

.When recorded return to:

Law Office of Christon C. Skinner, PS  
791 SE Barrington Drive  
Oak Harbor, WA 98277



202004300079


04/30/2020 11:29 AM Pages: 1 of 13 Fees: \$115.50  
Skagit County Auditor

## LACK OF PROBATE AFFIDAVIT

**Virgil G. Hofkamp**, being the first duly sworn on oath, deposes and states as follows:

1. I am the surviving husband of Susan L. Hofkamp, who died May 6, 2019, in Skagit County, Washington. A certified copy of her death certificate is attached as Exhibit A.
2. At the time of my wife's death she and I owned, as community property, real estate in Skagit County, Washington, bearing identification and tax parcel number 39820000110003 / P68445 and which is more particularly described on Exhibit B attached hereto. *Lot 11 Rancho San Juan Del mar Div 11*
3. A copy of my wife's Will and First Codicil are attached hereto as Exhibit C. My wife's Will and Codicil have not been, and will not be, probated.
4. Pursuant to my wife's Will and Codicil I am entitled to my wife's entire estate, including her interest in the above described real estate.
5. All of my wife's debts, including, but not limited to, all expenses of her last illness, funeral and burial and all applicable federal and state succession taxes or inheritance taxes have been fully paid.
6. Heirs at law of my wife includes myself. My address is 13028 Sunset Lane, Anacortes, Washington 98221.
7. My wife has not received assistance from the State of Washington Department of Social and Health Services for subsistence or medical care.

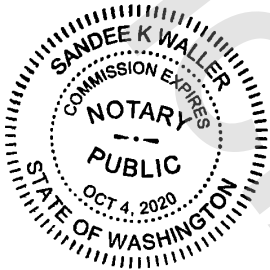
DATED this 27<sup>th</sup> day of April, 2020.

  
\_\_\_\_\_  
Virgil G. Hofkamp

STATE OF WASHINGTON )  
( ss.  
COUNTY OF ISLAND )

On this 27<sup>th</sup> day of April, 2020, before me, a Notary Public in and for the State of Washington, personally appeared **Virgil G. Hofkamp**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed this instrument and acknowledged it to be his free and voluntary act and deed for the uses and purposes mentioned in the instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year first above-written.



Sandee K Waller  
(Signature)  
Sandee K Waller  
(Print Name)  
**NOTARY PUBLIC**  
My Appointment Expires: 10-04-2020

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



DATE ISSUED: 05/09/2019  
FEE NUMBER:

CERTIFICATE NUMBER: 2019-020752

FIRST AND MIDDLE NAME(S): SUSAN LOUISE  
LAST NAME(S): HOFKAMP

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MAY 06, 2019  
HOUR OF DEATH: 05:30 PM  
SEX: FEMALE AGE: 72 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: EVERETT, WA

MARITAL STATUS: MARRIED  
SPOUSE: VIRGIL GLEN HOFKAMP

OCCUPATION: DESIGNER  
INDUSTRY: INTERIORS  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

INFORMANT: VIRGE HOFKAMP  
RELATIONSHIP: HUSBAND  
ADDRESS: 13028 SUNSET LANE, ANACORTES, WA 98221

CAUSE OF DEATH:  
A: RESTRICTIVE LUNG DISEASE  
INTERVAL: 5 YEARS  
B: SARCOIDOSIS OF THE LUNG  
INTERVAL: 5 YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE  
AND CORONARY ARTERY DISEASE

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 13028 SUNSET LANE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 13028 SUNSET LANE  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER/PARENT: RAY C CUSWORTH  
MOTHER/PARENT: ACHSA GA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: MAY 09, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: MAY 08, 2019

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: MAY 09, 2019



### Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

#### STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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<b>Required</b>	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 Record:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Legal 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"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		

7. Return Mailing Address:

Telephone Number: ( )	Email Address:
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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 2 <sup>nd</sup> parent (if required):		
Printed name:	Date:	Printed name:	Date:

#### INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) 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/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

#### Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** the asserted fact(s). 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 five or more years old or established within five years of birth.
 

