



202110120172

10/12/2021 03:45 PM Pages: 1 of 8 Fees: \$210.50  
Skagit County Auditor

Filed for Record at request of  
and return to:  
STILES & LEHR INC., P.S.  
P.O. Box 228 / 925 Metcalf Street  
Sedro Woolley, WA 98284

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2021-4880  
OCT 12 2021

Amount Paid \$0  
By Skagit Co. Treasurer Deputy

Legal A : MARENGO TO BAKER, BLOCK 4, LOT 1-6  
Tax Parcel # 4051-004-006-000 / P109035

Legal B: MARENGO TO BAKER LOT 20 BLK 4 & ALSO EXC FDP BAT SE COR SD LT TH N  
37FT ALG E LN TH SW 48.92FT TAP ON S LN SD LT WH IS 1.75FT E OF SW COR SD  
LT TH W 32FT ALG S LN SD LT TPOB  
Tax Parcel #: 4051-004-020-0008 / P70636

**LACK OF PROBATE REAL ESTATE AFFIDAVIT**

State of Washington )  
 ) ss.  
County of Skagit )

The affiants, DAVID S. LEDFORD, and VICKI D. PAST, execute this affidavit relating to the estate of JACK DEAN LEDFORD and GERALDINE "JERRY" LEDFORD, the Decedents, who died on June 19, 2005 and February 18, 2006 respectively, in the County of Skagit, State of Washington, then being residents of the City of Concrete, County of Skagit, State of Washington. A copy of the death certificates are attached hereto.

DAVID S. LEDFORD and VICKI D. PAST, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiants are the rightful heirs to the property described below.

**Relationship of the Affiant to the Decedent**

The affiants are (check one):

- The lawful surviving spouse of the Decedents
- Registered domestic partner of the Decedents
- Surviving children of the Decedents
- 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:) \_\_\_\_\_

**Names of All Heirs of the Decedent**

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
David Scott Ledford PO Box 328 Concrete, WA 98237	Legal	Son
Vicki D. Past 42647 Challenger Rd Concrete, WA 98237	Legal	Daughter
Charles W. Ledford	Deceased	Son
Sheri V. Ledford	Deceased	Daughter

**Description of the Property**

4. That among the items of real property owned by the Decedents at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

**Legal A :**

LOTS 1-6, INCLUSIVE, BLOCK 4, "MARENGO ADDITION TO BAKER", AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 97, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

**Legal B:**

MARENGO TO BAKER LOT 20 BLK 4 & ALSO EXC FDP BAT SE COR SD LT TH N 37FT ALG E LN TH SW 48.92FT TAP ON S LN SD LT WH IS 1.75FT E OF SW COR SD LT TH W 32FT ALG S LN SD LT TPOB

SITUATED IN SKAGIT COUNTY, WASHINGTON.

5. **Status of the Will (if any)**

- The decedents left no Will that devises real property.
- The decedents left a Will that devises real property.
- The decedents' estate is not being probated.

The decedents died having left identical Last Will and Testaments, dated 1/30/92. The Wills devise and state that:

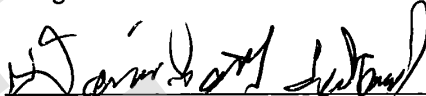
IV. Alternate Disposition

(B) All the rest, residue and remainder of my estate, whether real, personal or mixed, and wheresoever situated, I hereby give, devise and bequeath to my said children, DAVID SCOTT LEDFORD, SHERRI VAUN LEDFORD, VICKI DEANN PAST, and CHARLES WILLIAM LEDFORD, in equal shares, share and share alike.

If my daughter, VICKI DEANN PAST, fails to survive me then her share of my estate shall be distributed to her children, JENNIFER DEAN PAST and JAMES MATHEW PAST, JR., in equal shares, share and share alike.

If any other of my children fail to survive me then his or her share shall be distributed equally to my then surviving children.

DATED: 10/1, 2021

  
David Scott Ledford - Affiant

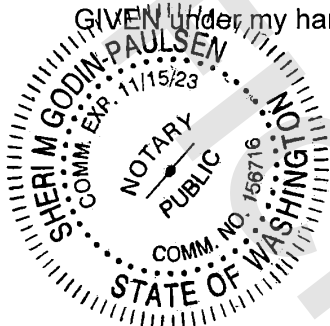
DATED: 10/4, 2021

  
Vicki D. Past - Affiant

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me **David S. Ledford** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 1 day of October, 2021.



