

AFTER RECORDING RETURN TO:

Name William R. Allen, Attorney

Address P.O. Box 437

City, State, Zip Sedro Woolley, WA 98284



200902040062
Skagit County Auditor

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COVER SHEET

Document Title: Lack of Probate Affidavit

Reference Number(s) of Documents Assigned or Released:

Grantor(s):

1. Mack R.E. Burleson
2. Patricia Burleson

Grantee(s):

1. Mack R.E. Burleson
2. Patricia Burleson
3. Public

Abbreviated Legal Description: Ptn of SE 1/4 of NE 1/4 of Sec. 32, T35N, R5E, W.M.

Assessor's Property Tax Parcel/Account Number(s): 350532-1-005-0504/P40489

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
: ss.
COUNTY OF SKAGIT)

PATRICIA BURLESON, being first duly sworn on oath, deposes and says:

THAT Affiant is the surviving spouse of MACK R.E. BURLESON, who died at Sedro Woolley, on the ninth day of November, 2008, in Skagit County, State of Washington. A copy of the death certificate is attached hereto.

THAT at the time of his death, decedent's sole surviving heir at law was his spouse, Patricia Burleson.

THAT among items of community property was real estate described as follows:

See attached EXHIBIT A for legal description, by this reference made a part hereof.

Situated in the County of Skagit, State of Washington.

Tax Account No. 350532-1-005-0504/P40489
Address: 11698 Morford Road, Sedro Woolley, Washington 98284

THAT the Affiant and the deceased acquired said property as community property under deed recorded under Skagit County Auditor's File No. 8806230024.

THAT the Affiant and the deceased provided for the conversion of separate property to community property and for the disposition of all community property by Community Property Agreement dated November 8, 2004, and recorded concurrently herewith.

THAT there are no unpaid creditors of said decedent, Mack R.E. Burleson, or of the former marital community nor unpaid funeral expense, or expenses of last illness.

THAT Affiant knows of her own knowledge, and so states, that each and all of the obligations against the estate of said decedent, Mack R.E. Burleson (including but not limited to all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

THAT the decedent left a Will, a copy of which is attached hereto; the decedent's estate is not being probated; the estate of the decedent is exempt from State and/or

BurlesonM/LackProbAff



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EXHIBIT A
Legal Description
11698 Morford Road, Sedro Woolley, WA 98284
Tax Account No. 350532-1-005-0504/P40489

That portion of the S 1/2 of the SE 1/4 of the NE 1/4 of Section 32, Township 35 North, Range 5 E.W.M., lying Southerly and Westerly of the Morford County Road as conveyed by Deeds recorded April 28, 1944 and August 19, 1946, under Auditor's file Nos. 371072 and 395086, respectively;

TOGETHER WITH:

That portion of the Southeast 1/4 of the Southwest 1/4 of the Northeast 1/4 of Section 32, Township 35 North, Range 5 East, W.M. described as follows:
Begin at the Southeast corner of said subdivision; thence North 00 degrees 05' 21" West, a distance of 190.22 feet; thence South 23 degrees 54' 04" West, a distance of 209.05 feet to the South line of said subdivision; thence North 89 degrees 23' 35" East, a distance of 85.00 feet to the Point of Beginning.

EXCEPT:

That portion of the South 1/2 of the Southeast 1/4 of the Northeast 1/4 of Section 32, Township 35 North, Range 5 East, W.M., described as follows:
Begin at the Southwest corner of said subdivision; thence North 00 degrees 05' 21" West along the West line of said subdivision, a distance of 190.22 feet to the True Point of Beginning; thence North 23 degrees 54' 04" East, a distance of 190.23 feet to the Southerly right-of-way line of the Morford Road, as conveyed to Skagit County by Auditor's File Numbers 371072 and 395086; thence North 65 degrees 35' 01" West along said Southerly line, a distance of 85.00 feet to the West line of said subdivision; thence South 00 degrees 05' 21" East along said West line, a distance of 209.05 feet to the True Point of Beginning.



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death State File Number: _____

Local File Number: **98A-08**

1. Legal Name (Last, First, Middle): **MACK R.E. BURLISON** 2. Death Date: **Nov 9, 2008**

3. Sex (M/F): **Male** 4. Age: **74** 5. Under 1 Year: **None** 6. Social Security Number: **[REDACTED]** 7. County of Death: **Skagit**

8. Birth Date: **May 27, 1934** 9. Birth Place (City, Town, or County): **Spruce Pine** 10. State or Foreign Country: **North Carolina** 11. Decedent's Education: **unknown**

12. Was Decedent in U.S. Armed Forces? **No**

13a. Residence: Number and Street (e.g., 824 SE 5th St.) (Include Apt. No.): **11698 Morford Road** 13b. City or Town: **Sedro-Woolley**

13c. Residence: County: **Skagit** 13d. Tribal Reservation Name (if applicable): _____ 13e. State or Foreign Country: **Washington** 13f. Zip Code: **98284** 13g. Inside City Limits? **No**