<b>Child under 18</b>	<b>Adult (18 years or older)</b>
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>

\*To change any part of the name of a child, 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 executors/administrators (if evidence confirming such position is presented) may 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 adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone 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 (minor spelling changes in name, 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 officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

# \*CERTIFIED\*

MAY 09 2019

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



0 2 1 3 9 2 7 7

**EXHIBIT B**

LOT 11, PLAT OF RANCHO SAN JUAN DEL MAR, SUBDIVISION NO. 11, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGES 84 AND 85, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Situated in the County of Skagit, State of Washington.

Tax Identification and Parcel No. 39820000110003 / P68445

EXHIBIT C

FILED  
SKAGIT COUNTY CLERK  
SKAGIT COUNTY, WA

2020 APR 13 PM 2: 35

**Last Will and Testament of**

**SUSAN L. HOFKAMP**

20-4 00132 29

**KNOW ALL MEN BY THESE PRESENTS**, that I, **Susan L. Hofkamp**, of Anacortes, Skagit County, Washington, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or the undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament.

1. **REVOCATION OF PRIOR WILLS**

I hereby revoke any former Wills and/or Codicils by me made and declare this to be my Last Will and Testament.

2. **MISCELLANEOUS**

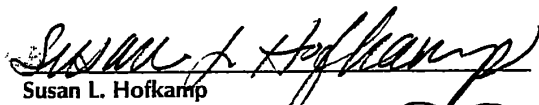
2.1. Unless some other meaning and intent is apparent from the context, I intend that the plural shall include the singular and vice versa, that masculine, feminine and neuter words shall be used interchangeably, and that "heirs" shall be determined by the then existing laws of the State of Washington controlling the intestate succession of separate real property.

2.2. References in this Will to "my children" or "child of mine" shall include the child or children listed in paragraph 3 below and any other child or children hereafter born to or adopted by me.

3. **FAMILY IDENTIFICATION**

I declare that the members of my family are as follows:

- 3.1. My husband, **Virgil G. Hofkamp**.
- 3.2. My son, **Troy Michael Hofkamp**.
- 3.3. My daughter, **Tamarra G. Lay**.

  
Susan L. Hofkamp

COPY

4. **PAYMENT OF DEBTS**

I hereby direct and order that all just debts for which proper claims are filed against my estate and the expenses of my last illness and funeral be paid by my personal representative as soon after my death as is practicable; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

5. **NON-INTERVENTION OF COURT**

I further direct that my estate be settled without the intervention of any court, except to the extent required by law, and that my personal representative settle my estate in such manner as shall seem best and most convenient to him, and I hereby empower my personal representative to mortgage, lease, sell, exchange and convey the personal and real property of my estate without an order of court for that purpose and without notice, approval or confirmation, and in all other respects to administer and settle my estate without the intervention of court.

6. **PAYMENT OF ESTATE AND INHERITANCE TAXES**

My personal representative shall pay all estate, inheritance and succession taxes assessed by reason of my death, whether attributable to property passing under this Will or outside it, from the residue of my estate disposed of by this Will. I waive for my estate all rights of reimbursement for any such payments.

7. **NOMINATION OF PERSONAL REPRESENTATIVE**

I hereby nominate and appoint as the personal representative of this my Last Will and Testament, those persons listed below, in the order listed. In the event a former nominee is for any reason unable or unwilling to act as personal representative hereof, I nominate and appoint the next nominee in the order listed. Each personal representative is to serve without bond.

