

## Return Address:

Guardian DW Title  
3202 Commercial Ave.  
Anacortes, WA 98221

GNW 21-13617

## AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Thomas G. Lane, being first duly sworn  
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is husband  
Relationship to decedent  
 of Roberta Lee Lane who died on 4/12/18  
Decedent/Grantor Date  
 at Anacortes Skagit WA  
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: see attached Exhibit A

Ptn. of 4-34-2E, W.M., SE SW

Assessor's Property Tax Parcel/Account Numbers: (List All)

P19821

(Attach full legal description(s) of the property)

☐ Decedent left no Last Will and Testament and no Community Property Agreement; or

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:  
 (See attached copy) or

☒ Decedent left a Community Property agreement recorded in Skagit County as  
 Auditor's File No. \_\_\_\_\_ in favor of the surviving spouse or  
 an unrecorded agreement which has been attached hereto; or

☐ Decedent left a will which is being/was probated in \_\_\_\_\_ County,  
 State of Washington as Superior Court Cause No. \_\_\_\_\_

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Thomas Lane, 78, spouse			
Full name, age and relationship			
Address	City	State	Zip
Kristi Schumacher, 62, daughter			
Full name, age and relationship			
1716 15th St. Anacortes, WA 98221			
Address	City	State	Zip
Kimberly Cullum, 67, daughter			
Full name, age and relationship			
6909 Cady Rd. Everett, WA 98203			
Address	City	State	Zip
Susan Clarke, 59, daughter			
Full name, age and relationship			
1103 18th St Anacortes, WA 98221			
Address	City	State	Zip
Keven Graves, 57, son			
Full name, age and relationship			
1514 SW Vanguard Oak Harbor WA 98277			
Address	City	State	Zip
Ian Lane, 47, son			
Full name, age and relationship			
1611 9th St. Anacortes, WA 98221			
Address	City	State	Zip
Full name, age and relationship			
Address	City	State	Zip
Full name, age and relationship			
Address	City	State	Zip
Full name, age and relationship			
Address	City	State	Zip
Full name, age and relationship			
Address	City	State	Zip
Full name, age and relationship			

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$1,000,000.00 of which approximately \$300,000.00 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (X) OR those shown on an attachment (s) hereto ( ).

The Affiant further declares that the decedent had ( ) OR had never ( ) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 11/12/2021

In  
Affiant's full name Telephone number  
1611 9th St. Anacortes WA 98221  
Street City State Zip Code

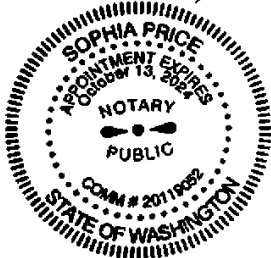
State of Washington County of Skagit

I know or have satisfactory evidence that Thomas G. Lane  
(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: Nov. 12, 2021 [Signature]  
Signature of Notary Public

(SEAL OR STAMP)



Residing at Anacortes

Notary Public in and for the State of WA

My appointment expires: Oct. 13, 2024

(Based on REV 84 0017 (1/3/17))

**EXHIBIT A**  
**LEGAL DESCRIPTION**

Property Address: 8626 Stevenson Road, Anacortes, WA 98221  
Tax Parcel Number(s): P19821; 340204-0-030-0008

**Property Description:**

Part of the Southwest 1/4 of the Southeast 1/4 of Section 4, Township 34 North, Range 2 East, W.M., described as follows:

Beginning at a point 422 feet East of the Northwest corner of said Southwest 1/4 of the Southeast 1/4;  
thence South 277 feet;  
thence East 315 feet;  
thence North 277 feet;  
thence West to the Point of Beginning;  
EXCEPT any portion thereof lying East of a line 589.6 feet West of and parallel with the East line of said Southwest 1/4 of the Southeast 1/4, said Section; and also EXCEPT County Road rights of way; together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in any wise appertaining.

Situate in Skagit County, Washington

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-017274

DATE ISSUED: 04/18/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERTA LEE  
LAST NAME(S): LANE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 12, 2018  
HOUR OF DEATH: 04:45 AM  
SEX: FEMALE AGE: 84 YEARS  
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:  
BIRTH PLACE: BURLINGTON, WA

MARITAL STATUS: MARRIED  
SPOUSE: THOMAS GLENN LANE

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

INFORMANT: TOM LANE  
RELATIONSHIP: HUSBAND  
ADDRESS: 1611 - 9TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:  
A: ESOPHAGEAL CARCINOMA  
INTERVAL: MONTHS  
B: ACUTE BLOOD LOSS ANEMIA  
INTERVAL: WEEKS

C:  
INTERVAL:

D:  
INTERVAL:

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1611 - 9TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1611 - 9TH STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER/PARENT: ERNEST BRATTON PARKER  
MOTHER/PARENT:

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: APRIL 17, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.


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

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: CLAUDE LES CONWAY, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1213 24TH STREET, SUITE 100  
CITY, STATE, ZIP: ANACORTES, WA 98221  
DATE SIGNED: APRIL 16, 2018

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 18SK0115  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: APRIL 17, 2018

 <b>Affidavit for Correction</b>		Mail to: <b>Center for Health Statistics</b> P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
<b>This is a legal document. Complete in ink and do not alter.</b>			
<b>STATE OFFICE USE ONLY</b>			
State File Number	Fee Number	Initials	Date
Affidavit Number			
<b>Required information must match current information on record</b>			
<b>Required</b>	<b>Record Type:</b> <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		
	<b>1. Name on Record:</b>		<b>2. Date of Event:</b>
	<b>3. Place of Event:</b>		<b>4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution):</b>
	<b>5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution):</b>		<b>6. Name of Person Requesting Correction:</b>
	<b>Relationship to Person on Record:</b> <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)		
<b>7. Return Mailing Address:</b>			
<b>Telephone Number:</b>		<b>Email Address:</b>	
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>			
<b>The record now shows:</b>		<b>The true fact is:</b>	
8.		9.	
10.		11.	
12.		13.	
14.		15.	
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct</b>			
<b>16a. Signature:</b>		<b>16b. Signature of 2<sup>nd</sup> parent (if required):</b>	
<b>Printed name:</b>		<b>Printed name:</b>	
<b>Date:</b>		<b>Date:</b>	
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>			
<b>Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof</b>			
<b>Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:</b>			
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Passport</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>			
<b>Birth Certificates</b>			
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>			
<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>			
<b>Adult (18 years or older)</b>			
<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>			
<b>*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.</b>			
<b>This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)</b>			
<b>Death Certificates</b>			
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.			
<b>Marriage/Dissolution (Divorce) Certificates</b>			
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\*

APR 18 2018

*Howard Lebrand*  
 Skagit County Health Department  
 Howard Lebrand M.D., Health Officer



01803894

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.