

**Return Address:**

Indecomm Global Services  
2925 Country Drive  
St. Paul, MN 55117



201407210067

Skagit County Auditor

\$78.00

7/21/2014 Page

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7 10:35AM

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

**Document Title(s)** (or transactions contained therein): (all areas applicable to your document must be filled in) **LACK OF PROBATE AFFIDAVIT** Rec 1st

**Reference Number(s) of related Documents:**

Additional reference #'s on page \_\_\_\_\_ of document

**Grantor(s)** (Last name, first name, initials)

LOFTON, SHARON E

Additional names on page \_\_\_\_\_ of document.

**Grantee(s)** (Last name first, then first name and initials)

LOFTON, JOHN L

Additional names on page \_\_\_\_\_ of document.

**Trustee**

**Legal description** (abbreviated: i.e. lot, block, plat or section, township, range)

PTN LT 10, BLK 8, RESERVE ADD

Additional legal is on page 5 of document.

**Assessor's Property Tax Parcel/Account Number**

P115691/4136-008-006-0000

Assessor Tax # not yet assigned

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein. USR / 79453106

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Chior Xiong

Signature of Requesting Party

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)  
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**

Title Insurance Commitment No.: 59071253 County: Skagit

Rec 1st

59071253-2576400

79453106

STATE OF WASHINGTON)

SS:

COUNTY OF SKAGIT )

The undersigned, John L. Lofton, executes this affidavit relating to the estate of Sharon E. Lofton, (herein "Decedent"), who died on 12/17/2003, in the County of SKAGIT, State of Washington, then being a resident of the City of Mount Vernon, County of Skagit, State of Washington. (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Surviving child of the Decedent
- Registered domestic partner of the Decedent
- One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington,
- Other (identify) \_\_\_\_\_

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); **and**
3. ***all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death.***

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_



That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

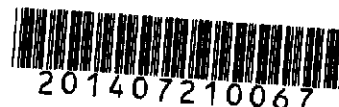
- Community property
- Separate property
- Joint tenancy property

**CHECK ALL BOXES WHICH APPLY IN EACH SECTION:**

1. That on the date the Real Estate was purchased the Decedent was:
  - X married to John L. Lofton.
  - Unmarried, not a registered domestic partner
  - Unmarried, a registered domestic partner of: \_\_\_\_\_.
2. That on the date of death the Decedent was:
  - X married to John L. Lofton.
  - Unmarried, not a registered domestic partner
  - Unmarried, a registered domestic partner of: \_\_\_\_\_.
3.  That the decedent left a Will, a copy of which is attached hereto.  
 That the decedent left no Will.  
 That the decedent executed a Community Property Agreement. It was recorded under \_\_\_\_\_ County recording number \_\_\_\_\_. (If unrecorded, attach a copy)
4.  That the decedent's estate is not being probated.  
 That the decedent's estate is subject to probate proceedings in \_\_\_\_\_ County, State of \_\_\_\_\_, under Probate No. \_\_\_\_\_
5.  That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.  
 That State and/or Federal succession or inheritance taxes in the amount of \$\_\_\_\_\_ have been paid. Copies of the release/discharge are attached hereto.  
 That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5.  That the decedent has not received assistance from the State of Washington for medical care.  
 That the decedent has received assistance from the State of Washington for medical care.  
 That the State of Washington has been fully reimbursed for assistance for medical care.

*(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy.)*

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or



more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (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, except as follows (use reverse side or attach a list if necessary): \_\_\_\_\_

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ \_\_\_\_\_, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ \_\_\_\_\_, and including the value of Decedent's separate property, if any, of approximately \$ \_\_\_\_\_, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ \_\_\_\_\_.

