

FILED FOR RECORD AT REQUEST OF:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20241090
Date 06/25/2024

WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

LACK OF PROBATE AFFIDAVIT

GRANTOR: WILLIAM A. HARDAN, **deceased**
GRANTEE: DIANE ELIZABETH HARDAN
PARCEL NUMBER: P114351
LEGAL DESCRIPTION: LOT 5, PLAT OF BIRDSVIEW MEADOWS
(Additional legal found on page 2)
REFERENCE NUMBERS: 200412210072 (Deed)

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I, DIANE ELIZABETH HARDAN (“Affiant”), being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of WILLIAM A. HARDAN (“Decedent”), who died testate on December 12, 2023 in Everett, Snohomish County, Washington, and was at the time of their death a resident of Concrete, Skagit County, Washington, as evidenced by the Death Certificate attached hereto as **Exhibit A**.

THAT the Decedent and I were married on the 29th day of November, 1997.

UNWITNESSED
DRAFT

THAT six (6) children were born by the Decedent, namely, ANDREW W. HARDAN, JEFFREY S. HARDAN, PAUL D. HARDAN, TIMOTY J. HARDAN, CASEY C. HARDAN and LISA M. HARDAN all of whom are adults. THAT the Decedent has no children who are now deceased leaving issue surviving nor had they adopted any children.

THAT the Decedent executed their Last Will and Testament on June 21, 2001, the original of which cannot be located, a true and correct copy is attached hereto as **Exhibit B**. Since title to the subject property herein passed to Affiant via operation of law, it is Affiant's intent not to probate said Will (as it is not required).

THAT pursuant to the above referenced documentation and pursuant to the operation of law, I am the sole and rightful heir to the real property described herein below. My name, age, relationship and address is as follows:

DIANE ELIZABETH HARDAN, age 81, Surviving Spouse
8368 Birdsvew Meadows Lane
Concrete, WA 98237

THAT all obligations, expenses of last illness and funeral and burial services owing at the date of death of the Decedent have been paid in full or provided for, and all future and currently unknown expenses connected therewith shall be provided for by the Affiant.

THAT the Decedent had never received from the State of Washington assistance consisting or nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

THAT no inheritance tax or estate tax is due to either the State of Washington or to the United States of America as a result of the Decedent's death.

THAT probate of the Estate of the Decedent has not been instituted nor contemplated.

THAT all of the real property owned by the Decedent at the time of their death, or in which they had an interest was community property, was situated in Concrete, Skagit County, Washington, and is legally described as follows:

LOT 5, PLAT OF BIRDSVIEW MEADOWS, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 17 OF PLATS, PAGE 56 THROUGH 58, RECORDS OF SKAGIT COUNTY WASHINGTON.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

Parcel No.: P114351


THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to DIANE ELIZABETH HARDAN in reliance upon the representations set forth above. Affiant(s) agree(s) to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance. The transfer of real property by this affidavit is made pursuant to WAC 458-61A-202(6)(h).

Dated this 18th day of June, 2024.


DIANE ELIZABETH HARDAN

SUBSCRIBED AND SWORN to before me, by DIANE ELIZABETH HARDAN, this 18th day of June, 2024.




DARELENA DH CHAFE
Notary Public in and for the
State of Washington
Residing in Burlington
My commission expires: 07/23/2026

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



EXHIBIT A

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-062042

LOCAL FILE NUMBER: 5699

DATE ISSUED: 12/22/2023
FEE NUMBER: 311223

FIRST AND MIDDLE NAME(S): WILLIAM ANDREW
LAST NAME(S): HARDAN

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: DECEMBER 12, 2023
HOUR OF DEATH: 09:30 AM
SEX: MALE AGE: 90 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: SUNRISE VIEW
CITY, STATE, ZIP: EVERETT, WASHINGTON 98203

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

RESIDENCE STREET: 8368 BIRDSVIEW MEADOWS LANE
CITY, STATE, ZIP: CONCRETE, WA 98237
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BELLINGHAM, WA

FATHER: HARDAN
MOTHER: UNKNOWN

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DIANE LENTZ

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: AMERICAN CREMATION SERVICES

