



Skagit County Auditor \$80.00
12/15/2017 Page 1 of 7 12:29PM

When recorded return to:

Michael A. Winslow
Attorney at Law
1204 Cleveland Avenue
Mount Vernon, Washington 98273

AFFIDAVIT: LACK OF PROBATE
(With Statement of Community Property)

GRANTOR: Bert Walter

GRANTEE: Phyllis A. Walter

LEGAL DESCRIPTION:

Lot 13, HIGHLAND GREENS DIVISION 1, PHASE A, A PLANNED UNIT DEVELOPMENT, recorded May 22, 2014 under Auditor's File No. 201405220062, records of Skagit County, Washington.

Situated in Skagit County, Washington.

ASSESSOR'S PROPERTY TAX

PARCEL OR ACCOUNT NO. P131905 / 6018-000-000-0013

REFERENCE NOS OF DOCUMENTS

ASSIGNED OR RELEASED: None.

Phyllis A. Walter, being first duly sworn, deposes and says:

The undersigned Affiant is the rightful heir, as listed on the Heirs at Law, to the real property described below, and is the surviving spouse of the Decedent, Bert Walter, who died on May 27, 2016, at Mount Vernon, Skagit County, Washington. A certified copy of the Death Certificate is attached hereto as *Exhibit A*.

Real Property Description:

Lot 13, HIGHLAND GREENS DIVISION 1, PHASE A, A PLANNED UNIT DEVELOPMENT, recorded May 22, 2014 under Auditor's File No. 201405220062, records of Skagit County, Washington.

Situated in Skagit County, Washington.

Status of Will

Decedent left a Community Property Agreement in favor of surviving spouse, which has been recorded under Skagit County Auditor File No. 201712150074.

In addition, Decedent left a Last Will and Testament which has not been probated or revoked, which is attached hereto as Exhibit B. This Will provides for the distribution of all of the Decedent's estate to his spouse, Phyllis A. Walter.

Heirs At Law

Affiant hereby identifies all heirs at law of the Decedent:

<u>Name and Address</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Phyllis A. Walter 3045 Loch Ness Loop Mount Vernon, WA 98273	Legal	Spouse
Anthony Joseph Walter, Sr. 88 Margaret Blvd. DeFuniak Springs, FL 32433	Legal	Son
Debra Ann Meduna 3045 Loch Ness Loop Mount Vernon, WA 98273	Legal	Daughter
David Russell Walter 971 Belle Court Dickinson, ND 58601	Legal	Son

The Affiant states of her own knowledge that each of the obligations of the Estate of Bert Walter, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, and state and federal succession taxes, if any, have been paid in full or provided for by the Decedent's surviving spouse.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of the said Decedent, his heirs, creditors, and the taxing authorities.

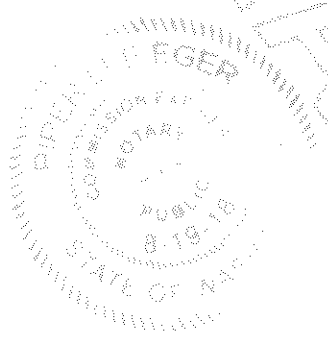
DATED this 7 day of December, 2017.

Phyllis A. Walter
Phyllis A. Walter
3045 Loch Ness Loop
Mount Vernon, WA 98273
(360) 770-6822

State of Washington)
) :ss
County of Skagit)

I certify that I know or have satisfactory evidence that Phyllis A. Walter is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes in the instrument.

Dated: December 7, 2017.



Piper Lee Eger
Piper Lee Eger, Notary Public
My appointment expires 8/19/18

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-022127

DATE ISSUED: 06/01/2016

FEE NUMBER: 000000029

GIVEN NAMES: BERTRAND
LAST NAME: WALTER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 27, 2016
HOUR OF DEATH: 08:25 P.M.
SEX: MALE
AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: DICKENSON, NORTH DAKOTA

MARITAL STATUS: MARRIED
SPOUSE: PHYLLIS HART

OCCUPATION: US NAVY
INDUSTRY: MILITARY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: PHYLLIS WALTER
RELATIONSHIP: WIFE
ADDRESS: 3045 LOCHNESS LOOP MOUNT VERNON WA 98273

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 3045 LOCHNESS LOOP
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 MONTHS

FATHER/PARENT: ALEX WALTER
MOTHER/PARENT: MARGARET [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT
CITY, STATE, ZIP: MOUNT VERNON, WA
DISPOSITION DATE: MAY 31, 2016

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

- CAUSE OF DEATH:
- A. END STAGE LIVER DISEASE
INTERVAL: YEARS
 - B. HEPATOCELLULAR CARCINOMA
INTERVAL: YEARS
 - C. SEPSIS
INTERVAL: DAYS
 - D. ACUTE RENAL INJURY
INTERVAL: DAYS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

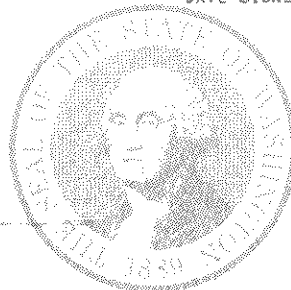
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ROBERT W. COONEY, MD.
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: MAY 31, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: N/A
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: MAY 31, 2016

