



202210240023

10/24/2022 09:01 AM Pages: 1 of 11 Fees: \$213.50  
Skagit County Auditor

JONES BUTLER DOLAN, PS  
P.O. Box 458  
Stanwood, WA 98292  
360-629-3833

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022 4319  
OCT 24 2022

Amount Paid \$ 0  
Skagit Co. Treasurer  
By [Signature] Deputy

**LACK OF PROBATE AFFIDAVIT  
COMMUNITY PROPERTY**

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**Document Title:** Lack of Probate Affidavit – Community Property

**Grantor:** William R. McCulloch, Jr., deceased

**Grantee:** Carolyn D. McCulloch, a single woman

**Assessor Parcel No:** P55615

**Address:** 1310 10<sup>th</sup> Street  
Anacortes, WA 98221

**Abbreviated Legal:** LOT 15 AND THE WEST HALF OF LOT 16, BLOCK 98,  
MAP OF THE CITY OF ANACORTES, ACCORDING TO  
THE PLAT THEREOF RECORDED IN VOLUME 2 OF  
PLATS, PAGES 4 THROUGH 7, RECORDS OF SKAGIT  
COUNTY, WASHINGTON

**Reference No:** 201406120069

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Lack of Probate Affidavit - Community Property

STATE OF WASHINGTON )  
 ) ss:  
 COUNTY OF SNOHOMISH )

Carolyn D. McCulloch, being first duly sworn, declares as follows:

- 1. Status.** I am the surviving spouse of William R. McCulloch, Jr., who died on December 16, 2020, in Sun City West, Arizona, then being a resident of Skagit County, State of Washington. A certified copy of his Death Certificate is attached to this Affidavit as Exhibit A.
- 2. Real Property.** Decedent left a community interest in the real property fully described in Exhibit B attached to this Affidavit. Decedent and I acquired the real property as community property by a Bargain and Sale Deed dated June 12, 2014, and recorded under Skagit County Recording No. 201406120069.
- 3. Decedent's Will & Probate.** Decedent left a Last Will and Testament which has not been Probated or Revoked. Decedent left his entire estate to me as his surviving spouse. A copy of Decedent's Last Will & Testament is attached to this Affidavit as Exhibit C.
- 4. Character and Value of Decedent's Estate.** The estimated value of Decedent's share of this property at death was one hundred sixty-three thousand nine hundred fifty dollars (\$163,950), consisting of his share of community property interest in real property.
- 5. Decedent's Debts & Expenses.** All of the debts and expenses of Decedent, including expenses of last illness, funeral, and burial and all 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.
- 7. Washington Estate Tax.** Decedent's estate was not liable for Washington estate tax.
- 8. Washington Assistance.** Decedent was not liable for repayment for subsistence or medical care to the state of Washington.
- 9. Purpose of Affidavit.** I am making this Affidavit to induce any 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 Decedent's and my community property.

**Lack of Probate Affidavit - Community Property**



**STATE OF ARIZONA**  
**CERTIFICATION OF VITAL RECORD**

922810240023

102-2020-071839 Page 4

ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS  
**CERTIFICATE OF DEATH**

