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200709140103
Skagit County Auditor

9/14/2007 Page 1 of 4 12:08PM

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DOCUMENT TITLE(S): <i>LACK OF PROBATE AFFIDAVIT</i>
AUDITOR FILE NUMBER & VOL. & PG. NUMBERS OF DOCUMENT(S) BEING ASSIGNED OR RELEASED:
Additional reference numbers can be found on page _____ of document.
GRANTOR(S): Sharon Eileen Lofton
Additional grantor(s) can be found on page <u>1</u> of document.
GRANTEE(S): John L. Lofton
Additional grantee(s) can be found on page <u>1</u> of document.
ABBREVIATED LEGAL DESCRIPTION: (Lot, block, plat name OR; qtr/qtr, section, township and range OR; unit, building and condo name.) Portion of Lots 8, 9, and 10, Block 8 of "Reserve Addition to the Town of Montborne", Skagit Co, wa
Additional legal(s) can be found on page _____ of document.
ASSESSOR'S 16-DIGIT PARCEL NUMBER: <i>P-115691</i> 4136-008-006-0000
Additional numbers can be found on page _____ of document.

LACK OF PROBATE AFFIDAVIT RE: COMMUNITY PROPERTY ORDER NO. 70102105

STATE OF WASHINGTON
COUNTY OF SKAGIT

Pamela L. Brown, being first duly sworn, deposes and says:

THAT the undersigned is the surviving spouse of Sharon E. Lofton, who died at _____, Washington on the 17th day of Dec., 2003, a certified copy of the death certificate of said decedent being attached hereto;

- having provided for the disposition of all community property as between undersigned and said decedent spouse under Community Property Agreement dated _____, 20____, recorded under King county recording No. _____, a copy of which is attached hereto; or
- having not executed a Community Property Agreement, but attesting that the below described property was held as community property;

THAT there are NO unpaid creditors of said decedent or of the former marital community, nor unpaid funeral or burial expenses, nor expenses of last illness, and all applicable federal and state inheritance taxes have been fully paid, EXCEPT as follows:

- THAT the decedent:
- left no last Will; or
 - left a last Will which has not been probated, a true copy of which is attached hereto, and the same was never revoked; or
 - left a last Will which was probated in _____ county Superior Court cause No. _____, state of _____, and an authenticated copy of the Order Admitting said Will to probate or the Decree of Distribution is attached hereto;

THAT the value of the community estate as of the date of death, including all real and personal property was approximately \$ 170,000, and the value of all separate property of said decedent was approximately \$ 200 dollars as of the date of death. Among other items of community property was the real estate described on page 2 attached hereto;

This affidavit is made to induce Transcontinental Title Insurance Company to issue its policies of title insurance on real property, passing title to the surviving spouse by virtue of said community property survivorship agreement and/or the laws of succession and descent, in reliance upon the representations herein above set forth.

John S. Lofton
(signature of surviving spouse)

Subscribed and sworn to before me this 20 day of July, 2009 [Signature]
Notary Public and for the state of Washington,
residing at Here
My appointment expires Jan 06 2010



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

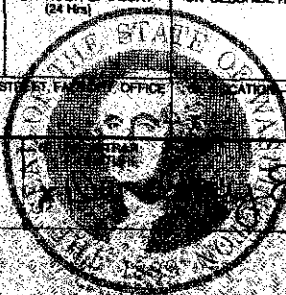
TYPE OR PRINT IN PERMANENT BLACK INK

1037-03
LOCAL FILE NUMBER

Health
CERTIFICATE OF DEATH

146 3 44066

1. NAME First Middle Last Sharon Eileen Lofton			2. SEX (M/F) F	3. DEATH DATE (Mo, Day, Yr) December 17, 2003		
4. AGE LAST BIRTHDAY (Yr) 65	5. UNDER 1 YEAR MOS DAYS 	6. UNDER 1 DAY HOURS MINS 	7. BIRTHDATE (Mo, Day, Yr) Dec 15, 1938	8. BIRTHPLACE (City, State or Foreign Country) Cody, WY		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon			12. PLACE OF DEATH -- <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RMOUT PTN. <input type="checkbox"/> HOSP. <input type="checkbox"/> OTHER PLACE 24168 Mahonia Lane			13. SMOKING IN LAST 15 YEARS? (Yes/No) Yes
14. MARITAL STATUS -- Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) John Lofton		16. SOCIAL SECURITY NO. 520-36-5135		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 10 College (1-4 or 5+)
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		19. KIND OF BUSINESS OR INDUSTRY Roma		20. Was Decedent of Hispanic origin or descent? (Specify race) (Yes/No) Specify: White		21. RACE (Specify) White
22. RESIDENCE -- NUMBER AND STREET 24168 Mahonia Lane		23. CITY/TOWN OR LOCATION Mount Vernon		24. INSIDE CITY LIMITS? (Yes/No) No		25. COUNTY Skagit
26. LENGTH OF RES. IN CO. 3y		27. STATE WA		28. ZIP CODE 98274-		
29. FATHER'S NAME -- FIRST, MIDDLE, LAST Lester Pirrie			30. MOTHER'S NAME -- FIRST, MIDDLE, MAIDEN SURNAME Bernice Cunningham			
31. INFORMANT -- NAME John Lofton		32. MAILING ADDRESS -- STREET OR RFD NO. CITY OR TOWN STATE ZIP 24168 Mahonia Lane Mount Vernon, WA 98274-				
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		34. DATE (Mo, Day, Yr) 12-19-2003		35. CEMETERY/CREMATORY -- NAME Hawthorne Memorial Park		
36. LOCATION -- CITY/TOWN, STATE Mount Vernon Washington		37. FUNERAL DIRECTOR SIGNATURE [Signature]		38. NAME OF FACILITY Skagit Cremation Services, LLC		
39. ADDRESS OF FACILITY Mount Vernon, WA 98273		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 [Signature]				
40. DATE SIGNED (Mo, Day, Yr) 12/19/03		41. HOUR OF DEATH (24 Hrs.) 0015		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 [Signature]		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) JEROME DINGER, M.D.		44. DATE SIGNED (Mo, Day, Yr) 		45. HOUR OF DEATH (24 Hrs.) 		
46. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 1415 East Kincaid, Mount Vernon, WA, WA 98273		47. HOUR PRONOUNCED DEAD (24 Hrs.) 		48. ME/CORONER FILE NUMBER NJA-334		
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death): Hepatobiliary cancer DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. A. DUE TO, OR AS A CONSEQUENCE OF: B. DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. DUE TO, OR AS A CONSEQUENCE OF:						
51. OTHER SIGNIFICANT CONDITIONS -- CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:		52. AUTOPSY? (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes		
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. RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY EVIDENCE		61. REVIEWED BY DATE		62. DATE RECEIVED (Mo., Day, Yr) DEC 19 2003		



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Affidavit for Correction

Center for Health Statistics
P.O. Box 9706
Olympia, WA 98507-9706
(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
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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: _____

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, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, Passport, School Record, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back)

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 DPH/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 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.

DOH/CHS 023 (Rev. 9/2002)

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