Sherim Godin Paulsen  
Notary Public in and for the State of Washington,  
residing at Clearlake  
My appointment expires 11-15-23

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me **Vicki D. Past** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 4 day of October, 2021.



Julie Huerta  
Notary Public in and for the State of Washington,  
residing at Sedro Woolley  
My appointment expires 12-20-22

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 47-05 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix: JACK DEAN LEDFORD 2. Death Date: Jun 19, 2005

3. Sex (M/F): Male 4a. Age - Last Birthday: 69 4b. Under 1 Year: Months Days 4c. Under 1 Day: Hours Minutes 5. Social Security Number: [Redacted] 6. County of Death: Skagit

7. Birthdate: [Redacted] 8a. Birthplace (City, Town, or County): Franklin 8b. (State or Foreign Country): No. Carolina 9. Decedent's Education: 6th Grade

10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify: No 11. Decedent's Race(s): Caucasian 12. Was Decedent ever in U.S. Armed Forces?: No

13a. Residence: Number and Street (e.g. 824 SE 5<sup>th</sup> St.) (include Apt. No.): 45709 Limestone St. 13b. City or Town: Concrete

13c. Residence: County: Skagit 13d. Tribal Reservation Name (if applicable): 13e. State or Foreign Country: Washington 13f. Zip Code + 4: 98237 13g. Inside City Limits?  Yes  No  Unk

14. Estimated length of time at residence: 49 years 15. Marital Status at Time of Death: Married 16. Surviving Spouse's Name (Give name prior to first marriage): Jerry Farr

17. Usual Occupation (Indicate type of work done during most of working life (DO NOT USE RETIRED)): Logger 18. Kind of Business/Industry (Do not use Company Name): Timber

19. Father's Name (First, Middle, Last, Suffix): Charlie Ledford 20. Mother's Name Before First Marriage (First, Middle, Last): Pearl [Redacted]

21. Informant's Name: Jerry Ledford 22. Relationship to Decedent: Spouse 23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 328 Concrete WA 98237

24. Place of Death, if Death Occurred in a Hospital: Long Term Nursing Facility

25. Facility Name (if not a facility, give number & street or location): Life Care Center of Skagit Valley 26a. City, Town, or Location of Death: Sedro-Woolley 26b. State: WA 27. Zip Code: 98284

28. Method of Disposition: Cremation 29. Place of Final Disposition (Name of cemetery, crematory, other place): Northwest Crematory 30. Location-City/Town, and State: Anacortes, Washington

31. Name and Complete Address of Funeral Facility: Lemley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284 32. Date of Disposition: June 22, 2005

33. Funeral Director Signature: [Signature]

34. Cause of Death (See Instructions and examples) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Methicillin Resistant Staphylococcus Pneumonia Interval between Onset & Death: 6 months

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. Due to (or as a consequence of) Interval between Onset & Death:

c. Due to (or as a consequence of) Interval between Onset & Death:

d. Due to (or as a consequence of) Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Emphysema, Congestive heart failure

36. Autopsy?  Yes  No 37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death:  Natural  Homicide  Accident  Undetermined  Suicide  Pending 39. If female:  Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  Unknown if pregnant within the past year 40. Did tobacco use contribute to death?  Yes  No  Probably  Unknown

41. Date of Injury (mm/dd/yyyy): 42. Hour of Injury (24hrs): 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): 44. Injury at Work?  Yes  No  Unk

45. Location of Injury: Number & Street: Apt No: City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred: 47. If transportation injury, specify:  Driver/Operator  Pedestrian  Passenger  Other (Specify):

48a. Certifying Physician: [Signature] 48b. Medical Examiner/Coroner: [Signature]

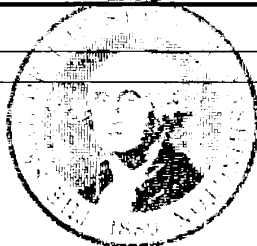
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Daniel Garcia MD 7438 D. Ave #A Concrete, WA 98237 50. Hour of Death (24hrs): 1400

51. Name and Title of Attending Physician if other than Certifier (Type or Print): 52. Date Signed (mm/dd/yyyy): June 21, 2005

53. Title of Certifier: Physician 54. License Number: WA 19608 55. ME/Coroner File Number: 56. Was case referred to ME/Coroner?  Yes  No

57. Registrar Signature: [Signature] 58. Date Recorded (mm/dd/yyyy): JUN 21 2005

59. Amendments:



DOHCHS 003 Rev 2/08/2004

DOH 01-003 (5/99)



### Affidavit for Correction

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 forgoing 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 DOH/CHS 021)**

#### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (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.