14. Estimated length of time at residence: **23 years** 15. Marital Status at Time of Death: **Married** 16. Surviving Spouse's Name (Give name prior to first marriage): **Patricia Rayfield**

17. Usual Occupation (Indicate type of work done during most of working life. Do not use retirement): **Heavy Equipment Operator** 18. Kind of Business/Industry (Do not use Company Name): **Construction**

19. Father's Name (First, Middle, Last): **Robert Burlison** 20. Mother's Name Before First Marriage (First, Middle, Last): **Lula Jones**

21. Informant's Name: **Patricia Burlison** 22. Relationship to Decedent: **Wife** 23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip: **11698 Morford Road Sedro-Woolley, WA 98284**

24. Place of Death, if Death Occurred in a Hospital: **Decedent's Residence** 25. Facility Name (if not a facility, give number & street or location): **11698 Morford Road** 26a. City, Town, or Location of Death: **Sedro-Woolley** 26b. State: **WA** 27. Zip Code: **98284**

28. Method of Disposition: **Burial** 29. Place of Final Disposition (Name of cemetery, crematory, other place): **Clear Lake Cemetery** 30. Location: City, Town, and State: **Clear Lake, Washington**

31. Name and Complete Address of Funeral Facility: **Lemley Chapel, Inc 1008 Third Street Sedro-Woolley, WA 98284** 32. Date of Disposition: **November 14, 2008**

33. Funeral Director Signature: **Rich Lemley**

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): **9 APRIC ACIDIC CHANGING** Interval between Onset & Death: **14 MONTHS**

Underlying Cause (Disease or injury that initiated the events resulting in death): _____ Interval between Onset & Death: _____

Other significant conditions contributing to death but not resulting in the underlying cause given above: _____ Interval between Onset & Death: _____

35. Autopsy? ☐ Yes ☒ No 36. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No

37. Member of Death: ☒ Natural ☐ Homicide ☐ Undetermined ☐ Suicide ☐ Pending 38. If female: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

39. Did tobacco use contribute to death? ☐ Yes ☒ No ☐ Probably ☐ Unknown

40. Injury at Work? ☐ Yes ☒ No ☐ Unk

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): _____ Apt. No.: _____

44. Location of Injury: Number & Street: _____ City or Town: _____ County: _____ State: _____ Zip Code: _____

45. Describe how injury occurred: _____ 46. If transportation injury specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify): _____

47a. 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: _____ 47b. 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: _____

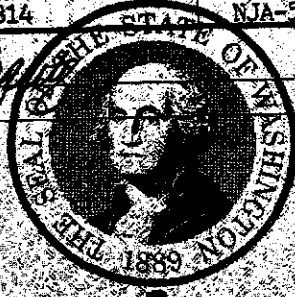
48. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **Denis Harlock, MD 830 Ball Street Sedro-Woolley, WA 98284** 49. Hour of Death (24hrs): **2253 hrs**

50. Name and Title of Attending Physician (Other than Certifier) (Type or Print): **Stevan Luther** 51. Date Signed (mm/dd/yyyy): **November 10, 2008**

52. Title of Certifier: **Physician** 53. License Number: **MD00041814** 54. ME/Coroner File Number: **NJA-518** 55. Was case referred to ME/Coroner? ☒ Yes ☐ No

56. Registrar Signature: **Betty Jo Angell** 57. Date Received (mm/dd/yyyy): **NOV 10 2008**

58. Amendments: _____



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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	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: <input 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:

The Record now shows:	The True fact is:
6.	7.
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 forgoing 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.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED



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

QQ00157454

Last Will and Testament of MACK R.E. BURLESON

I, MACK R.E. BURLESON, of Skagit County, Washington, being of legal age and sound and disposing mind and memory and not acting under any duress, menace, fraud or undue influence, do hereby make, publish, and declare this to be my Last Will and Testament as follows:

ARTICLE I REVOCATION OF PRIOR WILLS

I hereby revoke all Wills and Codicils previously made by me.

ARTICLE II IDENTIFICATION OF FAMILY

My family now consists of my spouse, Patricia Lee Burleson, and my adult children, namely: Brenda Sue Johnson, Robert Mack Burleson, and Jerney Wade Burleson. I have no deceased children with lineal descendants now living. For all purposes under this, my Last Will and Testament, whether for the determination of relationship or otherwise, adopted children of any person shall be given exactly the same status as the birth children of that person. Except as hereinafter provided, I make no bequest or devise to my children who survive me, nor for the descendants of any child who does not survive me.

ARTICLE III BEQUEST BY SEPARATE WRITING

If my spouse does not survive me, or we die under circumstances where it is impossible to determine who deceased first, I give, devise and bequeath such item(s) of tangible (touchable) personal property not otherwise specifically disposed of by this Will to such person or persons as may be indicated in a separate writing as provided for under RCW 11.12.260 and any other applicable law.

