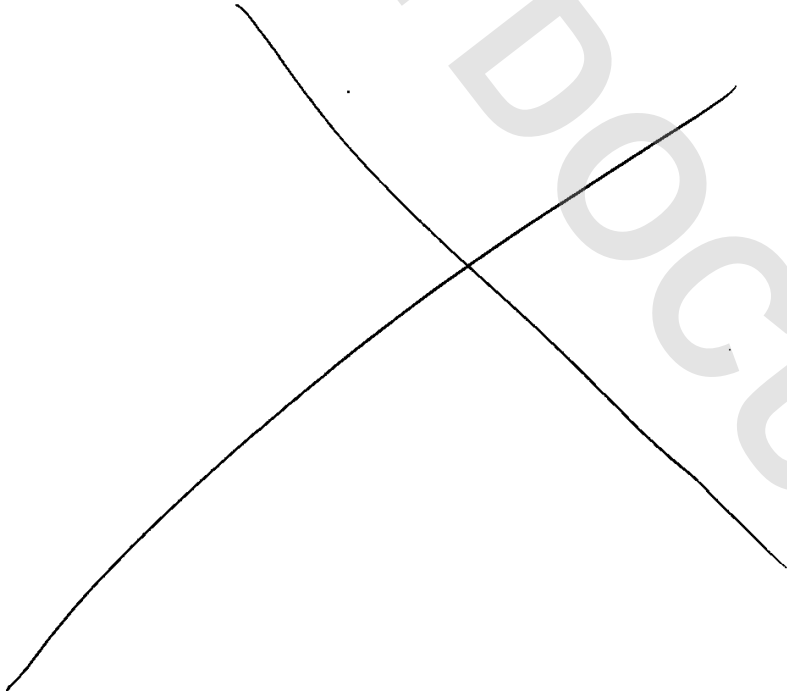
Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



0 5 0 9 4 5 1 5

EXHIBIT B

COPY OF LAST WILL AND TESTAMENT



Last Will and Testament of Claudia Althea Maple

I. I, Claudia Althea Maple, currently residing at 53704 Concrete Sauk Valley Road, Concrete, CA 98237-9704 being of sound mind and in the contemplation of the certainty of death, do hereby declare this instrument to be my last will and testament.

II. I hereby revoke all previous wills and codicils.

III. I hereby give all the rest and residue of my estate to the Successor Trustee of the Claudia Althea Maple Living Trust, solely to be held in trust and used for the purposes stated within the trust.

IV. I hereby appoint Charles Andrew Maple currently residing at 31521 Aguacate Road, San Juan Capistrano, CA 92675 to act as the executor of this will, to serve without bond.

Should Charles Andrew Maple currently residing at 31521 Aguacate Road, San Juan Capistrano, CA 92675 be unable or unwilling to serve, then I appoint Kathy Crade currently residing at 31521 Aguacate Road, San Juan Capistrano, CA 92675 to act as the executor of this will. Should Kathy Crade currently residing at 31521 Aguacate Road, San Juan Capistrano, CA 92675 be unable or unwilling to serve, Then I appoint Carlos Del Horno currently residing at 407 La Breda Ave, West Covina , CA 91791 to act as the executor of this will.

IN WITNESS WHEREOF, the Parties I have signed this Agreement on 3-13-19

Claudia Althea Maple
Signature of Testator

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which the certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of _____)

On _____, 20____, before me, _____, a Notary Public in and for the State of California, personally appeared _____

_____[PRINCIPAL & AGENT(S) NAMES] who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature See Attached CA ACK

My commission expires _____

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

On March 13 2019 before me, Jennifer J. DeWitt, Notary Public,
(Here insert name and title of the officer)

personally appeared Claudia A. Thea Maple

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Jennifer J. DeWitt
Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

DESCRIPTION OF THE ATTACHED DOCUMENT

Last Will and Testament
(Title or description of attached document)

of Claudia A. Thea Maple
(Title or description of attached document continued)

Number of Pages 1 Document Date 3.13.19

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- Corporate Officer

(Title)