State File Number  
102-2020-071839

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>WILLIAM, ROBERT, MCCULLOCH, JR</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>12/16/2020</b>	
4. SEX <b>MALE</b>	5. SOCIAL SECURITY NUMBER [REDACTED]	6. DATE OF BIRTH [REDACTED]	7. AGE <b>89 YEARS</b>		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>SUN CITY WEST, MARICOPA, 85375</b>					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>DECEDENTS WINTER RESIDENCE - 12735 W GABLE HILL DRIVE</b>					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>REDMOND, OREGON</b>		11. MARITAL STATUS <b>MARRIED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>CAROLYN, DOROTHY, SPENCE</b>	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>1310 10TH STREET, ANACORTES, SKAGIT, WA, 98221</b>					
14. DECEDENT'S HISPANIC ORIGIN(S) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		15. DECEDENT'S RACE(S) <b>WHITE</b>		16. EVER IN ARMED FORCES <b>YES</b>	
17. OCCUPATION <b>ACCOUNT MANAGER</b>					
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>WILLIAM, ROBERT, MCCULLOCH</b>			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>KATHLEEN, [REDACTED]</b>		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>CAROLYN, DOROTHY, [REDACTED]</b>				21. RELATIONSHIP <b>SPOUSE</b>	
22. INFORMANT'S MAILING ADDRESS <b>1310 10TH STREET, ANACORTES, WA, 98221</b>					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>PALM VALLEY FUNERAL HOME, L.L.C. 10761 W GRAND AVENUE, SUN CITY, AZ, 85351</b>			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>DAVID, OPPERMAN</b>		25. LICENSE NUMBER <b>FDL-001281</b>
26. METHOD(S) OF DISPOSITION <b>CREMATION</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>PARADISE MEMORIAL CREMATORY, INC., SCOTTSDALE, AZ, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
29. A. IMMEDIATE CAUSE OF DEATH <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>				30. APPROXIMATE INTERVAL <b>UNKNOWN</b>	
31. B. DUE TO OR AS A CONSEQUENCE OF:				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:			38. INJURY? <b>NO</b>	39. INJURY AT WORK?	40. MANNER OF DEATH <b>NATURAL DEATH</b>
			41. TIME OF DEATH <b>02:10 PM</b>	42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
<b>CAUSE AND MANNER CERTIFICATION</b>					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.			44. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>SUKHJIT, SINGH</b>		45. DATE CERTIFIED <b>12/18/2020</b>
46. CERTIFIER'S ADDRESS <b>14066 W WADDELL ROAD, SURPRISE, AZ, 85379</b>					

Date Registered: 12/23/2020

Date Issued: 01/08/2021

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA  
Revised 07/2016

*Krystal Colburn*  
**KRYSTAL COLBURN**  
ASSISTANT STATE REGISTRAR



J2456233

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Legal Description

Lot 15 and the West half of Lot 16, Block 98, MAP OF THE CITY OF ANACORTES, according to the Plat thereof recorded in Volume 2 of Plats, page 4 through 7, records of Skagit County, Washington.

Situated in Skagit County, Washington.

EXHIBIT B

Lack of Probate Affidavit - Community Property

**LAST WILL AND TESTAMENT****OF****WILLIAM R. MCCULLOCH, JR.**

I, WILLIAM R. MCCULLOCH, JR., of Shoreline, King County, Washington, being of age of majority and of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament, that is to say:

**I.****Revocation of Prior Wills**

I hereby revoke all Wills and Codicils previously made by me.

**II.****Funeral Directions**

I direct that my remains be decently disposed of under the direction of my representative hereinafter named without undue ceremony or ostentation, but with proper regard to my position in life and the conditions and circumstances of my estate. I specifically direct that my remains be cremated.

**III.****Individuals Remembered**

I bear in remembrance the following:

My spouse:	CAROLYN D. MCCULLOCH, born April 21, 1939;
My son:	WILLIAM R. MCCULLOCH, III, born May 31, 1958;
My son:	BRUCE C. MCCULLOCH, born February 13, 1960; and

My daughter: KELLY I. MCCULLOCH, born June 18, 1962.

I declare that I have no other living children, nor lineal descendants of deceased children.

**IV.**

**Disposition of Estate**

I hereby give, bequeath and devise all of my estate, whether real, personal and/or mixed, wheresoever situate, of whatsoever kind, nature or description unto my wife, CAROLYN D. MCCULLOCH, provided she survives me by sixty (60) days. In the event that my wife, CAROLYN D. MCCULLOCH, does not so survive me then, in that event, I give, bequeath and devise all of my estate, whether real, personal and/or mixed, wheresoever situate, of whatsoever kind, nature or description equally to my three children, WILLIAM R. MCCULLOCH, III, BRUCE C. MCCULLOCH, and KELLY I. MCCULLOCH, share and share alike, that is to say, equally or to the survivor of them.

**V.**

**Payment of Debts**

I authorize and empower my Personal Representative, at her discretion, to pay all my debts and expenses with respect to my estate, as soon as practicable, whether or not claims have been filed, and to reimburse others paying the same.

**VI.**

**Supplemental Writing**

If I prepare a handwritten or signed supplemental writing or list pursuant to the Revised Code of Washington Chapter 11.12.260, as amended, then I give said tangible personal property,

or part of it, to the persons and in the shares designated in said supplemental writing. If I have not prepared such a supplemental writing, or if any of said tangible personal property is not distributed under said supplemental writing, then in any such case, said property or any part thereof remaining undistributed shall be distributed as provided in the following paragraph.

