



200104170038  
, Skagit County Auditor

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PROBATE AFFIDAVIT

STATE OF WASHINGTON )  
 : SS  
COUNTY OF SKAGIT

DIANNA G. ROBB, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That DOROTHY PETHENIA NOBLE was her mother. DOROTHY P. NOBLE was preceded in death by her husband, GLEN HOWARD NOBLE and her son, GLEN HOWARD NOBLE JR. I am the sole surviving heir to her estate. That DOROTHY P. NOBLE died a resident of Anacortes, Skagit County, Washington on March 24, 2001. A copy of the death certificate is attached hereto. DOROTHY P. NOBLE died leaving property in Skagit County.

That there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses, or last illness except as follows: none.

That the decedent left a Will, a copy of which is attached hereto after filing with the Skagit County Superior Court.

That the decedent's estate is not being probated.

That the property owned by DOROTHY P. NOBLE consisted of the following:

REAL ESTATE

- 1. STREET: 1409 - 16th Street, Anacortes, Washington
- TAX ID: P55766/3772-120-005-0001
- LEGAL:

Lots 4 and 5, Block 120, Map of the City of Anacortes, according to the plat thereof recorded in Volume 2 of Plats, page 4, records of Skagit County, Washington.

PERSONAL PROPERTY

1. Household furniture valued at \$500.00
2. Motor vehicles valued at \$500.00
3. Bank accounts and cash valued at \$500.00

That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving daughter because it was property of the deceased which was bequeathed to affiant in decedent's will, all in reliance upon the representations set forth herein.

Dated this 13<sup>th</sup> th day of April, 2001.

Dianna G. Robb  
DIANNA G. ROBB

SUBSCRIBED and SWORN TO before me this 17th day of April, 2001.

[Signature]  
Notary Public in and for the  
State of Washington, residing  
at Anacortes, Wa.  
My appointment expires: 2004.



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH

239  
LOCAL FILE NUMBER

146  
STATE FILE NUMBER

1. NAME First: <b>Dorothy</b> Middle: <b>Pethenia</b> Last: <b>Noble</b>			2. SEX (M / F) <b>F</b>		3. DEATH DATE (Mo., Day, Yr) <b>Mar 24, 2001</b>		
4. AGE LAST BIRTH DAY (Yrs) <b>79</b>		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo., Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) <b>Wenatchee, WA</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Anacortes</b>			12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN. 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 8. <input type="checkbox"/> OTHER PLACE <b>Island Hospital</b>			13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>		15. SURVIVING SPOUSE (if wife, give maiden name)		16. SOCIAL SECURITY NO.		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Homemaker</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No</b>		21. RACE (Specify) <b>White</b>	
22. RESIDENCE—NUMBER AND STREET <b>1300 O Avenue #123</b>		23. CITY/TOWN, OR LOCATION <b>Anacortes</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>		25A. COUNTY <b>Skagit</b>	
25B. LENGTH OF RES. IN CO. <b>22yrs</b>		26. STATE <b>WA</b>		27. ZIP CODE <b>98221</b>		28. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Alonzo D. Birman</b>	
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Florence (nmi)</b>		30. INFORMANT—NAME <b>Dianna Gwen Robb</b>		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>1409 16th Street, Anacortes, WA 98221</b>		32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>	
33. DATE (Mo., Day, Yr) <b>Mar 28, 2001</b>		34. CEMETERY/CREMATORY—NAME <b>Fernhill Cemetery</b>		35. LOCATION—CITY/TOWN, STATE <b>Anacortes, WA</b>		36. FUNERAL DIRECTOR SIGNATURE <b>X K. L. Evans</b>	
37. NAME OF FACILITY <b>Evans Funeral Chapel</b>		38. ADDRESS OF FACILITY <b>1105 32nd Street Anacortes, WA 98221-</b>		TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X Kenneth H. Shibata, MD</b>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X</b>			
40. DATE SIGNED (Mo., Day, Yr) <b>3/26/2001</b>		41. HOUR OF DEATH (24 Hrs.) <b>0115</b>		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Kenneth H. Shibata M.D. 1213 24th Street #100, Anacortes, WA 98221</b>				49. ME/CORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <b>Cardiomyopathy</b>				INTERVAL BETWEEN ONSET AND DEATH <b>9 yrs</b>	
		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				52. AUTOPSY? (Yes / No) <b>No</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <b>X Sandra Berlitz, Deputy</b>		63. DATE RECEIVED (Mo., Day, Yr.) <b>MAR 27 2001</b>			



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# Last Will and Testament of

DOROTHY P. NOBLE 01 4 00086 1

I, DOROTHY P. NOBLE, of 1300 "O" Avenue, #123, Anacortes, Skagit County, Washington declare this to be my Last Will and Testament and revoke all prior Wills and Codicils.

