



200112100036

Skagit County Auditor

12/10/2001 Page 1 of 4 10:12AM

Return To  
**JOHN H. WARD**  
P. O. Box 208  
Sedro Woolley, WA 98284

NO PROBATE AFFIDAVIT

STATE OF WASHINGTON )  
                                  : SS  
COUNTY OF SKAGIT     )

MACK W. JOHNSON, being first duly sworn on  
oath, deposes and says:

FIRST: That this affidavit is for the purpose of supplying  
information pertaining to the estate of MARGARET VELTA  
JOHNSON, deceased, and it is intended that the  
statements set forth herein (and hereto attached, if  
applicable), shall be considered representations of fact  
which may be relied upon by all persons dealing with the  
following described real property:

See legal descriptions on the two attached property  
tax statements, said parcels also identified as  
P40482 and P102269.

SECOND: That said decedent died on or about the 17th day  
of December, 2000, in Mt. Vernon, County of  
Skagit, State of Washington, and a true and  
correct copy of the death certificate is attached hereto.

THIRD: That said decedent executed no wills, agreements to  
convey, community property agreements, conveyances, mortgages,  
deeds of trust, lien agreements or other instruments for the  
purpose of conveying or encumbering said land, any portion  
thereof, or any interest therein, other than those instru-  
ments which have been duly recorded in the office of the

Auditor of said county except as follows: Community Property Agreement, recorded under Auditor's File No. 200111050046.

FOURTH: That the said real property at the date of decedent's death had an approximate value of \$260,000.00. That the value of decedent's estate at the time of death was within the exemptions allowed under federal estate tax regulations.

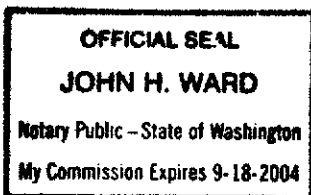
FIFTH: That all obligations of the estate owing at the date of death of said decedent have been paid in full, and all expenses of last illness and for funeral services have been paid, except as follows: (enumerate if any, or indicate NONE).

None.

SIXTH: That the following list comprises all of the heirs at law by whom said decedent was survived: (If any heirs are under 18, this affidavit is not applicable). Mack W. Johnson, of legal age, her surviving spouse.

Mack W. Johnson  
(Affiant)

SUBSCRIBED AND SWORN to before me this 4 day  
of December ~~November~~, 2001.



John H. Ward  
Notary Public in and for the State of Washington, residing at Sedro Woolley  
Commission expires: 9/18/2004



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

900  
LOCAL FILE NUMBER

## Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: MARGARET Middle: VELTA Last: JOHNSON				2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) December 17, 2000	
4. AGE LAST BIRTHDAY (Yr) 75		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) Senia, NC	
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon				12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input checked="" type="checkbox"/> HOSP <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE Skagit Valley Hospital		13. COUNTY OF DEATH Skagit	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Mack W. Johnson		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12): 7 College (1-4 or 5-):	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Licensed Nurse - LPN		19. KIND OF BUSINESS OR INDUSTRY Hospital		20. RACE (Specify) White		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 11634 W. Morford		23. CITY/TOWN, OR LOCATION Sedro-Woolley		24. INSIDE CITY LIMITS? (Yes / No) No		25. COUNTY Skagit	
26. LENGTH OF RES. IN CO. 54 yrs		27. STATE WA		28. ZIP CODE 98284			
29. FATHER'S NAME — FIRST, MIDDLE, LAST Robert Edward Burleson				30. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Lola B. [REDACTED]			
31. INFORMANT — NAME Mack Johnson		32. MAILING ADDRESS 11634 W. Morford		33. CITY OR TOWN Sedro-Woolley		34. STATE WA	
35. ZIP 98284		36. BIRTH DATE (Mo, Day, Yr) Dec 22, 2000		37. CEMETERY/CREMATORY — NAME Union Cemetery		38. LOCATION — CITY/TOWN, STATE Sedro-Woolley, WA	
39. FUNERAL DIRECTOR SIGNATURE x [Signature]		40. NAME OF FACILITY Lemley Chapel		41. ADDRESS OF FACILITY 1008 Third St.		42. CITY/TOWN, STATE, ZIP Sedro-Woolley, WA 98284	
43. 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 x [Signature] 40. DATE SIGNED (Mo, Day, Yr) December 18, 2000 41. HOUR OF DEATH (24 Hrs) 2200 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Stevan Luther, M.D.				43. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 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 x [Signature] 44. DATE SIGNED (Mo, Day, Yr) [REDACTED] 45. HOUR OF DEATH (24 Hrs) [REDACTED] 46. PRONOUNCED DEAD (Mo, Day, Yr) [REDACTED] 47. HOUR PRONOUNCED DEAD (24 Hrs) [REDACTED] 48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Stevan Luther, M.D., 830 Ball St., Sedro-Woolley, WA 98284 49. MEDICORONER FILE NUMBER NJA-243			
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. Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 5 days			
		B. Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 wk.			
		C.		INTERVAL BETWEEN ONSET AND DEATH			
		D.		INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:							
54. ACC. SUICIDE, HOMICIDE, 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 x Sandra Velits, Deputy		63. DATE RECEIVED (Mo, Day, Yr) DEC 19 2000			



