

Prepared By and Return to:  
Timios, Inc.  
5716 Corsa Ave., Suite 102  
Westlake Village, CA 91362

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

Title Insurance Commitment No.: 08-01979674, County: SKAGIT

STATE OF Washington SS:  
COUNTY OF Skagit

ABBREVIATED LEGAL: LOT 2, SP 91-69 BEING A PTN OF NE 1/4 OF SE U4, 19-35-5 E W.M.  
SKAGIT COUNTY WA

The undersigned, N. JEAN RYAN, executes this affidavit relating to the estate of ROBERT RUSSELL RYAN (herein "Decedent"), who died on DECEMBER 13, 2017, in the County of SKAGIT, State of WASHINGTON, then being a resident of the City of SEDRO WOOLLEY, County of SKAGIT, State of WASHINGTON. *See Attached Exhibit "K"*

(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, 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 N. JEAN RYAN; SPOUSE  
 Address: 9604 JENNY LN SEDRO WOOLLEY WA 98284  
 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:
  - married to ROBERT RUSSELL RYAN
  - unmarried, not a registered domestic partner
  - unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:
  - married to ROBERT RUSSELL RYAN
  - 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.
6.  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): NONE

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$340000.00, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$340000.00, and including the value of Decedent's separate property, if any, of approximately \$ N/A, and including the full value of .all other property, if any, held by the Decedent in joint tenancy of approximately \$ N/A.

This affidavit is made to induce Timios, Inc. 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: September 16, 2020

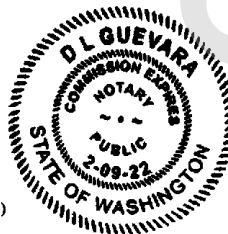
N. Jean Ryan  
(Signature)

N. JEAN RYAN  
(Print or type full name)

9604 Jensen Lane  
(Full address and telephone number)  
Sedro Woolley WA 98284

SUBSCRIBED and SWORN TO before me this 16 day of September, 2020

[Signature]  
Notary Public in and for the State of  
Washington, residing at Skagit County



**EXHIBIT "A"**

**LEGAL DESCRIPTION**

File No: 08-01979674

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

TRACT 2 OF SKAGIT COUNTY SHORT PLAT NO. 91-069, ALSO KNOWN AS "JENNY ACRES" APPROVED APRIL 14, 1992 AND RECORDED APRIL 15, 1992, UNDER AUDITOR'S FILE NO. 9204150078 IN BOOK 10 OF SHORT PLATS, PAGE 76, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 19, TOWNSHIP 35 NORTH, RANGE 5 EAST, W.M.,

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON

**Parcel ID: P101321**

ABBREVIATED LEGAL: LOT 2, SP 91-69 BEING A PTN OF NE 1/4 OF SE U4, 19-35-5 E W.M. SKAGIT COUNTY WA

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-054203

DATE ISSUED: 12/18/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT RUSSELL

LAST NAME(S): RYAN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 13, 2017

HOUR OF DEATH: 10:54 AM

SEX: MALE

AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: OMAHA, NE

MARITAL STATUS: MARRIED

SPOUSE: NAOMI JEAN NEEDHAM

OCCUPATION: FINISH CARPENTER

INDUSTRY: RESIDENTIAL CONSTRUCTION

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

INFORMANT: NAOMI JEAN RYAN

RELATIONSHIP: WIFE

ADDRESS: 9604 JENNY LANE, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: SUDDEN CARDIAC DEATH

INTERVAL: HOURS

B: CONGESTIVE HEART FAILURE AND ATRIAL FIBRILLATION

INTERVAL: YEARS

C:

INTERVAL

D:

INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH: WARFARM THERAPY, CARDIOMEGALY, AND CHRONIC OBSTRUCTIVE PULMONARY 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: EMERGENCY ROOM

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 9604 JENNY LANE

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER/PARENT: ROBERT RYAN

MOTHER/PARENT: MARGARET [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: DECEMBER 18, 2017

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DD TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DEBORAH HOLLIS

TITLE: CORONER/IME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: DECEMBER 14, 2017

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 17SK0410

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: DECEMBER 18, 2017



**REAL ESTATE EXCISE TAX AFFIDAVIT**  
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

**THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED**  
Only for sales in a single location code on or after January 1, 2020.

