

Elliott W Johnson Inc PS  
711 S. First St  
Mount Vernon, WA 98273



200704100001

**Skagit County Auditor**

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## Lack of Probate Affidavit

**Grantor(s):**

Leroy G. Haberly

**Grantee(s):**

## The Public

**Legal Description (abbreviated):**

1. SW NW S of Rly & E of Crk S20 T35N  
R5EWM
2. SSVP No 1, Lot E. Acres 2.50

**Assessor's Tax Parcel Number:**

1. 350520-2-006-0000 P40030
2. 4575-000-005-0004 P100515

**Reference:**

825551

In the Matter of the Estate of

**Janet Sonja Haberly,**

Deceased.

## Lack of Probate Affidavit

State of Washington )

SS.

County of Skagit )

**Leroy G. Haberly**, being first duly sworn, deposes and says:

Affidavit re:

## Community Property Agreement

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4/3/7 9:09

H:\EWJ\Haberly, LeRoy\703 Community Property Affidavit.wpd

**Elliott W. Johnson Inc. P.S.**

**711 South First Street**

Mount Vernon, WA 98273

**(360) 336-6502 Fax 336-5616**

**Email [Elliott@EWJLaw.com](mailto:Elliott@EWJLaw.com)**

1. I am the surviving spouse of **Janet Sonja Haberly** who died a resident of Skagit County, Washington at Sedro Woolley on February 23, 2007, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated October 23, 1975, and recorded October 30, 1975 under Skagit County Auditor's File No. 825551. A true and correct copy of this Community Property Agreement is attached hereto and incorporated herein. Attached also is a true and correct copy of the death certificate that was issued herein. This Community Property Agreement was validly executed and in full force and effect at the death of the decedent.

2. The decedent executed no wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering the assets listed below, any portion thereof, or any interest therein other than the instruments which have been duly recorded in the office of the Auditor of the location of the asset, except the above Community Property Agreement.

3. There are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness. The estate is fully solvent.

4. The decedent left surviving, in addition to the undersigned, the following children: Gail Hagen, Gary Haberly, Les Haberly, Loren Haberly, Glen Haberly.

5. 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.

6. There was no separate property.

7. Among other items of community property was the following described real estate:

**1. Residential Real Property located at 25080 Minkler Road, Sedro Woolley, Skagit County, Washington:**

That portion of the Southwest quarter of the Northwest quarter of Section 20, Township 35 North, Range 5 East W.M., lying Southerly of the State Highway right of way, (formerly the Fairhaven and Southern Railroad right of way) and Easterly of Hanson Creek.

Situate in the County of Skagit, State of Washington.

Affidavit re:

Community Property Agreement

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Elliott W. Johnson Inc. P.S.  
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(360) 376-6507 Fax 336-5616



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**2. Residential Real Property located at 20165 Okerlund Drive, Mount Vernon, Skagit County, Washington:**

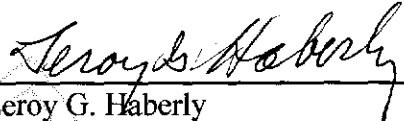
Tract "E" of "S.S.V.P. No. 1", as per plat recorded in Volume 15 of Plats, page 6 & 7, records of Skagit County, Washington.

**3. Interest in Snohomish County, Washington, Real Property:**

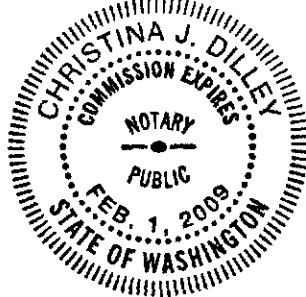
Lots 1, 3 and 4 as shown on Short Plat recorded in Volume 1 of Short Plats, pages 208 & 209, under Snohomish County Auditor's File No. 9405255013, being a portion of the West half of the Southwest quarter of Section 12, Township 31 North, Range 5 East, W.M.


4. Skagit State Bank account no 3770050038.

7. This affidavit is made to induce Title Companies to issue their policies of title insurance on real property passing to the surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations herein set forth. It is also made to assist in transferring bank account asset into the name of the undersigned.

  
Leroy G. Haberly

SUBSCRIBED AND SWORN to before me on April 3, 2007, by Leroy G. Haberly.



  
Notary Public CHRISTINA J. DILLEY  
My appointment expires: 2-1-2009

Affidavit re:

Community Property Agreement

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Skagit County Auditor

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## Agreement as to Status of Community Property

### After Death of One of the Spouses

#### Know All Men by These Presents:

That this agreement, made and entered into this 23rd day of October, 1975,  
by and between LeRoy G. Haberly  
and Janet S. Haberly, husband and wife,  
of Skagit County, State of Washington, WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised:

I.

