

202510170031

10/17/2025 10:46 AM Pages: 1 of 11 Fees: \$313.50
Skagit County Auditor

JONES BUTLER DOLAN, PS
P.O. Box 458
Stanwood, WA 98292
360-629-3833

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20253405
OCT 17 2025

Amount Paid \$0
By Skagit Co. Treasurer Deputy

**LACK OF PROBATE AFFIDAVIT
COMMUNITY PROPERTY**

Document Title:	Lack of Probate Affidavit -- Community Property
Grantor:	Arlene S. Moore, deceased
Grantee:	Gary E. Moore, an unmarried man
Address:	466 South 48 th Street Mount Vernon, Washington 98274
Assessor Parcel No:	P133264 (6038-000-030-0000)
Abbreviated Legal:	Lot 30, Woodside PUD Div. 1 & 2
Reference No:	201706140004

Gary E. Moore, being first duly sworn, declares as follows:

2. Real Property. Decedent left a community interest in the real property fully described below. Decedent and I acquired the real property as community property by a Statutory Warranty Deed dated June 8, 2017, and recorded under Skagit County AFN 201706140004.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

4. Heirs at Law. The following are Heirs at Law of the Decedent:

5. Decedent's Debts & Expenses. All of the debts and expenses of Decedent, including expenses of last illness, funeral, and burial and all liabilities and other obligations of the marital community have been paid in full.


6. Federal Estate Tax. Decedent's estate was not liable for federal estate tax.

7. Washington Estate Tax. Decedent's estate was not liable for Washington 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 any title insurance company, in reliance on the representations made in this Affidavit, to issue one or more policies of title insurance on the real property passing to me, as Decedent's surviving spouse, because the real property was Decedent's and my community property.

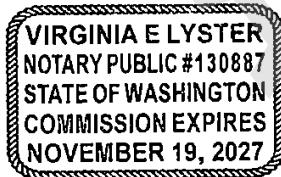
Dated this 13 day of October, 2025.

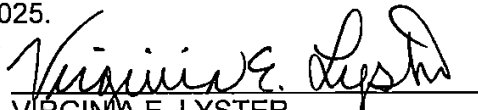

GARY E. MOORE

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that Gary E. Moore is the person who appeared before me, and he acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 13 day of October, 2025.




VIRGINIA E. LYSTER
Notary Public
In and for the State of Washington
My appointment expires: 11-19-2027

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2025-014472

DATE ISSUED: 03/24/2025

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ARLENE SYLVIA

LAST NAME(S): MOORE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 20, 2025

HOUR OF DEATH: 01:30 AM

SEX: FEMALE

AGE: 78 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: GARY E MOORE

OCCUPATION: TEACHER - ELEMENTARY/MIDDLE SCHOOL

INDUSTRY: EDUCATION - ELEMENTARY AND SECONDARY

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: GARY MOORE

RELATIONSHIP: HUSBAND

ADDRESS: 466 SOUTH 48TH STREET, MOUNT VERNON, WA, 98274

CAUSE OF DEATH:

A: SENILE DEGENERATION OF THE BRAIN

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPOKALEMIA

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: 466 S 48TH ST

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-3956

RESIDENCE STREET: 466 S 48TH ST

CITY, STATE, ZIP: MOUNT VERNON, WA 98274-3956

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: TED ARNOLD BENSON

MOTHER: MYRTLE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MARCH 24, 2025

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: HELEANA FOLEY

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

CERTIFIER NAME: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: MARCH 21, 2025

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: MARCH 24, 2025

Affidavit for Correction

10/17/2025 10:46 AM
 Washington State Department of Health Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

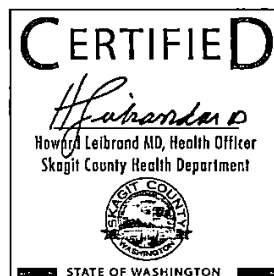
This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number		Fee Number		Initials	Date	Affidavit Number
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: Printed name: Date:			14b. Signature of 2 nd 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:						
<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. 						
*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)						
<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. 						
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 1 8 6 6 4 0

**LAST WILL AND TESTAMENT
OF
ARLENE MOORE**

I, Arlene Moore, a resident of the State of Washington, hereby declare this to be my Last Will and Testament. I hereby revoke any and all Wills and Codicils previously executed by me.

**ARTICLE 1
FAMILY STATUS**

I declare that I am married. My husband's name is Gary Moore. Any reference in this my Last Will and Testament to "my husband" are to him. No children have been born to or adopted by me.