Check box if the sale occurred in more than one location code  Check box if partial sale, indicate % sold. PLEASE TYPE OR PRINT

<p><b>1</b> Name <u>N. JEAN RYAN</u></p> <p>Mailing Address <u>9604 JENNY LN</u></p> <p>City/State/Zip <u>SEDRO WOOLLEY, WA 98284</u></p> <p>Phone No. (including area code) _____</p>	<p><b>2</b> Name <u>N. JEAN RYAN</u></p> <p>Mailing Address <u>9604 JENNY LN</u></p> <p>City/State/Zip <u>SEDRO WOOLLEY, WA 98284</u></p> <p>Phone No. (including area code) _____</p>										
<p><b>3</b> Send all property tax correspondence to <input checked="" type="checkbox"/> Same as Buyer/Grantee</p> <p>Name _____</p> <p>Mailing Address _____</p> <p>City/State/Zip _____</p> <p>Phone No. (including area code) _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>List all real and personal property tax parcel account numbers - check box if personal property</th> <th>List assessed value(s)</th> </tr> </thead> <tbody> <tr> <td>P101321 <input type="checkbox"/></td> <td style="text-align: right;">340,000.00</td> </tr> <tr> <td>_____ <input type="checkbox"/></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>_____ <input type="checkbox"/></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>_____ <input type="checkbox"/></td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>	List all real and personal property tax parcel account numbers - check box if personal property	List assessed value(s)	P101321 <input type="checkbox"/>	340,000.00	_____ <input type="checkbox"/>	0.00	_____ <input type="checkbox"/>	0.00	_____ <input type="checkbox"/>	0.00
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_____ <input type="checkbox"/>	0.00										
_____ <input type="checkbox"/>	0.00										
_____ <input type="checkbox"/>	0.00										

**4** Street address of property 9604 JENNY LN, SEDRO WOOLLEY, WA 98284

This property is located in Skagit County

Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

TRACT 2 OF SKAGIT COUNTY SHORT PLAT NO 91-069, ALSO KNOWN AS "JENNY ACRES" APPROVED APRIL 14, 1982 AN

**5** Select Land Use Code(s):

11 - Household, single family units

enter any additional codes. \_\_\_\_\_

(See book of last page for instructions) YES NO

Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (non-profit organization, senior citizen, or disabled person, homeowner with limited income)?  YES  NO

Is this property predominantly used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34 020)? See ETA 3215  YES  NO

**6** YES NO

Is this property designated as forest land per chapter 84.33 RCW?  YES  NO

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?  YES  NO

Is this property receiving special valuation as historical property per chapter 84.26 RCW?  YES  NO

If any answers are yes, complete as instructed below.

**(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) NEW OWNER(S):** To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale (RCW 84.33 140 or RCW 84.34 108). Prior to signing (1) below, you may contact your local county assessor for more information.

This land  does  does not qualify for continuance

DEPUTY ASSESSOR \_\_\_\_\_ DATE \_\_\_\_\_

**(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S):** To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale

(3) NEW OWNER(S) SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**7** List all personal property (tangible and intangible) included in selling price

N/A

If claiming an exemption, list WAC number and reason for exemption

WAC No. (Section/Subsection) 458-61A-202(6)(I)

Reason for exemption Nonprobated will or operation of law. (M) A lack of probate affidavit attesting that the affiant or affiants are the rightful heirs to the property

Type of Document LACK OF PROBATE AFF

Date of Document 7/27/2020

Gross Selling Price \$	10.00
Personal Property (deduct) \$	0.00
Exemption Claimed (deduct) \$	0.00
Taxable Selling Price \$	10.00
Excise Tax: State	
Less than \$500,000.01 at 1.1% \$	0.11
From \$500,000.01 to \$1,500,000 at 1.25% \$	0.00
From \$1,500,000.01 to \$3,000,000 at 2.75% \$	0.00
Above \$3,000,000 at 3.0% \$	0.00
Agricultural and timberland at 1.25% \$	0.00
Total Excise Tax: State \$	0.11
Local \$	0.05
*Delinquent Interest: State \$	0.00
Local \$	0.00
*Delinquent Penalty \$	0.00
Subtotal \$	0.16
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	4.84
Total Due \$	10.00

A MINIMUM OF \$10.00 IS DUE IN FEES AND/OR TAX  
\*SEE INSTRUCTIONS

**8** I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature of Grantor or Grantor's Agent N. Jean Ryan Signature of Grantee or Grantee's Agent N. Jean Ryan

Name (print) N. JEAN RYAN Name (print) N. JEAN RYAN

Date & city of signing 9-16-2020 Sedro Woolley Date & city of signing 9-16-2020 Sedro Woolley

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A 20.020(1C))