

202010200140

10/20/2020 02:15 PM Pages: 1 of 12 Fees: \$114.50
Skagit County Auditor

Return Address:

Stephen C. Schutt
P.O. Box 1032
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

OCT 20 2020

Amount Paid \$ 0
By Skagit Co. Treasurer
Deputy

AFFIDAVIT (LACK OF PROBATE)

Shelly L. Ewing, being first duly sworn, deposes and says:
Notary
The undersigned affiant/grantee Noel M. Barber is a rightful heir, as listed on
Affiant/Grantee
heirs at law, to the real property described below, and is was the husband
Relationship to decedent
of Karen L. Barber, who died on 12-07-2015
Decedent/Grantor *Date*
at Mount Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: _____

FULL LEGAL: Lots 3 and 4 and the East 10 feet of Lot 5, Block 402,

NORTHERN PACIFIC ADDITION TO THE CITY OF ANACORTES,

according to the plat thereof recorded in Volume 2 of Plats, page 9, records

of Skagit County, Washington

Assessor's Property Tax Parcel/Account Number: P58376/3809-402-005-0000
(Attach full legal description of the property)

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of 3)

Noel M. Barber, Adult, was the husband, 1200 Lincoln Street, Unit 192,
Bellingham, WA 98229

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : Sept 11, 2020

NOEL M. BARBER
Affiant's full name

(360) 420-2847
Telephone number

1200 Lincoln Street, Unit 192,

Bellingham WA 98229
City State Zip Code

Noel M. Barber Sept. 11, 2020
Signature Date

State of Washington County of Skagit

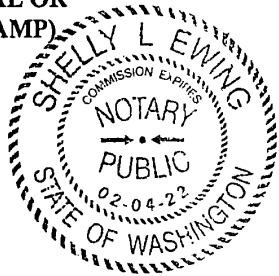
I know or have satisfactory evidence that Noel M. Barber
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 09/11/2020

Shelly L. Ewing
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Anacortes

Notary Public in and for the State of Washington

My appointment expires: 02/04/2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-035895

DATE ISSUED: 12/14/2015

FILE NUMBER: 000000029

GIVEN NAMES: KAREN LEE
LAST NAME: BARBER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 07, 2015
HOUR OF DEATH: 06:58 A.M.
SEX: FEMALE
AGE: 66 YEARS

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

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 16973 BEAVER MARSH ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

FATHER: CLYDE HARRY ERICKSON
MOTHER: BETTY LOUIS [REDACTED]

BIRTHDATE: [REDACTED]
BIRTHPLACE: BALLARD, KING CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: NOEL M. BARBER IV

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: DECEMBER 12, 2015

OCCUPATION: HOME MAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

INFORMANT: NOEL M. BARBER
RELATIONSHIP: HUSBAND
ADDRESS: 16973 BEAVER MARSH ROAD, MOUNT VERNON, WA. 98273

- CAUSE OF DEATH:
- A. ACUTE CORONARY ARTERY DISEASE
INTERVAL: HOURS
 - B. ATHEROSCLEROTIC HEART DISEASE
INTERVAL: YEARS
 - C. _____
INTERVAL: _____
 - D. _____
INTERVAL: _____

OTHER CONDITIONS CONTRIBUTING TO DEATH:
COMPLETE RENAL FAILURE

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: MICHAEL JAMES, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2511 M AVENUE, SUITE A
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: DECEMBER 11, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA#742
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: DECEMBER 11, 2015

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



Affidavit for Correction

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, Fee Number, Initials, Date, Affidavit Number

Required information must match current information on record

Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record: First, Middle, Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: (City or County)
4. Father/Parent Full Birth 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: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other (specify)

7. Return Mailing Address: PO Box or Street Address, City, State, Zip
Telephone Number, Email Address

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

Table with 2 columns: The record now shows, The true fact is. Rows 8-15.

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 (if required)
Printed name, Date

INSTRUCTIONS - go to 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

Child under 18

- If legal guardian(s), include certified court order proving guardianship
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)*
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 correct 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 and/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 the name of a child using this form, 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). 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 January 2015

CERTIFIED

DEC 14 2015

Signature of Howard Leibrand M.D., Health Officer

CC00230119

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT made this 24 day of July, 2014, between **NOEL M. BARBER** and **KAREN L. BAREBER**, husband and wife, both of whom are domiciled in the State of Washington. In consideration of the mutual benefits to be derived and their mutual agreements set forth below, the parties agree as follows:

.1. Property Covered: This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both of may have been registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is referred to in this Agreement as the "described community property".

2. Vesting at Death of a Spouse: If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. Disclaimer: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parties, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

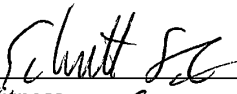
4. Automatic Revocation: The provisions of paragraph 2 shall be automatically revoked:

- (a) upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or
- (b) upon the establishment of a domicile out of the State of Washington by either party; or
- (c) immediately prior to death, if the order of death cannot be ascertained.

