

**FILED FOR RECORD AT REQUEST OF:**

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. 20252745

Date 08/25/2025

**WHEN RECORDED RETURN TO:**

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

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**LACK OF PROBATE AFFIDAVIT**

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**GRANTOR:** JOHN F. THEIN  
**GRANTEE:** GAIL L. THEIN  
**PARCEL NUMBER:** P15579  
**LEGAL DESCRIPTION:** PORTION OF SW1/4, NW1/4, SEC 9, TWP 33N, R 3E, W.M.  
**(Full legal found on pages 2-3)**  
**REFERENCE NUMBERS:** 201407140083 (Deed)  
200710020081 (Mobile Home Title Elimination)

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

I, GAIL L. THEIN (“Affiant”), being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of JOHN F. THEIN (“Decedent”), who died testate on September 8, 2024 in Mount Vernon, Skagit County, Washington, and was at the time of his 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 February 14, 1990.

THAT four (4) children were born by the Decedent, namely, all of whom are adults.  
THAT the Decedent has one (1) child who is now deceased leaving issue.

THAT the Decedent executed his Last Will and Testament on October 9, 2020, and said Will has been filed with the Skagit County Clerk, under Skagit County Cause No. 25-4-00427-29, with a conformed copy attached hereto as **Exhibit B**.

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:

GAIL L. THEIN, age 82, Surviving Spouse  
19263 Landing Road  
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 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 his death, or in which he had an interest was community property, was situated in Mount Vernon, Skagit County, Washington, and is legally described as follows:

A PORTION OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 9, TOWNSHIP 33 NORTH, RANGE 3 EAST, W.M., DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWEST CORNER OF SAID SUBDIVISION; THENCE EAST ALONG THE NORTH LINE OF SAID SUBDIVISION, 655.5 FEET; THENCE SOUTH 417.4 FEET TO THE NORTHEAST CORNER OF THAT CERTAIN TRACT OF LAND CONVEYED TO F.H. THEIN, BY DEED RECORDED IN VOLUME 174 OF DEEDS AT PAGE 572, AS AUDITOR'S FILE NO. 302384, RECORDS OF SKAGIT COUNTY, WASHINGTON, THENCE EAST PARALLEL TO THE NORTH LINE OF SAID SUBDIVISION, 96.33 FEET TO THE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE WEST PARALLEL

TO THE NORTH LINE OF SAID SUBDIVISION, 96.33 FEET; THENCE SOUTH ALONG THE EAST LINE OF SAID THEIN TRACT, 103.83 FEET TO THE SOUTHEAST CORNER OF SAID THEIN TRACT; THENCE EAST PARALLEL WITH THE NORTH LINE OF SAID SUBDIVISION, 96.33 FEET, THENCE NORTH, 103.83 FEET TO THE POINT OF BEGINNING.

TOGETHER WITH THAT PORTION OF SAID SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 9, TOWNSHIP 33 NORTH, RANGE 3 EAST, W.M., DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE NORTH LINE OF SAID SUBDIVISION, NORTH 89 DEGREES, 56' EAST, 655.5 FEET FROM THE NORTHWEST CORNER THEREOF, THENCE SOUTH 00 DEGREES, 24' WEST, 417.4 FEET TO THE TRUE POINT OF BEGINNING; THENCE SOUTH 89 DEGREES, 56' WEST, 110.2 FEET; THENCE SOUTH 9 DEGREES, 16' WEST, 105.2 FEET, THENCE NORTH 89 DEGREES, 56' EAST 125.2 FEET, THENCE NORTH 0 DEGREES, 13' EAST, 104.2 FEET TO THE TRUE POINT OF BEGINNING; EXCEPT ROAD, AND EXCEPT THAT PORTION, IF ANY, LYING WITHIN THE BOUNDARIES OF A TRACT CONVEYED TO CLEM D. THEIN, BY INSTRUMENTS RECORDED MARCH 1, 1952, UNDER AUDITOR'S FILE NOS. 472206 AND 472207.

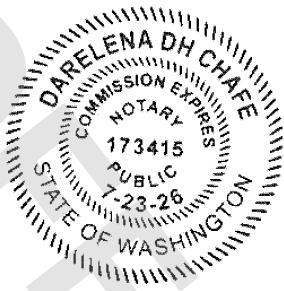
SITUATED IN SKAGIT COUNTY, WASHINGTON.

THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to GAIL L. THEIN 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 August 22, 2025.

  
\_\_\_\_\_  
GAIL L. THEIN

SUBSCRIBED AND SWORN to before me, by GAIL L. THEIN, August 22, 2025.



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: 2024-043782

DATE ISSUED: 09/10/2024  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN FRANCIS  
LAST NAME(S): THEIN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 08, 2024  
HOUR OF DEATH: 04:00 PM  
SEX: MALE AGE: 84 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 19263 LANDING RD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-7168

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

RESIDENCE STREET: 19263 LANDING RD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-7168  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 17 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: MOUNT VERNON, WA

FATHER: FRANCIS THEIN  
MOTHER: MARGUERITE [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: GAIL HESSELS

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: WATER & SEWER SYSTEM INSTALLER  
INDUSTRY: GOVERNMENT  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 11, 2024

INFORMANT: GAIL THEIN  
RELATIONSHIP: WIFE  
ADDRESS: 19263 LANDING RD, MOUNT VERNON, WA. 98273

FUNERAL FACILITY: KERN FUNERAL HOME  
ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: ANNA JORDAN

CAUSE OF DEATH:  
A: SYSTOLIC HEART FAILURE  
INTERVAL: YEARS  
B: PAROXYSMAL ATRIAL FIBRILLATION  
INTERVAL: YEARS  
C: CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
D:  
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: NOT APPLICABLE