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DQH 01-003 (5/99)

# 2001 REAL ESTATE TAX STATEMENT

SKAGIT COUNTY TREASURER  
P.O. BOX 518, MOUNT VERNON, WA 98273

ACCOUNT NUMBER

350532-1-004-0000

P40482

KEEP THIS PORTION

Property Description: (1.00 AC) 1 AC TR & HOUSE IN PTN SE1/4 SW1/4 NE1/4 LY SLY OF MORFORD RD

0007653 AV \*\*AUTO T4 0 4006 98284-77613434  
JOHNSON MACK W  
11634 MORFORD RD  
SEDR0 WOOLLEY WA 98284-7761  
23302

CURRENT TAX DISTRIBUTION	
State Levy	159.05
Local School	50.10
County	99.23
City or Road	105.92
Port Dist	9.18
Fire Dist	51.48
Hospital	10.67
Other	6.11
Cemetery	6.11
Forest Fire	6.11
Dike	6.11
Drainage	26.10
Conservation Futures	26.10
Conservation	26.10
TOTAL CURRENT TAX	486.74

CURRENT TAX INFORMATION	
Land Value	43,000
Improvements/Buildings	111,700
TOTAL VALUE	129,700
Levy Code	3352
Levy Rate	8.55940
Voter Approved Tax	440.64
Non Voter Approved Tax	440.64
General Tax	1,712.82
Exemption (if any) A	1,272.18
Special Assessment	26.10
TOTAL CURRENT TAX	486.74

YEAR	INT/PEN	TAX
04/01		

First half tax paid after April 30th requires interest plus penalty on full amount.  
Second half tax becomes delinquent after OCTOBER 31st.  
TAX OF LESS THAN \$50.00 MUST BE PAID IN FULL.  
SEE REVERSE SIDE FOR OTHER INFORMATION.

Ad - 46674-3-23-2001  
Ch - 2522



## 2001 REAL ESTATE TAX STATEMENT

SKAGIT COUNTY TREASURER  
P.O. BOX 518, MOUNT VERNON, WA 98273

ACCOUNT NUMBER

350532-1-004-0109

P102269

KEEP THIS PORTION

Property Description: (5.57 AC) SOUTH SKAGIT ACRES 5.57 P  
TN SE1/4 SW1/4 NE1/4 LY SLY OF MORFORD RD LESS 1  
AC TR & HOUSE

0007653 AV \*\*AUTO T4 0 4006 98284-77613434  
JOHNSON MACK W  
11634 MORFORD RD  
SEDR0 WOOLLEY WA 98284-7761  
23302

CURRENT TAX DISTRIBUTION	
State Levy	75.07
Local School	107.81
County	46.85
City or Road	50.00
Port Dist	4.33
Fire Dist	24.30
Hospital	11.11
Other	2.41
Cemetery	14.90
Forest Fire	14.90
Dike	1.67
Drainage	1.67
Conservation Futures	1.67
Conservation	1.67
TOTAL CURRENT TAX	339.97

CURRENT TAX INFORMATION	
Land Value	24,300
Improvements/Buildings	24,300
TOTAL VALUE	24,300
Levy Code	3352
Levy Rate	13.30860
Voter Approved Tax	113.89
Non Voter Approved Tax	209.51
General Tax	323.40
Exemption (if any)	16.67
Special Assessment	16.67
TOTAL CURRENT TAX	339.97

First half tax paid after April 30th requires interest plus penalty on full amount.

Second half tax becomes delinquent after OCTOBER 31st.

TAX OF LESS THAN \$50.00 MUST BE PAID IN FULL.

SEE REVERSE SIDE FOR OTHER INFORMATION.

YEAR	INT/PEN	TAX
04/01		

Ad - 33997-2-23-2001  
Ch - 2522

BRING ALL PARTS WHEN PAYING IN PERSON