This affidavit is made to induce **Fidelity National Title INSURANCE COMPANY** (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: MAY 27, 2014

John L. Lofton  
(Signature)

John L. Lofton

(Print or type full name)

2416 WATSON LN. MT. VERNON, WA 98274

(Full address and telephone number)

360-422-7271

SUBSCRIBED and SWORN TO before me this 27<sup>th</sup> day of MAY, 2014

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

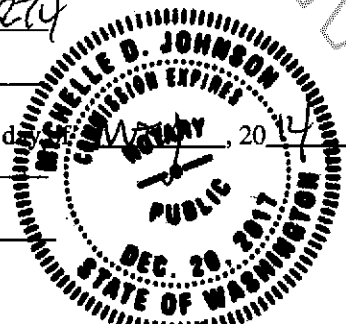


EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): P115691

Land Situated in the City of MOUNT VERNON in the County of Skagit in the State of WA

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SKAGIT, STATE OF Washington, AND IS DESCRIBED AS FOLLOWS:

PORTION OF LOT 10 OF BLOCK 8 OF RESERVE ADDITION TO THE TOWN OF MONTBORNE, AS RECORDED IN

VOLUME 2, PAGE 59, RECORDS OF SKAGIT COUNTY, WASHINGTON, TOGETHER WITH THAT PORTION OF THE

VACATED NORTHERN PACIFIC RAILROAD RIGHT OF WAY AND THE VACATED PORTION OF GRANT STREET

DEFINED AS FOLLOWS:

BEGINNING AT A POINT 32.50 FEET NORTHWESTERLY AND 30 FEET SOUTHWESTERLY OF THE SOUTHEAST

CORNER OF LOT 10;

THENCE SOUTH 75.79 FEET;

THENCE NORTHWESTERLY 113.43 FEET;

THENCE NORTHEASTERLY 88.73 FEET;

THENCE SOUTHEASTERLY 112 FEET TO THE POINT OF BEGINNING.

(ALSO SHOWN OF RECORD AS LOT 6 OF SURVEY RECORDED JUNE 8, 2000 UNDER AUDITOR'S FILE NO.

200006080127 AND AMENDED BY SURVEY RECORDED AUGUST 30, 2000 UNDER AUDITOR'S FILE NO.

200008300077, RECORDS OF SKAGIT COUNTY, WASHINGTON.)

SITUATED IN SKAGIT COUNTY, WASHINGTON.

Parcel ID: P115691/4136-008-006-0000

Commonly known as 24168 MAHONIA LN, Mount Vernon, WA 98274

However, by showing this address no additional coverage is provided

ABBREVIATED LEGAL: LOT 10 OF BLOCK 8 OF RESERVE ADDITION TO THE TOWN OF MONTBORNE IN SKAGIT

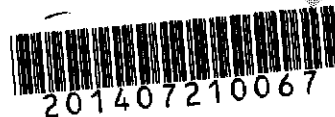
COUNTY

NOTE: The Company is prohibited from insuring the area or quantity of the land. The Company does not represent that any acreage or footage calculations are correct. References to quantity are for identification purposes only.

Commonly known as: 24168 MAHONIA LN, MOUNT VERNON, WA 98274



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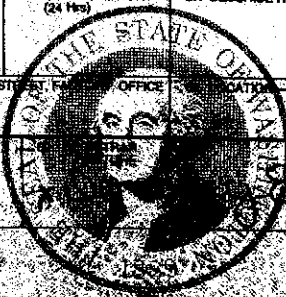
STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