## VII.

### Personal Representative

I nominate and appoint my surviving wife, CAROLYN D. MCCULLOCH, Personal Representative of this my Last Will. In the event my nominee is for any reason unable or unwilling to act as Personal Representative hereof, I nominate and appoint my son, WILLIAM R. MCCULLOCH, III, and my daughter, KELLY I. MCCULLOCH, as Co-Personal Representatives hereof.

My Personal Representative shall be authorized to act as such without bond. If a fiduciary bond may not be dispensed with in any jurisdiction, I request the bond be accepted without surety and in the lowest possible amount. I direct that my estate be settled without the intervention of any court except to the extent absolutely required by law and that my Personal Representative settle my estate in such manner as may be best and most convenient to him.

My Personal Representative shall have all powers granted by law, as well as those conferred in this Will, including:

- (a) Power to mortgage, encumber, lease, sell, exchange and convey any assets of my estate, real or personal, without approval, notice or confirmation;
- (b) Power to advance funds and borrow money, secured or unsecured, from any source;



- (c) Power to settle or compromise any debt or claim by or against my estate on such terms as are deemed reasonable and abandon or write off any property, debt or claim deemed worthless or uncollectible;
- (d) Power to distribute any portion or my estate in advance or any court decree of distribution of final settlement of my estate;
- (e) Power to appoint an ancillary Personal Representative or agent if such should become necessary or advisable in the judgment of the Personal Representative;
- (f) Power to make distributions (including the satisfaction of any pecuniary bequest) in cash or in kind including undivided interests therein, and to do so without regard to the income tax basis of specific property allocated to any beneficiary including any trust;
- (g) Power to make elections under the tax laws as the Personal Representative deems advisable, without regard to the relative interests of the beneficiaries and no adjustment shall be made between principal and income or in the relative interests of the beneficiaries to compensate for the effect of such elections.;
- (h) All powers conferred on the Trustee of any trust herein created as to the administration and investment of trust property;
- (I) Any successor Personal Representative is authorized and directed to accept from any prior Personal Representative on the basis of the account submitted by such prior Personal Representative without requiring an audit or other independent accounting of the acts of such Personal Representative, and any successor Personal Representative shall not have any duty, responsibility, or liability whatsoever for the acts or omissions or any prior Personal Representative.

## VIII.

### Miscellaneous

#### A. VALIDITY.

If any part of this Will is held to be void, invalid, or inoperative, I direct that such voidness, invalidity, or inoperativeness shall not affect any other part of this Will, and that the remainder of this Will shall be carried into effect as though such part has not been contained

herein.

**B. GENDER AND NUMBER.**

As used in this Will, the masculine, feminine, or neuter gender, and the singular or plural number shall be deemed to include the others whenever the context so indicates.

**C. CONTEST.**

In the event any person or persons, organization, institution, or association, whether named herein or not, shall contest this, my Last Will and Testament, or attempt to establish that he, she or it is entitled to any portion of my estate (other than as herein set forth) or to any right as an heir, I hereby give, bequeath and devise to any such person the sum of One Dollar (\$1.00).

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 3<sup>rd</sup> day of

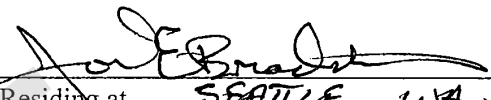
June, 2004.


William R. McCulloch, Jr.  
WILLIAM R. MCCULLOCH, JR.

AFFIDAVIT OF ATTESTATION OF WITNESSES

STATE OF WASHINGTON )  
 )ss.  
COUNTY OF KING )

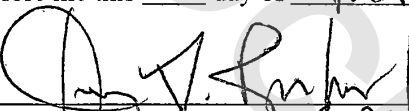
Each of us whose signature appears below, being sworn, says that, on the day last above written, in the presence of each of us, WILLIAM R. MCCULLOCH, JR., signed and declared the foregoing instrument, consisting of six pages, to be his Last Will and Testament, and we have signed below as attesting witnesses, remaining in his presence and in the presence of each other; and that we know WILLIAM R. MCCULLOCH, JR. and he appears to us to be of full age and sound and disposing mind and memory, and competent in every respect to make a Will and not under any restraint, and we make this attestation and affidavit at his request.

  
Residing at SEATTLE WA.

  
Residing at Maple Valley, WA

SUBSCRIBED AND SWORN to before me this 30 day of June, 2004.



  
Printed Name: Kerry A. Richards  
NOTARY PUBLIC in and for the state of  
Washington, residing at Seattle, Wa.  
My commission expires: 5.27.08