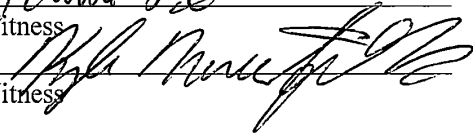
5. Optional Revocation by One Party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 3 and each party designates the other as Attorney-in-Fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in Washington signs a statement declaring that the spouse is unable to manage his or her own affairs.

6. Powers of Appointment: This Agreement shall not affect any power of appointment now held by or hereafter given to Wife or Husband or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.


7. Inconsistent Agreement: To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of this inconsistency.




 Witness



 Witness



 NOEL M. BARBER

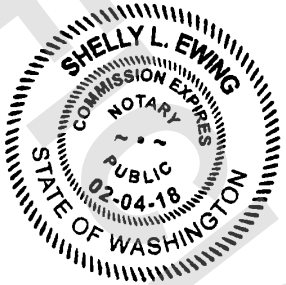


 KAREN L. BARBER

STATE OF WASHINGTON)
) :ss
COUNTY OF SKAGIT)

On July 24, 2014, personally appeared before me **Noel M. Barber** and **Karen L. Barber** to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal on the date first set out above.



Shelly L. Ewing
NOTARY PUBLIC in and for the State of
Washington, residing at Anacortes
My commission expires: 02/04/2018

LAST WILL AND TESTAMENT

OF

KAREN L. BARBER

I, KAREN L. BARBER, of Skagit County, Washington declare this to be my Last Will and Testament and revoke all prior Wills and Codicils.

I. FAMILY

I am married and my husband's name is NOEL M. BARBER. I have two children born to me, namely, DONALD G. NORMAN, JR. and KARY O. BARBER. I have two step-children who are JENNIFER L. BARBER and CHRISTINE OSBORNE. Except as herein provided, I do not intend to make provisions in this Will for any relative who may survive me, whether named herein or hereafter born or adopted or for the descendants of any child who does not survive me.

II. PAYMENT OF DEBTS

I direct my executor hereinafter named, as soon after my death as is practicable, to pay all just debts for which proper claims are filed against my estate, all estate, inheritance and succession taxes assessed by reason of my death, and the expense of my last illness and funeral; provided, however, that this shall not authorize any creditor to require payment of any debt prior to normal maturity thereof, or prohibit my Executor from exercising any legal defense to the same. My Executor shall be compensated for his/her time and expenses at a reasonable rate.

LAST WILL AND TESTAMENT - 1

Initial: KLB

COPY

III. DEVISES AND BEQUESTS OF PROPERTY

A. After payment of funeral expense, debts and taxes as herein provided, provided he survives me by one (1) day, I devise and bequeath all of the rest, residue and remainder of my estate to my husband, NOEL M. BARBER.

B. In the event that my husband predeceases me or should we die in a common disaster; then in that event I give, devise and bequeath all of the rest, residue and remainder of my estate in equal shares to my children, DONALD G. NORMAN, JR. and KARY O. BARBER, share and share alike, per stirpes.

C. I may have a separate list which disburses tangible personal property to designate Heirs and or friends. Said list is dated and signed. That list shall be followed by my Personal Representative as though written into this Will.

IV. APPOINTMENT OF PERSONAL REPRESENTATIVE

I nominate and appoint NOEL M. BARBER, the Executor of this my Last Will and Testament. If he does not survive me by one (1) day as herein provided, then, in that event, I nominate and appoint whomever, STEPHEN C. SCHUTT, attorney for my estate shall appoint as alternate Executor of this my Will. I hereby direct that my Executors shall serve without bond and with unrestricted nonintervention powers, and without liability for error in judgment.

NO CONTEST CLAUSE

If any person named to receive any benefit under this Will or any codicil hereto should, with or without good faith and or probable cause, contest the same in whole or part, conspire with, or voluntarily assist anyone in such contest, then in such event the respective

LAST WILL AND TESTAMENT - 2

Initial: KBO

COPY

such person or persons so contesting, conspiring or assisting shall not, in any event, receive any benefit whatsoever.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 24 day of July, 2014.