**ARTICLE 2
SPECIFIC GIFTS**

2.1 Tangible Personal Property. I may prepare a memorandum, in my handwriting or signed by me, directing the disposition of my interests in certain tangible personal property as defined in the following paragraph. If I do so, my tangible personal property shall be disposed of as provided in that memorandum. Tangible personal property not so specifically disposed of shall pass to my husband, or if my husband fails to survive me, to Andrea Guy, Lisa Schweizer, Debbie Gilmore, Daniel Teeter, Kristie Moore, Brian Moore, Nathan Guy and William Moore, who shall have four months to agree upon a division of the property. If they do not so agree, or if any of them is under legal disability, my Personal Representative shall make an equitable division among them. If they all fail to survive me, the property shall pass as a part of the residue of my estate.

As used in this section, the term "tangible personal property" shall mean articles of personal or household use or ornament (plus insurance thereon) for example, furniture, furnishings, automobiles, boats, airplanes and jewelry, as well as precious metals in any tangible form, for example, bullion or coins. The term includes articles held for investment purposes and encompasses tangible property that is not real property. The term does not include property used primarily in trade or business and mobile homes or intangible property, for example, money that is normal currency or normal legal tender, evidences of indebtedness, bank accounts or other monetary deposits, documents of title, or securities.

2.2 Community Interest in Husband's Retirement Benefits and Life Insurance. If my husband survives me, I give to my husband such community property

interest as I may have in any retirement plan held in my husband's name and any policy of insurance upon my husband's life or the life of any of our children. To the extent that my husband should disclaim all or a portion of this gift, the disclaimed interest shall pass as part of the residue of my estate.

2.3 Legacy to M. Charlene Morgan. If my husband shall not survive me, I give to my husband's sister, M. Charlene Morgan, the lesser of the sum of Twenty-Five Thousand Dollars and No Cents (\$25,000.00) or five percent (5%) of my estate, after all debts and administrative expenses have been paid. If Charlene Morgan does not survive me, then her gift shall lapse and pass as a part of the residue of my estate.

2.4 Gift of Moore Mineral Rights. If my husband does not survive me and if I, as his surviving spouse, own at the time of my death any interest the Moore mineral rights in Kansas, I give such interest to my husband's brother, William L. Moore. If William L. Moore shall not survive me, then his share shall be given to his issue, by right of representation.

ARTICLE 3 DISPOSITION OF ESTATE

I give the rest, residue and remainder of my estate to my husband, so long as he survives me. In the event that my husband should predecease me, then I give the rest, residue and remainder of my estate as follows:

3.1 Twenty percent (20%) thereof to Emmanuel Baptist Church, currently located at 1515 East College Way, Mount Vernon, Washington 98273, or its successor, for such uses and purposes as its governing board shall deem necessary and advisable.

3.2 Eighty percent (80%) thereof to the following:

3.2.1 One Third (1/3) thereof to my sister, Andrea Jo Guy. If Andrea Jo Guy shall not survive me, then her share shall be given to her issue, by right of representation.

3.2.2 One Third (1/3) thereof to my brother-in-law, William L. Moore. If William L. Moore shall not survive me, then his share shall be given to his issue, by right of representation.

3.2.3 One Sixth (1/6) thereof to my husband's niece, Debbie Gilmore. If Debbie Gilmore shall not survive me, then her share shall be given to her issue, by right of representation.

3.2.4 One Sixth (1/6) thereof to my husband's nephew, Daniel Teeter. If Daniel Teeter shall not survive me, then his share shall be given to his issue, by right of representation.

3.2.5 If any beneficiary above in this section 3.2 is not living and no other provision is made for that share, then the share provided for such beneficiary shall be added to the share of Emmanuel Baptist Church in section 3.1 above.

ARTICLE 4

BENEFICIARY UNDER AGE TWENTY-ONE

If any share or property hereunder becomes distributable to a beneficiary who has not attained the age of Twenty-one (21) years or if any real property shall be devised to a person who has not attained the age of Twenty-one (21) years at the date of my death, then such share or property shall immediately vest in the beneficiary, but notwithstanding the provisions herein, my Personal Representative acting as Trustee shall retain possession of the share or property in trust for the beneficiary until the beneficiary attains the age of Twenty-one (21), using so much of the net income and principal of the share or property as my Personal Representative deems necessary to provide for the medical care, education, support and maintenance in reasonable comfort of the beneficiary, taking into consideration to the extent my Personal Representative deems advisable any other income or resources of the beneficiary or his or her parents known to my Personal Representative. Any income not so paid or applied shall be accumulated and added to principal. The beneficiary's share or property shall be paid over, distributed and conveyed to the beneficiary upon attaining age Twenty-one (21), or if he or she shall sooner die, to his or her personal representatives. Whenever my Personal Representative determines it appropriate to pay any money for the benefit of a beneficiary for whom a trust is created hereunder, then the amounts shall be paid out by my Personal Representative in such of the following ways as my Personal Representative deems best: (1) directly to the beneficiary; (2) to the legally appointed guardian of the beneficiary; (3) to some relative or friend for the care, support and education of the beneficiary; (4) by my Personal Representative using such amounts directly for the beneficiary's care, support and education; or (5) to a custodian for the beneficiary under the Uniform Gifts or Transfers to Minors Act. My Personal Representative as trustee shall have with respect to each share or property so retained all the powers and discretions conferred upon it as Personal Representative.