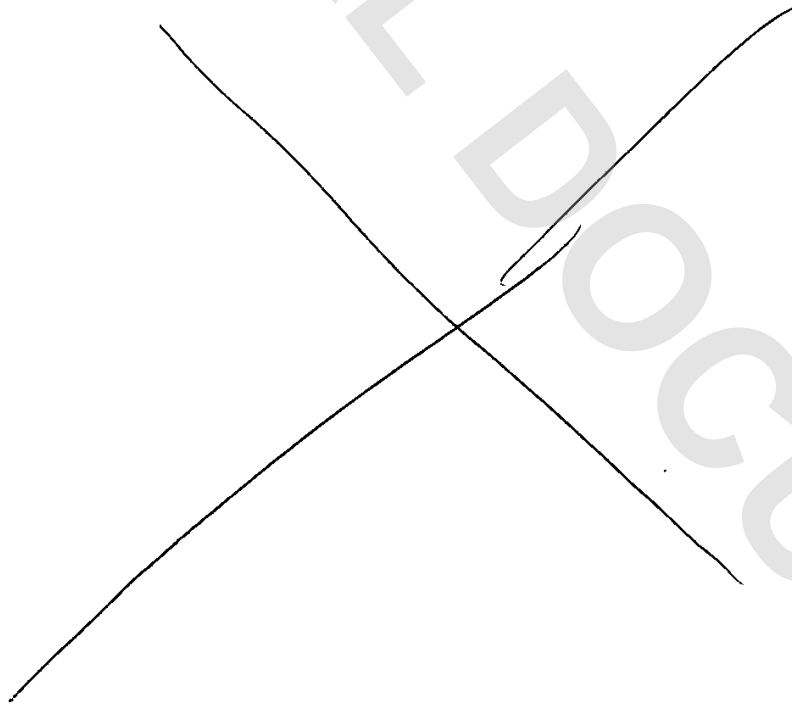
- Partner(s)
- Attorney-in-Fact
- Trustee(s)

Other Testator

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they-, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document.

EXHIBIT C

RELEASE OF INTEREST IN COMMUNITY REAL PROPERTY



**RELEASE OF INTEREST
IN WASHINGTON STATE REAL PROPERTY**

1. I, Charles Andrew Maple, the undersigned, am the Successor Trustee of the Claudia Althea Maple Living Trust, u/t/a dated March 13, 2019 (the "Trust") established by my sister Claudia Althea Maple (the "Decedent") on March 13, 2019.

2. The Decedent also executed a "pour-over" will at the same time the Trust was formed. This will, namely the Last Will and Testament of Claudia Althea Maple (the "Will"), was executed on March 13, 2019 and names me as Executor. The Will leaves any assets belonging to Decedent's probate estate to the Trust.

3. Decedent died on March 31, 2022. At the time of her death she resided in Washington State with her spouse Peter Delachapelle.

4. Decedent's Will has not been probated. All of the debts of Decedent, including but not limited to all expenses due to last illness, funeral, and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid.

5. In my capacity as Successor Trustee of the Trust, I hereby irrevocably and fully release any interest of the Trust in the following Washington State real property:

- a. Parcel No. P95739
 - i. Street address: 53782 Concrete Sauk Valley Rd, Concrete, WA 98237
 - ii. Situated in Skagit County, Washington
- b. Parcel No. P30938
 - i. Street address: 14314 State Route 530, Concrete, WA 98237
 - ii. Situated in Skagit County, Washington
- c. Parcel No. P30936
 - i. Street address: 14408 State Route 530, Concrete, WA 98237
 - ii. Situated in Skagit County, Washington
- d. Parcel No. P30934
 - i. Street address: 53704 Concrete Sauk Valley Rd, Concrete, WA 98237
 - ii. Situated in Skagit County, Washington
- e. Parcel No. P30966
 - i. Street address: No site address currently assigned
 - ii. Situated in Skagit County, Washington
- f. Parcel No. P99158

(1)