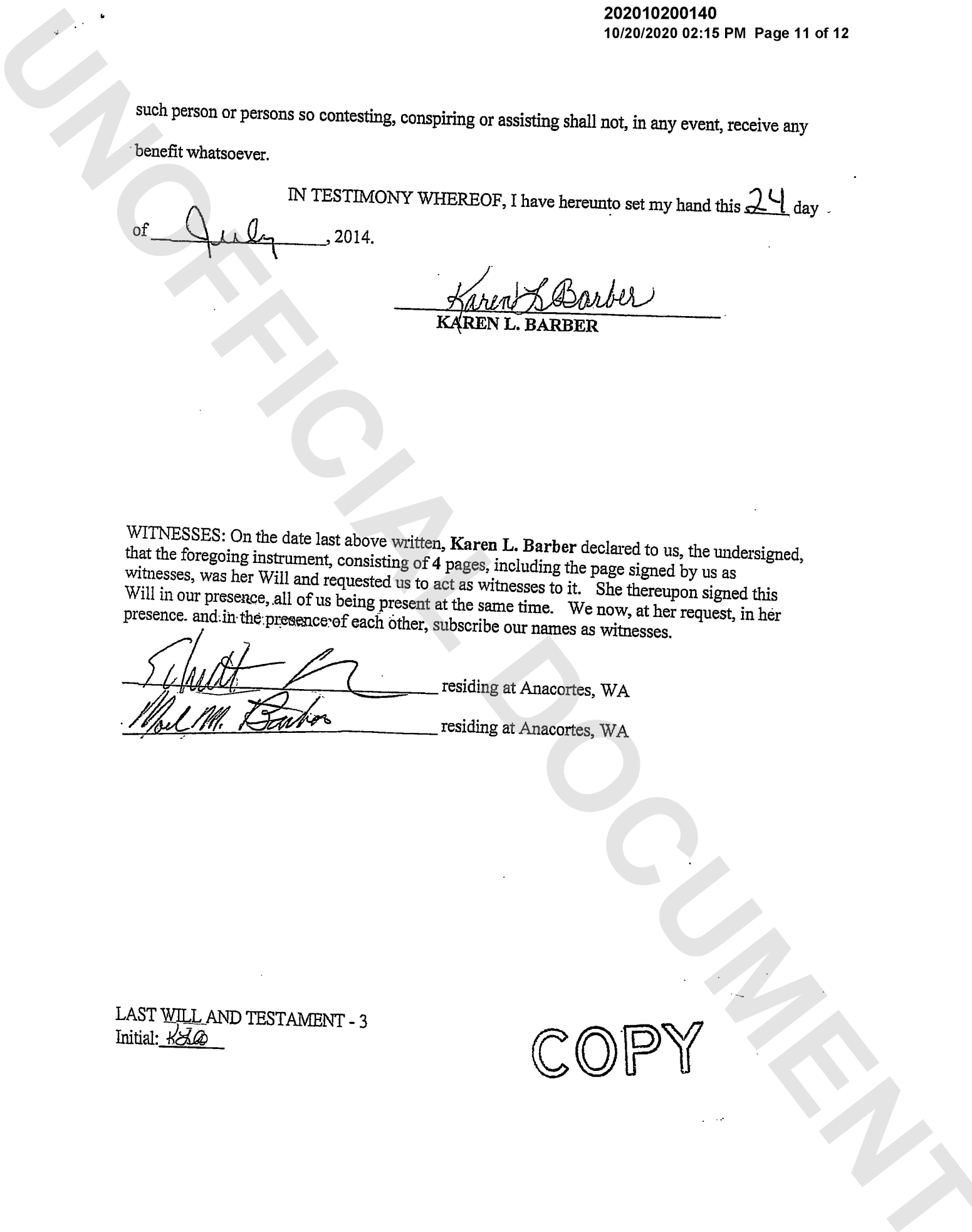
Karen L Barber
KAREN L. BARBER

WITNESSES: On the date last above written, **Karen L. Barber** declared to us, the undersigned, that the foregoing instrument, consisting of 4 pages, including the page signed by us as witnesses, was her Will and requested us to act as witnesses to it. She thereupon signed this Will in our presence, all of us being present at the same time. We now, at her request, in her presence. and in the presence of each other, subscribe our names as witnesses.

[Signature] residing at Anacortes, WA
[Signature] residing at Anacortes, WA

LAST WILL AND TESTAMENT - 3
Initial: KLB

COPY



STATE OF WASHINGTON)
 : SS
COUNTY OF SKAGIT)

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

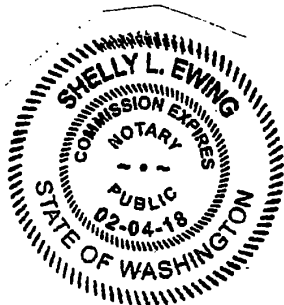
The document to which this affidavit is attached, affixed, or annexed was on the 24
day of July, 2014, published by **Karen L. Barber**, who;

- a. was over the age of 18 years and appeared to be of sound mind and memory and to be acting freely and without any duress, fraud, or undue influence;
- b. signed the document in our presence and declared it to be her Last Will and Testament;
- c. requested us to sign the document as witnesses, which we then and there did in her presence and in the presence of each other;
- d. requested us to make this affidavit in accordance with the applicable laws of the State of Washington.

[Signature]
(Signature of witness)

[Signature]
(Signature of witness)

Signed, sworn to (or affirmed) and attested to by Shelly L. Ewing and [Signature], on this 24 day of July, 2014



Shelly L. Ewing
(Printed name)
Notary Public in and for the State of Washington, residing at Anacortes
My commission expires: 02/04/2018

LAST WILL AND TESTAMENT - 4
Initial: [Signature]

COPY