ARTICLE 5 PERSONAL REPRESENTATIVE

5.1 Nomination of Personal Representative. My husband shall serve as my Personal Representative. In the event that my husband is for any reason unable or unwilling to act as Personal Representative hereof, then I designate Daniel Teeters to serve as Personal Representative.

5.2 Powers of the Personal Representative. My Personal Representative shall serve without bond, without the intervention of court except as required in the case of nonintervention wills, and with unrestricted nonintervention powers. I direct that my estate shall be settled as herein provided and that my said Personal Representative have, after my death, as full and complete power of management and settlement of my estate as I would if living. I specifically provide that my Personal Representative may, during the period of probate, make distributions of income and/or principal in such amounts and at such time as my Personal Representative deems appropriate to husband, if he survives me. However, my Personal Representative shall not make any distributions of income and/or principal to any other beneficiary of this Will until the end of the probate process.

In making distributions hereunder, my Personal Representative may allocate particular assets or portions thereof or undivided interest therein to any one or more of the beneficiaries hereunder without regard to the income tax basis of specific property allocated to any beneficiary or any pro-rata scheme of distribution, and may further, in my Personal Representative's sole discretion, exercise all elections with respect to allowable deductions on my estate or any necessary income tax returns, without reimbursement either from or to my estate or any beneficiaries hereunder for tax payable in respect of said elections.

Should it be necessary for a representative of my estate to qualify in any jurisdiction outside of the State of Washington wherein my domiciliary personal representative is unable or unwilling to qualify, then I appoint such person or corporation as may be designated by my domiciliary personal representative to serve in such foreign jurisdiction requiring the ancillary probate, to act without bond and without the intervention of any court, to the extent permitted by law.

5.3 Fee for Personal Representative. The Personal Representative shall receive reasonable compensation for the services rendered as Personal Representative and reimbursement for reasonable expenses.

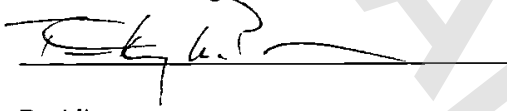
ARTICLE 6 DEFINITIONS

All references to children and descendants shall include adopted persons. Unless some other meaning and intent is apparent from the context, the plural shall include the singular and vice-versa, masculine, feminine and neuter words shall be used interchangeably.

IN WITNESS WHEREOF, I have signed this Will on January 7, 2013.

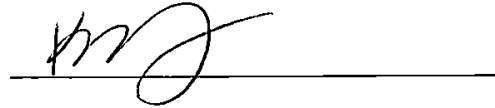

Arlene Moore

The foregoing instrument, consisting of six (6) typewritten pages, including this page and the following Affidavit of Subscribing Witnesses, was on the date immediately appearing above, signed and published by Arlene Moore, who appeared to be of sound and disposing mind and memory and was by her declared to be her Last Will and Testament in the presence of us, who, at her request and in her presence and in the presence of each other have hereunto signed our names as witnesses.



Residing at

Mount Vernon, WA



Residing at

STANWOOD, WA

AFFIDAVIT OF SUBSCRIBING WITNESSES

State of Washington)
) ss
 County of Skagit)

The undersigned witnesses, upon oath, depose and say:

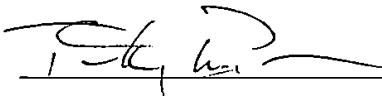
1. Witnesses. The undersigned are the witnesses referred to in this Affidavit. On this date, they were both competent.

2. Execution. The document, the Last Will of Arlene Moore, the original of which is attached to this Affidavit, was executed by the above-named Testatrix on January 7, 2013.

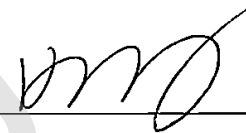
3. Declarations. Immediately prior to execution of said Will, the Testatrix declared the document to be her Last Will and requested the witnesses to subscribe their names to it.

4. Signatures. The Testatrix signed the document in the presence of both witnesses and each witness subscribed his/her name in the presence of the Testatrix and of the other witness. The Testatrix's handwriting on the document is genuine.

5. Capacity. The Testatrix was of sound mind and was not acting under duress or undue influence.

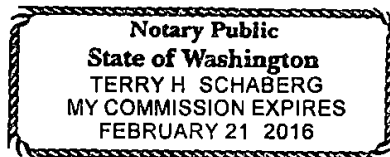



 Timothy U. Price
 (Printed)



 KARI MAYO
 (Printed)

Signed and sworn to (or affirmed) before me on January 7, 2013, by
TIMOTHY U. PRICE and KARI MAYO.




 Terry H. Schaberg
 Notary Public in and for the State of
 Washington
 My appointment expires 2/21/2016

Last Will and Testament of
 Arlene Moore