

When Recorded Return to:

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



200807100094

Skagit County Auditor

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## Lack of Probate Affidavit

**Grantor(s):**

Walter D. Hudson

**Grantee(s):**

The Public

**Legal Description** (abbreviated):

Mt Baker View Add to Mt Vernon Lot 64

**Assessor's Tax Parcel Number:**

3745-000-064-0007 P53809

**Reference:**

In the Matter of the Estate of

June Rose Hudson,

Deceased.

Lack of Probate Affidavit

State of Washington )

) ss.

County of Skagit )

**Walter D. Hudson**, being first duly sworn, deposes and says:

Affidavit re:

Community Property Agreement

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H:\EWJ\Hudson, Walter\807 Affidavit re Community Property Agreement.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

1. I am the surviving spouse of **June Rose Hudson** who died at a resident of Skagit County, Washington at Mount Vernon on June 15, 2008, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated July 24, 1990. 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: Virginia E. Martin, Mary A. Hudson, Nancy M. Hudson and Barbara J. Kaufman.

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 and personal property:

a. **3745-000-064-0007 P53809**

Lot 64, PLAT OF MOUNT BAKER VIEW ADDITION, according to the plat thereof, recorded in Volume 7 of Plats, pages 67 & 68, records of Skagit County, Washington.

b. **Skagit State Bank Account**

Skagit State Bank Account No. 3881006060

Affidavit re:  
Community Property Agreement

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1111 1st Street



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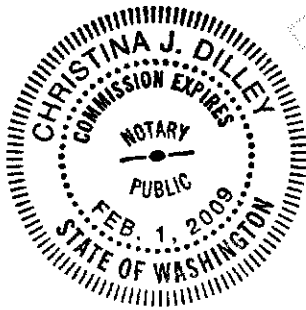
c. **Vehicles and Misc Personal Property**

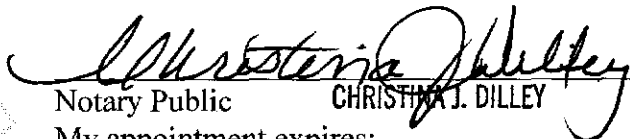
All vehicles, household furnishings and all other personal property, wheresoever situated of any nature whatsoever

8. 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.

  
\_\_\_\_\_  
Walter D. Hudson

SUBSCRIBED AND SWORN to before me on July 10 2008 by Walter D. Hudson.



  
Notary Public CHRISTINA J. DILLEY  
My appointment expires:

Affidavit re:  
Community Property Agreement

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Elliott W. Johnson Inc. P.S.



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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 24 day of July 1990, by and between WALTER D. HUDSON and JUNE R. HUDSON, husband and wife, 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.

All property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by the parties, or either of them, in any manner, including any separate property, shall be considered and is hereby declared to be community property, and each hereby conveys and quit claims to the other his or her interest in any separate property he or she may now own or hereafter acquire so as to convert the same to community property.

II.

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

IN WITNESS WHEREOF, the said WALTER D. HUDSON and JUNE R. HUDSON have hereunto set their hands this 24th day of July 1990.

Witnesses:

Janette M. Ship  
Katherine M. Angwine

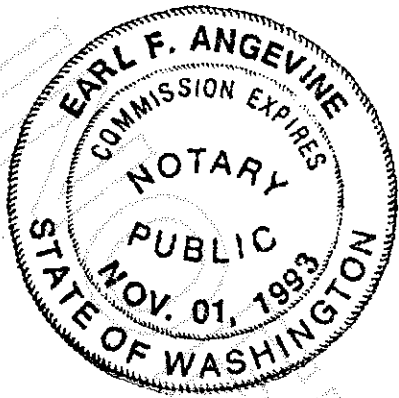
Walter D. Hudson  
WALTER D. HUDSON

June R. Hudson  
JUNE R. HUDSON

STATE OF WASHINGTON )  
                                      ) SS.  
COUNTY OF SKAGIT    )

I certify that I know or have satisfactory evidence that WALTER D. HUDSON and JUNE R. HUDSON, husband and wife, signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.