1037-03  
LOCAL FILE NUMBER

Health  
CERTIFICATE OF DEATH

146 3 A4066

1. NAME First Middle Last <b>Sharon Eileen Lofton</b>			2. SEX (M / F) <b>F</b>		3. DEATH DATE (Mo., Day, Yr.) <b>December 17, 2003</b>			
4. AGE LAST BIRTH-DAY (Yrs) <b>65</b>	5. UNDER 1 YEAR MO. DAY	6. UNDER 1 DAY HOURS MIN.	7. BIRTHDATE (Mo., Day, Yr.) <b>Dec 15, 1938</b>		8. BIRTH-PLACE (City, State or Foreign Country) <b>Cody, WY</b>			
11. CITY, TOWN OR LOCATION OF DEATH <b>Mount Vernon</b>			12. PLACE OF DEATH -- BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. INQUIRY PTN. 4. HOSP. 5. OTHER HOME 6. OTHER PLACE <b>24168 Mahonia Lane</b>			13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>Yes</b>		
14. MARITAL STATUS -- Married, Never married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>John Lofton</b>		16. SOCIAL SECURITY NO. <b>520-36-5135</b>		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>10 College</b>		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Homemaker</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		20. Was Decedent of Hispanic, Cuban or Mexican? (Specify race) (Yes / No) Specify: <b>White</b>		21. RACE (Specify)		
22. RESIDENCE -- NUMBER AND STREET <b>24168 Mahonia Lane</b>		23. CITY/TOWN, OR LOCATION <b>Mount Vernon</b>	24. INSIDE CITY LIMITS? (Yes / No) <b>No</b>	25A. COUNTY <b>Skagit</b>	25B. LENGTH OF RES. IN CO. <b>3y</b>	26. STATE <b>WA</b>		
27. ZIP CODE <b>98274-</b>			28. FATHER'S NAME -- FIRST, MIDDLE, LAST <b>Lester Pirrie</b>			29. MOTHER'S NAME -- FIRST, MIDDLE, MAIDEN SURNAME <b>Bernice Cunningham</b>		
30. INFORMANT -- NAME <b>John Lofton</b>			31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>24168 Mahonia Lane Mount Vernon, WA 98274-</b>					
32. BURIAL, CREMATION, REINTERMENT, OTHER (Specify) <b>Cremation</b>	33. DATE (Mo., Day, Yr.) <b>12-19-2003</b>	34. CEMETERY/CREMATORY -- NAME <b>Hawthorne Memorial Park</b>		35. LOCATION -- CITY/TOWN, STATE <b>Mount Vernon Washington</b>				
36. FUNERAL DIRECTOR SIGNATURE <b>[Signature]</b>		37. NAME OF FACILITY <b>Skagit Cremation Services, LLC</b>		38. ADDRESS OF FACILITY <b>Mount Vernon, WA 98273</b>				
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 <b>[Signature]</b>				40. 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 <b>[Signature]</b>				
41. DATE SIGNED (Mo., Day, Yr.) <b>12/19/03</b>		42. HOUR OF DEATH (24 Hrs.) <b>0015</b>		43. DATE SIGNED (Mo., Day, Yr.)		44. HOUR OF DEATH (24 Hrs.)		
45. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Jakow Dienes, M.D.</b>				46. NAME AND ADDRESS OF CERTIFIER -- PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>1415 East Kincaid, Mount Vernon, WA, WA 98273</b>		47. ME/CORONER FILE NUMBER <b>NJA-334</b>		
48. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:								
IMMEDIATE CAUSE (Final disease or condition resulting in death): DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. <b>Hepatobiliary cancer</b>					INTERVAL BETWEEN ONSET AND DEATH <b>18 mos</b>		
B.	DUE TO, OR AS A CONSEQUENCE OF:					INTERVAL BETWEEN ONSET AND DEATH		
C.	DUE TO, OR AS A CONSEQUENCE OF:					INTERVAL BETWEEN ONSET AND DEATH		
D.	DUE TO, OR AS A CONSEQUENCE OF:					INTERVAL BETWEEN ONSET AND DEATH		
49. OTHER SIGNIFICANT CONDITIONS -- CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:				50. AUTOPSY? (Yes / No) <b>No</b>	51. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>			
52. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)	53. INJURY DATE (Mo., Day, Yr.)	54. HOUR OF INJURY (24 Hrs.)	55. DESCRIBE HOW INJURY OCCURRED:					
56. INJURY AT WORK? (Yes / No)	57. PLACE OF INJURY -- AT HOME, FARM, STREET, FAIRGROUNDS, OFFICE, BLDG, ETC. (Specify)	58. ADDRESS OF INJURY -- STREET OR RFD NO., CITY/TOWN, STATE						
59. RECORD AMENDMENT (Fugate use only) ITEM DOCUMENTARY EVIDENCE	60. REVIEWED BY	61. DATE	62. SIGNATURE <b>[Signature]</b>			63. DATE RECEIVED (Mo., Day, Yr.) <b>DEC 19 2003</b>		



201407210067



# 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:  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	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 BCH/CHS 021)**

### Death Certificates:

- Only the informant, the funeral director, or executor(s)/administrator(s) (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.

BCH/CHS 023 (Rev. 9/2002)

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