ARTICLE IV BEQUEST AND DEVISE TO SPOUSE

If my spouse survives me, I give, devise, and bequeath to her all of the rest, residue and remainder of my estate, of any kind or nature whatsoever, real or personal, tangible or intangible, wheresoever situated.



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William R. Allen
PO Box 437
Sedro-Woolley, WA 98284

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MB
Testator's Initials

**ARTICLE V
DISPOSITION OF RESIDUE**

If my spouse does not survive me, or we die under circumstances where it is impossible to determine who deceased first, then, in that event, I make the following devises and bequests:

A. I give, devise and bequeath unto my son, Jerney Wade Burleson, if he survives me, my home and property located at 11698 Morford Road, Sedro Woolley, Washington, Skagit County tax account numbers: 350532-1-005-1000/P107909 and 350532-1-005-0504/P40489, and more fully described on the attached Exhibit A, by this reference made a part hereof. If he should predecease me, I give, bequeath and devise said property to my daughter in law, Karen Burleson.

B. I declare that presently my spouse and I have a bank account at Bank of America that is held "POD" with our son, Jerney Wade Burleson. It is my intent that this account, and any other bank account in which I have an interest at the time of my death, and the remainder of my estate be transferred and held in trust by Jerney Wade Burleson, as trustee, for the benefit of our three grandchildren as beneficiaries, namely: Klayton Ray Burleson Waldron, Natessa Rochelle McIntyre, and Saraya Lee Ilia Burleson, equally, share and share alike, under the following trust provisions set out in Article VI. If he should predecease me, I appoint my daughter in law, Karen Burleson, as alternate trustee.

**ARTICLE VI
CONTINGENT TRUST FOR GRANDCHILDREN**

- a. The trust estate shall be divided into separate but equal funds for my grandchildren.
- b. The Trustee shall preserve the funds for Klayton Burleson and Natessa McIntyre until such time as they reach the age of 30. Except for medical emergencies, no distribution shall be made to Klayton or Natessa until they reach the age of 30, at which time they shall be entitled to distribution of their entire share. With respect to the funds held for the benefit of Saraya Lee Ilia Burleson, the Trustee from time to time shall pay or apply for her benefit so much of the income and principal of her trust fund as the Trustee shall deem proper for the her education, health, and maintenance, bearing in mind that in establishing this trust my primary purpose is to provide for her higher education. By "education", I mean college, university, graduate school, and all other types of general or special educational training, as well as travel and recreational activities of an educational nature, such as study programs, trips to foreign countries and summer camps. If any funds remain in Saraya's trust fund when she reaches the age of 30, the Trustee shall then distribute the remainder of said funds to her and the trust shall terminate.

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- c. When each grandchild reaches the age of thirty (30) years, the Trustee shall distribute to such grandchild the balance of his or her trust fund, and this trust shall terminate with respect to such grandchild.
- d. In the event any grandchild should die before receiving his or her full distributive share of the trust estate, his or her share shall pass to the benefit of the surviving grandchild or grandchildren, subject to the provisions of this trust.
- e. I direct that no interest of any beneficiary in the income or principal of the trust shall be anticipated, alienated or encumbered or subject to any creditor's claim or to any legal process of any kind. If, by reason of a bankruptcy, judgment or any other cause, any income or principal would, except for this provision, vest in or be enjoyed by any person other than the beneficiary intended by the terms of this instrument, then such principal or income shall not be distributed, but shall be withheld by the Trustee during the life of the beneficiary or any shorter period or periods, in the absolute discretion of the Trustee.

ARTICLE VII PERSONAL REPRESENTATIVE/BOND WAIVER/ NON-INTERVENTION

I hereby nominate and appoint my said spouse, Patricia Lee Burleson, to serve as sole personal representative of this, my Last Will and Testament. If she fails to qualify or is unable or unwilling to so act, or fails to survive me, then I appoint my son, Jermeiy Wade Burleson, as alternate personal representative, or if he should predecease me, my daughter in law, Karen Burleson, as second alternate personal representative.. This Will shall be a non-intervention Will and I direct that my personal representative shall act without bond and without intervention of any court, insofar as possible, and shall have the power, whether or not necessary for the administration of my estate, to sell, exchange, lease, mortgage, pledge, trade and otherwise deal with, or dispose of, the whole or any part of my estate.

IN WITNESS WHEREOF, I hereunto set my hand this 12 day of
OCT, 2006.

Mack R.E. Burleson
MACK R.E. BURLESON



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William R. Allen
PO Box 437
Sedro-Woolley, WA 98284

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MB
Testator's Initials

This instrument, consisting of ⁴five pages of which this is page ⁴five, was on the date hereof signed by MACK R.E. BURLESON and published and declared by MACK R.E. BURLESON to be his Last Will and Testament in the presence of us, who at his request and in his presence and in the presence of each other have hereunto signed our names as witnesses hereto.

William R Allen
William R. Allen
Residing at: Burlington, Washington

Tom Fair
Print Name: Tom FAIR
Residing at: Burlington



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