

When recorded return to:
Elizabeth A. Breakey
720 11th Street Unit B3
Bellingham, WA 98225

DOCUMENT TITLE(S)

Lack of Probate

CHICAGO TITLE CO.
620050316

GRANTOR(S)

Gordon R. Breakey

GRANTEE(S)

Elizabeth A. Breakey

ABBREVIATED LEGAL DESCRIPTION

LT 4, SKAGIT COUNTY SP NO. 92-054; PTN NE 1/4 OF 19-36-4 & PTN OF NW 1/4 OF 20-36-4

Complete legal description is on page 6 of document

TAX PARCEL NUMBER(S)

~~P49606/360419-1-00117~~ and P49606/360420-2-007-0207
P49462

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 2022-154
Date 01/14/2022

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds

STATE OF Washington

Title Insurance Commitment No.: 70188201

COUNTY OF Skagit Whatcom

County: Skagit

The undersigned, Elizabeth Ann Breakey, executes this affidavit relating to the estate of Gordon Ray Breakey (herein "Decedent"), who died on 4/15/2018, in the County of King, State of Washington.

(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 (1) 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 grandchildren, parents, brothers and 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; see RCW11.04.015:*

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 and relationship: Elizabeth A Breakey-spouse

Address: _____

Name and relationship: Kyle Breakey-son

Address: _____

Name and relationship: Ryan Breakey-son

Address: _____

Name and relationship: _____

Address: _____

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds
(continued)

Name and 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 Elizabeth Ann Breakey
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - married to Elizabeth Ann Breakey
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
3. That on the date of death the Decedent was a citizen of the following country USA and a permanent resident of USA (if Decedent was a resident different from that of their citizenship).
4. 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 Yakima County recording no. _____ (if unrecorded, attach a copy)
5. 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. _____
6. If title transferred pursuant to a Transfer of Death Deed: No
 - That there was no consideration (monetary, non-monetary, in-kind, etc.) given for the deed
 - That there was consideration given in the amount of \$ _____, including the value of monetary, non-monetary, in-kind, and other consideration.
7. 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.

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds
(continued)

- That State and/or Federal succession or inheritance taxes are due in the approximate amount of \$ _____, but have not been paid.
- 8. 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.
- 9. If title was owned by the decedent in **joint tenancy**: Yes, title owned 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.
 - That the interest of no one (1) 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;
 - That the joint tenancy continued in full force until the death of the Decedent and, if there are two (2) 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): Mortgage on property to Banner Bank.

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 1,000,000.00, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 500,000.00, and including the value of Decedent's separate property, if any, of approximately \$ _____, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ _____.

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds
(continued)

This affidavit is made to induce Chicago 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 to 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.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

DocuSigned by:
Elizabeth Breakey
33F2B41175DC479

Signature

12/18/2021

Elizabeth Breakey

Print Name

X Elizabeth Breakey
01/10/2022

State of Washington
County of Whatcom

Signed and sworn to (or affirmed) before me on 01/10/2022 by Elizabeth Breakey
(name of person making statement).

Shelby G Brooks

Name: Shelby G Brooks
Notary Public in and for the State of Washington,
Residing at: Whatcom
My appointment expires: 5/16/2024

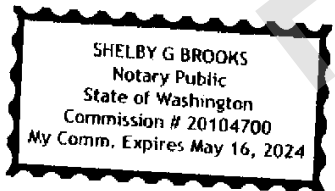


EXHIBIT "A"

Order No.: 70188201

LOT 4, SKAGIT COUNTY SHORT PLAT NO. 92-054, APPROVED MAY 25, 1993 AND RECORDED MAY 28, 1993 IN VOLUME 10 OF SHORT PLATS, PAGE(S) 200 AND 201, UNDER SKAGIT COUNTY AUDITOR'S FILE NO. 9305280033, BEING A PORTION OF THE NORTHEAST ¼ OF SECTION 19, TOWNSHIP 36 NORTH, RANGE 4 EAST, W. M., AND A PORTION OF THE NORTHWEST 1/4 OF SECTION 20, TOWNSHIP 36 NORTH, RANGE 4 EAST, W.M.
SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-017246

DATE ISSUED: 12/21/2021
FEE NUMBER: 136145317

FIRST AND MIDDLE NAME(S): GORDON RAY
LAST NAME(S): BREAKY

COUNTY OF DEATH: KING
DATE OF DEATH: APRIL 15, 2018
HOUR OF DEATH: 04:11 AM
SEX: MALE AGE: 67 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

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

RESIDENCE STREET: 19010 FRIDAY CREEK LN
CITY, STATE, ZIP: BURLINGTON, WA 98233-8513
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SALEM, OR

FATHER: DONALD R BREAKY
MOTHER: PEARL [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: ELIZABETH A SHELTON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

OCCUPATION: MANAGER
INDUSTRY: FOOD PROCESSING
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: APRIL 16, 2018

INFORMANT: RYAN BREAKY
RELATIONSHIP: SON
ADDRESS: 19010 FRIDAY CREEK LN, BURLINGTON, WA 98233

FUNERAL FACILITY: ELEMENTAL CREMATION & BURIAL - BELLEVUE

ADDRESS: 10900 NE 8TH STREET STE 1000
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004
FUNERAL DIRECTOR: STACEY C. DALMAN

CAUSE OF DEATH:
A: SUBDURAL HEMATOMA
INTERVAL: DAYS
B: BLUNT FORCE HEAD INJURY
INTERVAL: DAYS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSIVE
CARDIOVASCULAR DISEASE, ATRIAL FIBRILLATION

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

DATE OF INJURY: APRIL 05, 2018
HOUR OF INJURY: 03:00 PM
INJURY AT WORK: NO
PLACE OF INJURY: RESIDENCE OF ANOTHER

CERTIFIER NAME: TIMOTHY L. WILLIAMS, MD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER
CITY, STATE, ZIP: SEATTLE, WA 98104
DATE SIGNED: APRIL 16, 2018

LOCATION OF INJURY: 2744 HIGH STREET SE

CITY, STATE, ZIP: SALEM, OREGON 97302
COUNTY: MARION
DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL.

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 18-0783
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: APRIL 16, 2018



Affidavit for Correction

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, 2. Date of Event, 3. Place of Event
4. Father/Parent Full Birth Name, 5. Mother/Parent Full Birth Name
6. Name of Person Requesting Correction, Relationship to Person on Record

7. Return Mailing Address
Telephone Number, Email Address

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:
The record currently shows: 8, 10, 12
The true fact is: 9, 11, 13

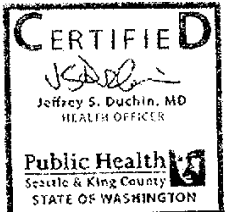
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.
14a. Signature, 14b. Signature of 2nd parent (if required)
Printed name, Date

INSTRUCTIONS - go to www.doh.wa.gov for more information
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:
• Birth/Marriage/Divorce record • Military record (DD 214) • School transcripts • Social Security Numident Report
• Certificate of Naturalization • Hospital/medical record • Copy of Passport / Enhanced ID • Green/Permanent Resident card (I-551)
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159)
Child under 18
• If legal guardian(s), include certified court order proving guardianship.
• Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required
• To correct the sex of the child, one proof documentation from a medical provider 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.
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 proof documentation are required.
• If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
• To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



0 5 3 7 4 0 6 3

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