

"LACK OF PROBATE" AFFIDAVIT --- COMMUNITY PROPERTY
(For FIRST AMERICAN TITLE INSURANCE COMPANY)STATE OF Washington)
COUNTY OF SKAGIT) ss.Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20223992
Date 09/29/2022**THOMAS Z. PEDEN**, being first duly sworn, declares as follows:

1. Status. I am the surviving spouse of AMY C. PEDEN, who died on August 28, 2020, then a resident of Sedro Woolley, Skagit County, Washington, at Sedro Woolley, Skagit County, Washington. A certified copy of his/her Death Certificate is attached to this Affidavit.

2. Real Property. Decedent left a community interest in the real property described in the attachment to this Affidavit.

- ☒ Decedent and I acquired the real property as community property by Deed dated _____ and recorded under _____ County Recording No. _____
- OR ---
- ☐ Decedent and I converted the real property from separate property to community property by Deed dated _____ and recorded under _____ County Recording No. _____
- OR ---
- ☐ Decedent and I converted the real property from separate property to community property and provided for the disposition of all community property by Community Property Agreement dated _____ and recorded under _____ County Recording No. _____
- The Community Property Agreement has remained in full force and effect since its execution, and a copy it is attached to this Affidavit.

3. Decedent's Will & Probate.

- ☒ Decedent left no Will.
- OR ---
- ☐ Decedent left a Will, a copy of which is attached to this Affidavit. The Will, although unrevoked at Decedent's death, was not offered for probate.
- OR ---
- ☐ Decedent left a Will, a copy of which is attached to this Affidavit. The Will was admitted to probate by Order dated _____, of the Superior Court of _____

Washington for _____ County, Cause No. _____.
A certified copy of the *Order Admitting Will to Probate* is attached to this Affidavit.

4. Character and Value of Decedent's Estate. The approximate value of Decedent's estate at death is as follows:

| Property | Approximate Value |
|-----------------------------|-------------------|
| One-half share of community | \$ _____ |
| Separate property | \$ _____ |
| Total | \$ _____ |

5. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full.

6. Federal Estate Tax.



Decedent's estate was not liable for federal estate tax.

--- OR ---



Decedent's estate was liable for federal estate tax. The tax has been paid in full, and a copy of the IRS Estate Tax Closing Letter is attached to this Affidavit.

7. Washington Estate Tax.



Decedent's estate was not liable for Washington estate tax.

--- OR ---



Decedent's estate was liable for Washington estate tax. The tax has been paid in full, and a copy of the Washington Department of Revenue's Release is attached to this Affidavit.

8. Washington Assistance.



Decedent was not liable for repayment for subsistence or medical care to the state of Washington.

--- OR ---




Decedent was liable for repayment for subsistence or medical care to the state of Washington, which has been repaid in full.

9. Purpose of Affidavit. I am making this Affidavit to induce First American Title Insurance Company, in reliance on the representations made in this Affidavit, to issue one or more policies of title insurance on the real property passing to me, as Decedent's surviving spouse, because the real property was either:

- Decedent's and my community property, or

- Decedent's separate property that had been converted to community property by the Deed or Community Property Agreement described in this Affidavit.


Dated: 3-5-21


THOMAS Z. PEDEN
27013 Helmick Road,
Sedro Woolley, WA 98284

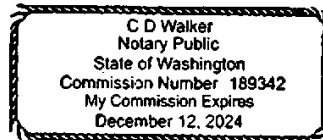
STATE OF Washington)
COUNTY OF SKAGIT) ss

Signed and sworn to (or affirmed) before me on this 5th day of MARCH,
20 21, by THOMAS Z. PEDEN.

DATED: 3.5.21


NOTARY PUBLIC in and for the State of Washington
residing at Sedro Woolley, WA 98284
My commission expires: 12.12.24

(SEAL)



Attachment to
COMMUNITY PROPERTY AFFIDAVIT

Description of Real Property

TRACT 1 OF SKAGIT COUNTY SHORT PLAT NO. 519-81, APPROVED JULY 9, 1981, AND RECORDED JULY 10, 1981, IN VOLUME 5 OF SHORT PLATS, PAGE 97, UNDER AUDITOR'S FILE NO. 8107100001, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF SECTION 10, TOWNSHIP 35 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-040289

DATE ISSUED: 09/09/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): AMY C
LAST NAME(S): PEDEN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 28, 2020
HOUR OF DEATH: 07:30 PM
SEX: FEMALE AGE: 51 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SAN DIEGO, CA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: THOMAS Z PEDEN

OCCUPATION: INSURANCE AGENT
INDUSTRY: INSURANCE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: THOMAS PEDEN
RELATIONSHIP: HUSBAND
ADDRESS: 27013 HELMICK RD SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:

A: BREAST CARCINOMA WITH METASTATIC DISEASE TO LIVER, BONE WITH MALIGNANT EFFUSION AND ASCITES

INTERVAL: 8 YEARS

B:
INTERVAL:

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: 27013 HELMICK RD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 27013 HELMICK RD
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: MICHEAL HEMSCHMEYER
MOTHER: JUDITH [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: SEPTEMBER 02, 2020

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 500
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

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: NOT PREGNANT WITHIN THE PAST YEAR

CERTIFIER NAME: DEBORAH NORTH, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: SEPTEMBER 01, 2020

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: SEPTEMBER 02, 2020

DOH 422-132 (01/18)

NOT VALID IF PHOTOCOPIED OR ALTERED