Dated July 24, 1990.  
Signature of Notary Public

Earl F. Angevine

Notary Public in and for the State  
of Washington, residing  
at Mount Vernon  
My appointment expires 11-1-93

OFFICIAL DOCUMENT



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 509-08 Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any): First Middle LAST <u>June Rose Hudson</u>			2. Death Date <u>06/15/2008</u>		
3. Sex (M/F) <u>F</u>	4a. Age - Last Birthday <u>79</u>	4b. Under 1 Year Months Days <u>0 0</u>	4c. Under 1 Day Hours Minutes <u>0 0</u>	5. Social Security Number	6. County of Death <u>Skagit</u>
7. Birthdate	8a. Birthplace (City, Town, or County) <u>Saginaw</u>	8b. (State or Foreign Country) <u>Michigan</u>	9. Decedent's Education <u>High School Graduate</u>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <u>No</u>				11. Decedent's Race(s) <u>Caucasian</u>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <u>601 N 21st St.</u>			13b. City or Town <u>Mount Vernon</u>		
13c. Residence: County <u>Skagit</u>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <u>Washington</u>	13f. Zip Code + 4 <u>98273</u>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <u>32 Years</u>		15. Marital Status at Time of Death <u>Married</u>		16. Surviving Spouse's Name (Give name prior to first marriage) <u>Walter Hudson</u>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE)) <u>Secretary</u>			18. Kind of Business/Industry (Do not use Company Name) <u>Catholic School</u>		
19. Father's Name (First, Middle, Last, Suffix) <u>Charles Breitag</u>			20. Mother's Name Before First Marriage (First, Middle, Last) <u>Elena</u>		
21. Informant's Name <u>Walter Hudson</u>		22. Relationship to Decedent <u>Husband</u>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <u>601 N 21st St. Mount Vernon WA 98273</u>		
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital:					
25. Facility Name (If not a facility, give number & street or location) <u>Skagit Valley Hospital</u>			26a. City, Town, or Location of Death <u>Mount Vernon</u>	26b. State <u>WA</u>	27. Zip Code <u>98274</u>
28. Method of Disposition <u>Cremation</u>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <u>Hawthorne Memorial Park</u>		30. Location-City/Town, and State <u>Mount Vernon, WA</u>	
31. Name and Complete Address of Funeral Facility <u>Hawthorne Funeral Home, 1825 E. College Way Mount Vernon WA 98273-0398</u>				32. Date of Disposition <u>June 17 2008</u>	
33. Funeral Director Signature X <u>[Signature]</u>					
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. <u>Cerebral Edema</u>		Interval between Onset & Death <u>17 hours</u>
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. <u>metastatic carcinoma to brain from lung</u>		Interval between Onset & Death <u>3 months</u>
			c. <u>Carcinoma of Lung</u>		Interval between Onset & Death <u>7 year</u>
			d.		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" 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"/> 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 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: _____			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			48. If transportation injury, specify:		
48a. Certifying Physician - (Name, title, address, phone number, and date of knowledge obtained occurred at the time, place, and date to the cause of death)			48b. Medical Examiner/Coroner - (Name, title, address, phone number, and date of knowledge obtained occurred at the time, place, and date to the cause of death)		
49. Name and Address of Certifying Physician, Medical Examiner or Coroner (Type or Print) <u>James Biesecker, 1310 East Division Mount Vernon, WA 98274</u>			50. Hour of Death (24hrs) <u>1825</u>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) <u>6-17-08</u>		
53. Title of Certifier <u>Pathologist</u>		54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <u>[Signature]</u>			58. Date Received (mm/dd/yyyy) <u>JUN 17 2008</u>		
59. Amenoments					



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