Affidavit for Correction

Address: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
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
Required information must match current information on record				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Affidavit	2. Date of Event	3. Place of Event		
4. Father/Parent (Marriage Name) (Spouse A for Marriage or Dissolution) 5. Mother/Parent (Full Birth Name) (Spouse B for Marriage or Dissolution)				
6. Name of Person Requesting Correction:	Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Federal Director <input type="checkbox"/> Other (specify)			
7. Return Mailing Address:				
Telephone Number:		E-mail Address:		

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record now shows:	9. The true fact is:
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

16a. Signature: _____ 16b. Signature of 2nd parent of required: _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage License record
- Military record (DD 214)
- School transcripts
- Social Security Number Report
- Certificates of Naturalization
- Hospital medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if no child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the requested facts. For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be less than nine years old or established within five years of birth.

Child under 18

- If legal guardianship has been established through previous guardianship.
- Up to age one, last name can be changed (only to either parent's name or a surname of any combination of the last names of the parents).
- After age one, a court order is required to change the last name.
- No proof is required to change the first or middle name.
- To change parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required.

Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of documentary proof are required.
- If the first, middle or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
- To correct parent's birth date, place of birth, or name, one documentary proof is required.

To change any part of a record, all the signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request. This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032).

Death Certificates

1. Only the informant, the funeral director, or the coroner's administrators (if evidence confirming such position is preserved) can change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or child, child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if previous other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (marriage/spouse) (names, date, or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the official (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

CERTIFIED

JUN 01 2016

Howard Leibrand
 Skagit County Health Department
 Howard Leibrand M.D., Health Officer
 EE00086666

A235-10
R235-04

LAST WILL AND TESTAMENT

BE IT KNOWN that I, Bert Walter, a resident of
2108 Pacific Pl. Mt. Vernon, County of Skagit, in the State of
Washington, being of sound mind, do make and declare this to be my Last Will and
Testament expressly revoking all my prior Wills and Codicils at any time made.

I. PERSONAL REPRESENTATIVE:

I appoint Phyllis Ann Walter of 2108 Pacific Pl.
Mt. Vernon, Wa., as Personal Representative of this my Last Will and Testament and pro-
vide if this Personal Representative is unable or unwilling to serve then I appoint Anthony J. Walter Sr.
of 2108 Pacific Pl. Mt. Vernon, Wa.
, as alternate Personal Representative. My Personal Representative shall be authorized to carry out all pro-
visions of this Will and pay my just debts, obligations and funeral expenses. I further provide my Personal
Representative shall not be required to post surety bond in this or any other jurisdiction, and direct that no expert
appraisal be made of my estate unless required by law.

II. GUARDIAN: Not applicable

In the event I shall die as the sole parent of minor children, then I appoint _____
as Guardian of said minor children. If this named Guardian is
unable or unwilling to serve, then I appoint _____
as alternate Guardian.

III. BEQUESTS:

I direct that after payment of all my just debts, my property be bequeathed in the manner following:

All my worldly possessions be left to my wife Phyllis Ann Walter

In the event of Phyllis' death at the same time, I request that
all possessions be equally divided between our three children.
In the event of their deaths, their portions be equally divided
as follows:

Anthony J. Walter Sr.
In the event of his death his portion will be put in trust for
Anthony J. Walter Jr. until he reaches the age of eighteen.

Debra Ann Meduna
In the event of her death her portion will be put in trust for
Kelly Rae Meduna until she reaches the age of eighteen.

David Russell Walter
In the event of his death his portion will be divided equally
between his wife Kimberly Walter and two portions put in trust
until the age of eighteen for Shelby Marie Walter and Katelynn
Ann Walter.

B

B W

Testator's Initials

Page ___ of ___.

Execute and attest before a notary.

Caution: Louisiana residents should consult an attorney before preparing a will.

UNOFFICIAL

IN WITNESS WHEREOF, I have hereunto set my hand this 10-13-00 day of (year) to this my Last Will and Testament.

Bert Walter
10-13-00

Testator Signature

IV. WITNESSED:

The testator has signed this will at the end and on each other separate page, and has declared or signified in our presence that it is his/her last will and testament, and in the presence of the testator and each other we have hereunto subscribed our names this day of (year).

Mary A. Brady
Witness Signature

Mt. Vernon, WA 98273
Address

Lance M. Bernick
Witness Signature

Mount Vernon, WA 98273
Address

Chris D. Fowler
Witness Signature

Mount Vernon, WA 98273
Address

ACKNOWLEDGMENT

State of Washington }
County of Skagit }
We, Margot A. Brady

Lance M. Bernick
and Chris D. Fowler

the testator and the witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the testator signed the instrument as his/her Last Will and that each of the witnesses, in the presence of the testator and each other, signed the will as a witness.

Testator: Bert Walter

Witness: Mary A. Brady

Witness: Lance M. Bernick

Witness: Chris D. Fowler

On October 13, 2000 before me,
appeared Bert Walter

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.
Signature: [Notary Signature]
Signature of Notary

Affiant Known
Type of ID

