



200501280064
Skagit County Auditor

1/28/2005 Page 1 of 5 11:22AM

LACK OF PROBATE AFFIDAVIT

Order Number _____

State of _____

P47392 P119539

County of Skagit

GL 3. 35-36-2

Nancy K. Conner, Cynthia J Sullivan being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of Wilbur Vernon Hopley 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:
As described in the attached Exhibit

SECOND, that the Decedent died on the 10 day of December, 2004 in the City of Bow, County of Skagit, State of Washington.

THIRD, that said Decedent executed no Wills, agreements to convey, 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 instruments which have been duly recorded in the office of the Auditor's of said county, except as follows:

FOURTH, that the Estate of said Decedent at the date of death was of the approximate value of \$ 567,000 including real property above described, which had an approximate market value of \$ 267,000.00.

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 sickness and for funeral services have been paid.

SIXTH, that the decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS) including nursing facility services, home or community-based services, hospital, prescription drugs or any other services

SEVENTH, that the following lists comprise all of the heirs at law whom said Decedent was survived. (Show age of each heir opposite their name. If any heirs under 18, this Affidavit is not applicable.):

Nancy Kay Conner

Cynthia June Sullivan

Nancy K. Conner Cynthia J Sullivan
Signature of Affiant

DATED this 26 day of Jan, 2005.

State of Wash
County of Skagit) SS:

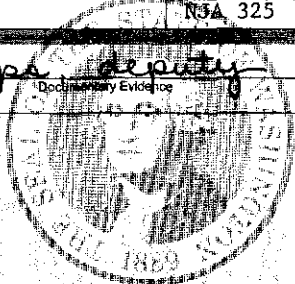
I certify that I know or have satisfactory evidence that Nancy Kay Conner, Cynthia June Sullivan is the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 1-26-05

Karan Q Thorson
Notary Public in and for the State of Wash
Residing at Burlington
My appointment expires: 3-1-09

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 896-04		Washington State Certificate of Death			State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Wilbur Vernon Hopley				2. Death Date 12/10/2004		
3. Sex (M/F) M	4a. Age - Last Birthday 80	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 538-16-9939	6. County of Death Skagit	
7. Birthdate 07/10/1924	8a. Birthplace (City, Town, or County) Burlington	8b. (State of Foreign Country) WA	9. Decedent's Education High School Graduate			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 10695 Samish Island Road				13b. City or Town Bow		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WA	13f. Zip Code + 4 98232	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 51 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage)		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Firefighter				18. Kind of Business/Industry (Do not use Company Name) N.A.S. Whidbey		
19. Father's Name (First, Middle, Last, Suffix) Wilbur John Hopley			20. Mother's Name Before First Marriage (First, Middle, Last) Faira Lucille Reece			
21. Informant's Name Nancy Conner		22. Relationship to Decedent Daughter	23. Mailing Address: Number & Street or RFD No. City or Town State Zip 10695 Samish Island Road, Bow, WA 98232			
24. Place of Death, if Death Occurred in a Hospital:				Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's home		
25. Facility Name (if not a facility, give number & street) 10695 Samish Island Road				25a. City, Town, or Location of Death Bow	26b. State WA	27. Zip Code 98232
28. Method of Disposition Cremation		29. Place of Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery		30. Location-City/Town, and State Mount Vernon, WA		
31. Name and Complete Address of Funeral Facility Hulbush Funeral Home & Cremation Service Burlington, WA 98233				32. Date of Disposition 12/11/2004		
33. Funeral Director Signature <i>[Signature]</i>						
Cause of Death (See instructions and examples)						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) →				a. Unspecified natural causes		Interval between Onset & Death unknown
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				b.		Interval between Onset & Death
				c.		Interval between Onset & Death
				d.		Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Hypertension, chronic alcoholism				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street: City or Town: _____ County: _____ State: _____ Zip Code + 4: _____				46. Describe how injury occurred		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48a. Certifying Physician - On the basis of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X		
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) John W. Probstoeszer, 1400 East Kincaid Street, Mount Vernon, WA 98274		
50. Hour of Death (24hrs) 0600				51. Name and Title of Attending Physician if other than Certifier (Type or Print)		
52. Date Certified (MM/DD/YYYY) DEC 10 2004		53. Title of Certifier M. D.		54. License Number		55. ME/Coroner File Number NSA 325
56. Was case referred to medical examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature X <i>[Signature]</i>		
58. Date Received (MM/DD/YYYY) DEC 10 2004				59. Record Amendment Item		