7.1. First Nominee: My husband, **Virgil G. Hofkamp**.

7.2. Second Nominee: My son, **Troy Michael Hofkamp** and my daughter, **Tamarra G. Lay**, jointly.

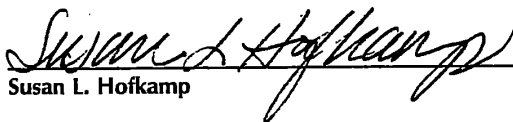
  
Susan L. Hofkamp

8. **DISPOSITION OF CERTAIN TANGIBLE PROPERTY**

- 8.1. As used herein, the term "tangible personal property" means articles of personal or household use or ornament (including but not limited to furniture, books, silver, clothing and jewelry), and boats and automobiles not used in a trade or business, and all my unexpired insurance thereon.
- 8.2. As permitted under RCW 11.12.260, I give all of my tangible personal property to my husband if my husband survives me. If my husband does not survive me or if my husband and I die as a result of a common accident, illness or disaster, I make such bequest as set forth below.
- 8.3. I hereby give certain of my tangible personal property to those persons named in a written statement or list which I intend to be in existence at my death, which statement shall either be in my handwriting or signed by me, which shall contain a description of the specific items and recipients of such property. If no such written statement or list is in existence at my death, then I give such personal effects and tangible personal property to my children who survive me in shares of substantially equal value.
- 8.4. In the event that any person designated to receive certain property in such written statement shall predecease me, then such property shall pass in accordance with the provisions of this Will.

9. **RESIDUARY BEQUEST**

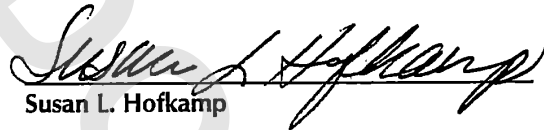
- 9.1. I hereby give and devise unto my husband, **Virgil G. Hofkamp**, all the rest, residue and remainder of my estate, whether real, personal or mixed, whenever acquired by me, and wheresoever situated.
- 9.2. In the event that my husband shall predecease me, or in the event that both my husband, and I shall die as a result of a common accident, illness, or disaster, then I give, devise and bequeath the rest, residue and remainder of my estate in the manner following:

  
Susan L. Hofkamp




- 9.2.1. Eight percent (8%) to the Emmanuel Baptist Church in Mount Vernon, Washington.
- 9.2.2. Two percent (2%) to World Vision Inc., a California Non-profit Corporation, with its principal offices at World Vision, Federal Way, Washington, to be used to provide wheel chairs for children. If, in the opinion of the World Vision Board of Directors or their successors, the need for funds for the purposes described above no longer exists, this bequest may be used in a manner that will most nearly accomplish my wishes.
- 9.2.3. The balance of the rest, residue and remainder of my estate to my children share and share alike by right of representation. For any bequests to the representatives of my daughter my step-grandchild, **Amanda Lay** shall be treated the same as if she had been born to or adopted by my daughter.


IN WITNESS WHEREOF, I have hereunto set my hand this 31 day of March, 2003.

  
 Susan L. Hofkamp

Witnessed by:

  
 Cheryl Dallen  
 791 SE Barrington Drive  
 Oak Harbor, Washington

Witnessed by:

  
 Cheryl Dallen  
 791 SE Barrington Drive  
 Oak Harbor, Washington

**ATTESTATION CLAUSE AND AFFIDAVIT OF  
ATTESTING WITNESSES**

STATE OF WASHINGTON )  
( ss.  
COUNTY OF ISLAND )

The undersigned, competent to testify, being first duly sworn, upon oath depose and say:

That the foregoing instrument to which this Affidavit is attached, which purports to be the Last Will and Testament of **Susan L. Hofkamp**, was signed and executed by said person at Oak Harbor, Washington, in the presence of myself and the other witnesses.

The said **Susan L. Hofkamp** thereupon published the instrument as and declared it to be her Last Will and Testament and requested us to sign the same as witnesses and to execute this Affidavit in proof of said Will.

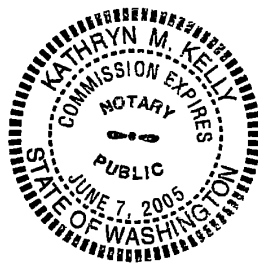
In the presence of the said **Susan L. Hofkamp**, and at her request and direction, and in the presence of each other, the other witness and I subscribed our names as witnesses hereto.

At the time of executing said instrument, the said **Susan L. Hofkamp**, the other witness and I were of legal age and competent to act as witnesses, and the said **Susan L. Hofkamp** appeared to be of sound and disposing mind and not acting under duress, menace, fraud, undue influence or misrepresentation.

Cheryl Wallen  
Residing at Oak Harbor, Washington

Cheryl Nash  
Residing at Oak Harbor, Washington

SUBSCRIBED AND SWORN TO before me this 31 day of March, 2003.