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

MM00420007

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 20-06 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST 2. Death Date  
 Geraldine Mae Ledford Feb. 18, 2006

3. Sex (M/F) 4a. Age - Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. Social Security Number 6. County of Death  
 Female 67 Months Days Hours Minutes [redacted] Skagit

7. Birthdate 8a. Birthplace (City, Town, or County) 8b. (State or Foreign Country) 9. Decedent's Education  
 [redacted] Fort Lewis Washington High School Graduate

10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify 11. Decedent's Race(s) 12. Was Decedent ever in U.S. Armed Forces? No  
 No White

13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.) 13b. City or Town  
 45709 Limestone Street Concrete

13c. Residence, County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. Inside City Limits?  
 Skagit Washington 98237  Yes  No  Unk

14. Estimated length of time at residence. 15. Marital Status at Time of Death 16. Surviving Spouse's Name (Give name prior to first marriage)  
 26 years Widowed

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) 18. Kind of Business/Industry (Do not use Company Name)  
 Clerk/Treasurer City Government

19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last)  
 Adelbert Vaughn Farr Jeanette Emma

21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RFD No. City or Town State Zip  
 Charles Ledford Son PO Box 328 Concrete, Washington 98237

24. Place of Death, if Death Occurred in a Hospital:  Hospital  Decedent's Residence

25. Facility Name (if not a facility, give number & street or location) 26a. City, Town, or Location of Death 26b. State 27. Zip Code  
 45709 Limestone Street Concrete WA 98237

28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State  
 Cremation Neptune Society Cremation Services Kent, Washington

31. Name and Complete Address of Funeral Facility 32. Date of Disposition  
 Neptune Society 19324 40th Avenue West #A Lynnwood, Washington 98036 February 28, 2006

33. Funeral Director Signature X

Cause of Death (See Instructions and examples)  
 34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.  
 IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. liver failure Interval between Onset & Death: months  
 b. alcoholism Interval between Onset & Death: years  
 c. Due to (or as a consequence of)  
 d. Due to (or as a consequence of)

35. Other significant conditions contributing to death but not resulting in the underlying cause given above  
Renal insufficiency, diabetes, COPD

36. Autopsy?  Yes  No 37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death 39. If female 40. Did tobacco use contribute to death?  
 Natural  Homicide  Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  Yes  
 Accident  Undetermined  Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  Probably  
 Suicide  Pending  Unknown if pregnant within the past year  No  Unknown

41. Date of Injury (mm/yyyy) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work?  
 Yes  No  Unk

45. Location of Injury: Number & Street Apt No  
 City or Town County State Zip Code + 4

46. Describe how injury occurred 47. If transportation injury, specify:  
 Driver/Operator  Pedestrian  
 Passenger  Other (Specify)

48a. Certifying Physician: To the best of his knowledge, the undersigned certifies that the date and place and (due to the surface) and manner stated.  
 J. M. C. X

48b. Medical Examiner/Coroner: On the basis of examination and/or investigation, at the signed death certificate at the time, date, and place stated, the cause(s) of death is/are stated.  
 X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 50. Hour of Death (24hrs)  
 Jonathan Fish 2241 Hospital Drive Sedro-Woolley, WA 98284 0400

51. Name and Title of Attending Physician (if other than Certifier (Type or Print)) 52. Date Signed (mm/yyyy)  
 M.D. 02/23/2006

53. Title of Certifier 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner?  
 M.D. 00039820  Yes  No

57. Registrar Signature 58. Date Received (mm/yyyy)  
 Corinne Anderson, Deputy FEB 28 2006

59. Amendments



DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (5/99)



### Affidavit for Correction

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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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 forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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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 DOH/CHS 021)**

**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (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.

**\*CERTIFIED\***  
MAR 06 2006  
*Howard Leibrand*  
Skagit County Public Health Department  
Howard Leibrand M.D., Health Officer

NNO0946219