Skagit County Auditor

Affidavit for Correction

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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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization Medical Record School Record
 Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
 Insurance Records Birth Record Alien Registration Card (front and back)
 Marriage/Divorce Records Passport

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

DEC 13 2004



200501280064
Skagit County Auditor

Howard Leibrand
Skagit County Health Department
Howard Leibrand M.D., Health Officer

3800123122

680788 ✓

11839
SKAGIT COUNTY, WASHINGTON
Real Estate Excise Tax
PAID *E. H. Smith*
MAR 30 1966
Amount Paid \$ *None*
COUNTY TREASURER
BY *Carl* DEPUTY

CORRECTION STATUTORY WARRANTY DEED

The Grantor, SEATTLE-FIRST NATIONAL BANK, a national banking association, as Trustee of an undivided one-half interest in the real property described below, for and in consideration of fulfillment of contract obligation and correction of that certain Warranty Deed dated February 4, 1966, between the parties hereto, recorded in Volume 352 of Deeds, page 644, in hand paid, conveys and warrants to W. V. HOPLEY and MILDRED HOPLEY, husband and wife, the following described real property, situated in the County of Skagit, State of Washington:

That part of Gov't. Lot 3, Section 35, Township 36 North, Range 2 E.W.M., described as follows:

Beginning at a point on the north line of said Gov't. Lot 3, 42 rods and 6 feet (699 ft.) east of the N.W. corner thereof; thence South 0 degrees 13' 55" west 440.0 feet to the true point of beginning of this description; thence south 89 degrees 44' 30" east parallel to the north line of said Gov't. Lot 3 120.0 feet; thence south 0 degrees 13' 55" west to the meander line of mean high tide; thence westerly along said line of mean high tide to a point south 0 degrees 13' 55" west of the point of beginning; thence north 0 degrees 13' 55" East to the true point of beginning, less county road as now established.

This deed is given in fulfillment of that certain real estate contract between the parties hereto, dated September 10, 1955, and conditioned for the conveyance of the above described property, and the covenants of warranty herein contained shall not apply to any title, interest or encumbrance arising by, through or under the purchaser in said contract and shall not apply to any taxes, assessments or other charges levied, assessed or becoming due subsequent to the date of said contract.

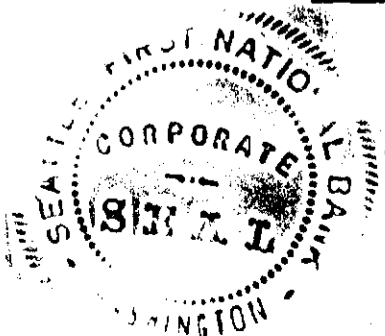
Real Estate Sales Tax was paid on this sale on May 9, 1956, Rec. No. 18506.

DATED this 28 day of March, 1966.

SEATTLE-FIRST NATIONAL BANK, Trustee

By:

[Signature]
Vice President
[Signature]
Trust Officer



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Skagit County Auditor

DEED
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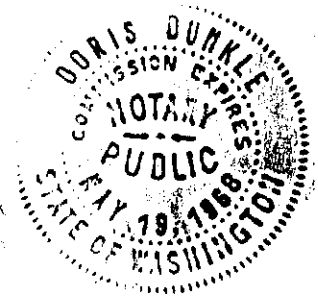
STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

On this 28 day of March, 1966, before me, the under-
signed, a Notary Public in and for the State of Washington, duly
commissioned and sworn, personally appeared Lawrence W. Smith
and Harold K. Vaughan, to me known to be the Vice President
and Trust Officer respectively, of Seattle-First National Bank, the
corporation that executed the foregoing instrument, and acknowledged
the said instrument to be the free and voluntary act and deed of said
corporation, for the uses and purposes therein mentioned, and on oath
stated that they were authorized to execute the said instrument and
that the seal affixed is the corporate seal of said corporation.

WITNESS my hand and official seal hereto affixed the day
and year in this certificate above written.

Doris Dunkle

Notary Public in and for the State of
Washington, residing at Bellingham.



200501280064
Skagit County Auditor

RECORDED
INDEXED
MAR 29 1966