Kathryn M. Kelly  
(Signature)  
Kathryn M. Kelly  
(Print name)  
**NOTARY PUBLIC**  
My Appointment Expires: 6-7-05  
C:\Waller\Hofkamp\VG&SL\W&T[SLH].001.wpd  
File No. 03-0093

**First Codicil to  
Last Will and Testament of**

FILED  
SKAGIT COUNTY CLERK  
SKAGIT COUNTY, WA

2020 APR 13 PM 2:35

**Susan L. Hofkamp**

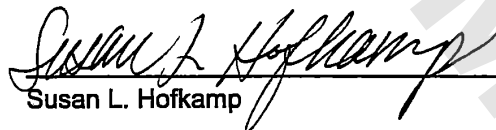
I, Susan L. Hofkamp, of Skagit County, Washington, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or the undue influence of any person whomsoever, do make, declare and publish this, the *First Codicil* to my *Last Will and Testament*, bearing the date March 31, 2003.

WHEREAS, I desire to modify said *Last Will and Testament*, NOW, THEREFORE, I hereby change Article 9 to read as follows:

9. **RESIDUARY BEQUEST**

- 9.1. I hereby give and devise unto my husband, Virgil G. Hofkamp, all the rest, residue and remainder of my estate, whether real, personal or mixed, whenever acquired by me, and wheresoever situated.
- 9.2. In the event that my husband shall predecease me, or in the event that both my husband, and I shall dies as a result of a common accident, illness, or disaster, then I give, devise and bequeath the rest, residue and remainder of my estate to my children share and share alike, by right of representation. For any bequests by right of representation through my daughter, my step-grandchild, Amanda Lay, shall be treated the same as if she had been born to or adopted by my daughter.

IN WITNESS WHEREOF, I have hereunto set my hand this 20<sup>th</sup> day of May, 2008, and hereby ratify and confirm all of the provisions of my said *Last Will and Testament*, except as modified by this *First Codicil*.

  
Susan L. Hofkamp

**COPY**

This Codicil, consisting of three typewritten pages, including the *Attestation Clause and Affidavit of Attesting Witnesses*, was on the date thereof signed and published by said Susan L. Hofkamp, who was of sound mind and memory, and by Susan L. Hofkamp declared to be the *First Codicil* to her *Last Will and Testament* dated March 31, 2003, in the presence of us, who at her request and in her presence and in the presence of each other, have hereunto set our hands as the witnesses thereto, this 20<sup>th</sup> day of May, 2008.

Witnessed by:

Sandeek Walker

791 SE Barrington Drive  
Oak Harbor, Washington

Witnessed by:

Cheryl Dallen

791 SE Barrington Drive  
Oak Harbor, Washington

ATTESTATION CLAUSE AND AFFIDAVIT OF ATTESTING WITNESSES

STATE OF WASHINGTON )
( ss.
COUNTY OF ISLAND )

The undersigned, competent to testify, being first duly sworn, upon oath depose and say:

That the foregoing instrument to which this Affidavit is attached, which purports to be the First Codicil to the Last Will and Testament of Susan L. Hofkamp, was signed and executed by said person at Oak Harbor, Washington, in the presence of myself and the other witnesses.

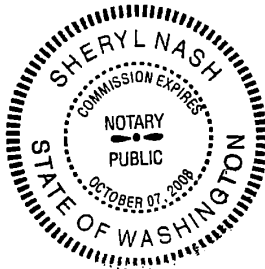
In the presence of the said Susan L. Hofkamp, and at her request and direction, and in the presence of each other, the other witness and I subscribed our names as witnesses hereto.

At the time of executing said instrument, the said Susan L. Hofkamp, the other witness and I were of legal age and competent to act as witnesses, and the said Susan L. Hofkamp appeared to be of sound and disposing mind and not acting under duress, menace, fraud, undue influence or misrepresentation.

Sandra K Waiver
Residing at Oak Harbor, Washington

Cheryl Dallen
Residing at Oak Harbor, Washington

SUBSCRIBED AND SWORN TO before me this 20th day of May, 2008.



Sheryl Nash
(Print Name)
Notary Public
My Appointment Expires: 10/07/08