That all property of whatsoever nature or description whether real, personal or mixed and where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said LeRoy G. Haberly  
and Janet S. Haberly have hereunto set their hands  
and seals this 23rd day of October, 1975.

Received at Oct. 30 1975 2:38 pm  
at request of Janet S. Haberly  
Luella Lee, Notary Public Co., Washington

LeRoy G. Haberly (SEAL)  
Janet S. Haberly (SEAL)

STATE OF WASHINGTON,

SS.

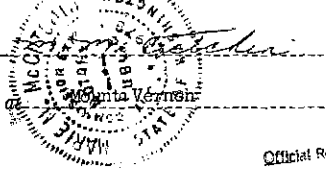
County of Skagit

This is to certify that on this 23rd day of October, 1975, before me  
Marie M. McCutchin a Notary Public in and for the State of Washington  
duly commissioned and sworn, personally came LeRoy G. Haberly

and Janet S. Haberly husband and wife, to me known to be the individuals  
described in and who executed the within instrument, and acknowledged to me that they signed  
and sealed the same as their free and voluntary act and deed for the uses and purposes therein  
mentioned.

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

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



Official Records

AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY  
Washington Legal Blank Co., Bellevue, Wa. Form No. 63

825551

VOL 200 PAGE 106



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Skagit County Auditor

2.00

825551

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LUELLA HENRY  
SKAGIT COUNTY AUDITOR

'75 OCT 30 PM 2:38

REQUESTED BY

REQUEST OF

James S. Halvick  
2306 Sinker Rd.  
Sedro-Woolley, Wn. 98284



200704100001

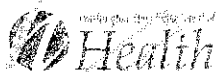
Skagit County Auditor

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>140-07</b>		<b>Washington State Certificate of Death</b>				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST <b>JANET SONJA HABERLY</b>						2. Death Date <b>Feb 23, 2007</b>	
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>74</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>[REDACTED]</b>		6. County of Death <b>Skagit</b>	
7. Birthdate <b>Mar 8, 1932</b>		8a. Birthplace (City, Town, or County) <b>Gilmore City</b>		8b. (State or Foreign Country) <b>Iowa</b>		9. Decedent's Education <b>High School Graduate</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>				11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>25080 Minkler Road</b>						13b. City or Town <b>Sedro-Woolley</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98284</b>	
14. Estimated length of time at residence. <b>33 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Leroy Haberly</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Home Maker</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Sven Anderson</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Brita Maakestad</b>			
21. Informant's Name <b>Leroy Haberly</b>		22. Relationship to Decedent <b>Spouse</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>25080 Minkler Rd., Sedro-Woolley, WA 98284</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>In-Patient</b>				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street or location) <b>United General Hospital</b>				26a. City, Town, or Location of Death <b>Sedro-Woolley</b>		26b. State <b>WA</b>	
27. Zip Code <b>98284</b>		28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mount Vernon Crematory</b>		30. Location-City/Town, and State <b>Mount Vernon, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Lemley Chapel, Inc. 1008 Third St., Sedro-Woolley, WA 98284</b>				32. Date of Disposition <b>February 23, 2007</b>			
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. <b>Pneumonia</b>				Interval between Onset & Death <b>3 wk</b>			
b. <b>Pulmonary emboli</b>				Interval between Onset & Death <b>3 days</b>			
c. <b>Venous thrombosis legs</b>				Interval between Onset & Death <b>7 days</b>			
d. <b>Cerebrovascular accident</b>				Interval between Onset & Death <b>2 mos.</b>			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Diabetes</b>				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 checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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: _____				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
46. Describe how injury occurred				48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated <b>X Vanoy Smith M.D.</b>			
48b. Medical Examiner/Coroner - On the basis of examination, autopsy investigation, or my opinion, death occurred at the time, date, and place(s) and due to the cause(s) and manner stated <b>X</b>				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Vanoy Smith, M.D. 1990 Hospital Dr. #100, Sedro-Woolley, WA 98284</b>		50. Hour of Death (24hrs) <b>0130 hrs.</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) <b>February 23, 2007</b>			
53. Title of Certifier <b>Physician</b>		54. License Number <b>MD00011933</b>		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) <b>FEB 23 2007</b>			
59. Amendments							



**200704100001**  
**Skagit County Auditor**



# Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

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

## STATE OFFICE USE ONLY

State File Number:	File Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: <input checked="" type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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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 executor/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 facts (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.

DOH/CHS 020 Rev. 9/2002

**\*CERTIFIED\***



200704100001

Skagit County Auditor

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FEB 26 2007

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