## I. FAMILY

I am a single adult. I have one child born to me, namely, DIANNA G. ROBB. Except as herein provided, I intend to make no provision for any relative of mine who may not survive me.

## II. PAYMENT OF DEBTS

I direct my Executor hereinafter named, as soon after my death as is practicable, to pay all just debts for which proper claims are filed against my estate and the expense of my last illness, and funeral; provided, however, that this shall not authorize any creditor to require payment of any debt prior to normal maturity thereof, or prohibit my Executor from exercising any legal defense to the same. My Executor shall be compensated for his time and expenses at a reasonable rate.

## III. DEVISES AND BEQUESTS OF PROPERTY

After payment of funeral expense, debts and taxes as herein provided, I devise and bequeath all the rest, residue and

LAST WILL AND TESTAMENT - 1

Initial: *DPN*



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remainder of my estate to my daughter, DIANNA G. ROBB, per stirpes.

IV. APPOINTMENT OF EXECUTOR

I appoint my daughter, DIANNA G. ROBB, as Executor of this Will, to serve without bond, and with unrestricted nonintervention powers, without liability for error in judgment, and if she is unable or unwilling to serve, then I appoint whomever the court shall appoint as alternate executor, to serve without bond, and with unrestricted nonintervention powers, without liability for error in judgment.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 9 day of December, 1999.

Dorothy P. Noble  
DOROTHY P. NOBLE

LAST WILL AND TESTAMENT - 2  
Initial: DPN



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STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

ATTESTATION CLAUSE AND  
AFFIDAVIT OF ATTESTING  
WITNESSES

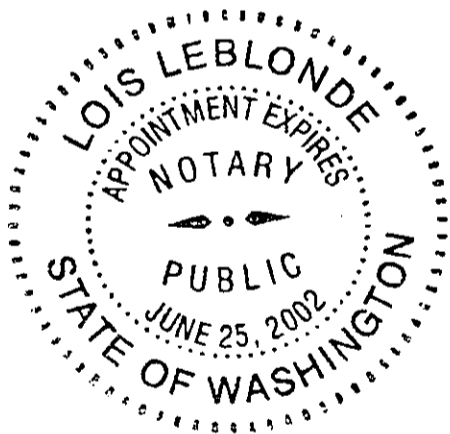
The undersigned, competent to testify, being first duly sworn, upon oath, depose and say:

That the foregoing instrument to which this Affidavit is attached, consisting of three(3) pages, of which this is the three(3rd) page, dated the 9 day of December, 1999, which purports to be the Last Will and Testament of the above named Testatrix was signed and executed by the said Testatrix at Anacortes, Washington, in the presence of myself and the other witness.

The Testatrix thereupon published the instrument as and declared it to be her Last Will and Testament and requested us to sign the same as witnesses and to execute this Affidavit in proof of said Last Will and Testament.

In the presence of the Testatrix and at her request and direction, and in the presence of each other, the other witness and I subscribed our names as witnesses hereto.

At the time of executing said instrument the Testatrix, the other witness and I, were of legal age and competent to act as witnesses and the Testatrix appeared to be of sound and disposing mind and not acting under duress, menace, fraud, undue influence or misrepresentation.



Schutt  
Residing at Anacortes  
Catherine Thompson  
Residing at Anacortes

Signed, sworn to (or affirmed) and attested by  
S. C. Schutt and Catherine Thompson on this 9  
day of December, 1999.

Lois LeBlonde  
NOTARY PUBLIC, in and for  
the State of Washington  
My appointment expires: 6-25-02



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Lois LeBlonde