OTHER CONDITIONS CONTRIBUTING TO DEATH: VASCULAR DEMENTIA,  
RECURRENT URINARY TRACT INFECTIONS, CHRONIC SACRAL PRESSURE  
INJURY

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

CERTIFIER NAME: ERIKA POPE, DO  
TITLE: DO  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: SEPTEMBER 09, 2024

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NJA  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: SEPTEMBER 10, 2024



Affidavit for Correction 08/26/2025 10:28 AM Page 6 of 8

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

Central 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

Required information must match current information on record
Record Type: Birth, Death, Marriage, 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)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, 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: 8, 9, 10, 11, 12, 13
The true fact is:

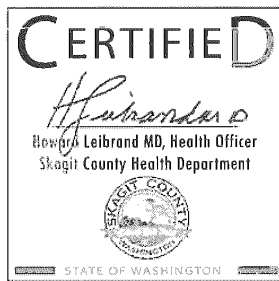
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.
14a. Signature: Printed name: Date:
14b. Signature of 2nd parent (if required): Printed name: Date:

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.
\*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.



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EXHIBIT B 25 4 00427 29

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08/26/2025 10:28 AM FILED 7 of 8  
SKAGIT COUNTY CLERK  
SKAGIT COUNTY, WA

LAST WILL AND TESTAMENT OF JOHN F. THEIN

2025 AUG 14 PM 2:39

I, John F. Thein, of Mount Vernon, Washington, being of sound mind and memory, and under no restraint, revoke all Wills and Codicils previously made by me, and declare this to be my Last Will and Testament.

1. I direct my Personal Representative or Alternate Personal Representative hereinafter named, to pay the expense of my funeral and burial and of my last illness and all my just debts, as determined to be just by said Personal Representative, that may exist against me at the time of my decease.
2. All real property interests owned by me at my death, are hereby devised to my wife, Gail L. Thein, to be hers alone, absolutely and in fee simple, together with any personal property which I may own at the time of my death (except those items listed separately from this Will, if any).
3. In the event that my wife predeceases me, I then devise all remaining real property interests which I own at my death (except for those items listed separately from this Will, if any), as follows:
  4.
    - a. All real property interests owned by me at my death to my son, Robert Nicholas Thein, to be his alone, absolutely and in fee simple.
    - b. Any personal property which I may own at the time of my death and listed separately from this Will, if any, to be divided equally between my surviving children, John Francis Thein, Jr., and Karl Thein, both residing in Alaska.
    - c. Any personal property previously belonging to my wife, Gail L. Thein, including photos, clothing, and jewelry armoires is to be given by Robert Nichols Thein to my sister-in-law, Cheryl Lee Hessels, residing in Huntington, CT.
5. Should any person or persons who would take under this Will, but for this provision, fail to survive me by more than thirty (30) days, such person or persons shall be deemed to have predeceased me for the purpose of construing all items of this Will.
6. I hereby appoint Gail L. Thein to serve as my Personal Representative of this my Last Will. I hereby grant unto my said Personal Representative, full power and authority in the settlement of the estate; to compromise, compound and adjust and settle any and all claims and demands in favor of or against my estate for such sums, upon such terms and such manner as my said Personal Representative shall deem best. I hereby authorize my Personal Representative, if she so desires, to sell and convey, by proper instruments of conveyance, any and all real estate of which I die seized, and any and all personal property which I may leave, and to reinvest the proceeds thereof, and to change said investments in such manner and form as he may deem for the best interest of the estate. No purchaser from my Personal Representative need see to the application of the purchase money, but the receipt of my Personal Representative therefore shall be a complete acquittance and discharge. I confer upon said Personal Representative the power

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to retain a licensed real estate broker to sell all or part of my real estate and to pay said broker's fee as is customary in the vicinity. Each and all the foregoing powers and authority may be exercised without Court order.

- 7. Should my said Personal Representative be unwilling or unable to serve in such capacity, I then appoint my son, Robert Nicholas Thein, to serve as alternate Personal Representative. I hereby confer upon my said alternate Personal Representative the same powers and authority which I heretofore conferred upon Gail L. Thein.
- 8. I direct that no bond be required of any Personal Representative or alternate Personal Representative named in my Will.

I, John F. Thein, the testator, sign my name to this instrument at Mount Vernon, Washington, on this 9th day of October, 2020, and being first duly sworn, declare to the undersigned authority that I sign and execute this instrument as my Last Will and that I sign it willingly, that I execute it as my free and voluntary act for the purposes expressed in it, and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

John F. Thein

JOHN F. THEIN

We, Steven D. Thein and

Kim E. Thein the witnesses, sign our names to his instrument, and being first duly sworn, declare to the undersigned authority that the testator, John F. Thein, signs and executes this instrument as his Last Will and that he signs it willingly and that each of us in the presence and hearing of the testator, signs this Will as witness of the testator's signing, and that to the best of our knowledge the testator is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Steven D. Thein residing at Mt. Vernon, WA

Kim E. Thein residing at Mt. Vernon, WA

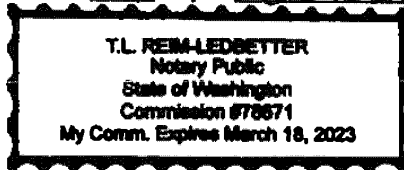
STATE OF WASHINGTON )

)ss.

COUNTY OF SKAGIT )

Subscribe and sworn to and acknowledged before me by the testator, John F Thein, and subscribed and sworn to before me by Steven D. Thein and Kim E. Thein

Witnesses, this 09 day of October, 2020,



T.L. Reim-Ledbetter

Notary in and for the State of Washington

My Commission Expires: 3.18.2023