OCCUPATION: OWNER
INDUSTRY: WINDOWS AND SCREENS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: STANWOOD, WASHINGTON
DISPOSITION DATE: DECEMBER 20, 2023

INFORMANT: DIANE ELIZABETH HARDAN
RELATIONSHIP: WIFE
ADDRESS: 8368 BIRDSVIEW MEADOWS LANE CONCRETE WA 98237

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY
ADDRESS: 1914 4TH ST
CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270
FUNERAL DIRECTOR: GINA L. LANDERHOLM

CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: 5 MINUTES
B: MYOCARDIAL INFARCTION
INTERVAL: 5 MINUTES
C: CORONARY ARTERY DISEASE
INTERVAL: YEARS
D:
INTERVAL:

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

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: SUSAN M. BLUE, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 1330 ROCKEFELLER AVE, SUITE 210
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201
DATE SIGNED: DECEMBER 19, 2023

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: STEPHANIE ANDERSON
DATE RECEIVED: DECEMBER 20, 2023



Affidavit for Correction

Mail to: Center for Health Statistics
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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				

7. Return Mailing Address:
PO Box or Street Address City State Zip

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:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature: Printed name: Date:	14b. Signature of 2 nd 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

- 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.
 - 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.
 - Proof documentation must be five or more years old or established within five years of birth.
 - 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.
- 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.
- *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.

Death Certificates

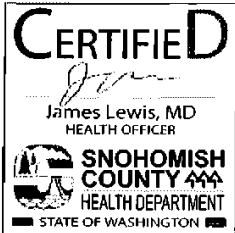
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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



0 7 3 0 9 8 0 8

EXHIBIT B

Last Will and Testament

OF

WILLIAM A. HARDAN

I, WILLIAM A. HARDAN, residing in the State of Washington, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament.

ARTICLE I

IDENTIFICATION OF FAMILY

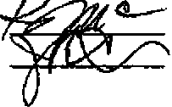
I hereby declare that I am the husband of DIANE ELIZABETH HARDAN, and that at the time of the execution of this Will, I have six children; namely, ANDREW W. HARDAN, JEFFREY S. HARDAN, PAUL D. HARDAN, TIMOTHY J. HARDAN, CASEY C. HARDAN and LISA M. HARDAN. I declare that I have no deceased children, and except as provided in this Will, intend to make no provisions for any person.

ARTICLE II

PAYMENT OF DEBTS

I hereby direct and order that all just debts, for which proper claims are filed against my estate, and expenses of last illness and funeral be paid by my Personal Representative as soon after my death as is practicable; provided, however, that this

WITNESSES:




WILLIAM A. HARDAN, Testator

John A. Henry
17544 Midvale Avenue N
P.O. Box 7026
Shoreline, WA 98133
206-542-3138

direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

ARTICLE III
PERSONAL PROPERTY

I give certain items of personal property to those individuals named in a list kept with my Will. The list is entitled Personal Property, and is subject to change from time to time.

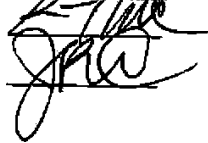
ARTICLE IV
RESIDUARY ESTATE

I give, devise and bequeath the rest, residue and remainder of my estate, whether real or personal, and wheresoever situated to my wife, DIANE ELIZABETH HARDAN. In the event that my said wife should predecease me, or in the event that both my wife and I should die as a result of a common accident, illness or disaster, or within ninety days of each other, then I give, devise and bequeath the residue and remainder of my estate to my children, ANDREW W. HARDAN, JEFFREY S. HARDAN, PAUL D. HARDAN, TIMOTHY J. HARDAN, CASEY C. HARDAN and LISA M. HARDAN in equal shares. In the event that any of my children should predecease me, then I give, devise and bequeath his or her share to their child or children who survives. If none then their share to those children of mine that survive.

ARTICLE V
APPOINTMENT OF PERSONAL REPRESENTATIVE

I hereby nominate and appoint my wife, DIANE ELIZABETH HARDAN,

WITNESSES:




WILLIAM A. HARDAN, Testator

John A. Henry
17544 Midvale Avenue N
P.O. Box 7026
Shoreline, WA 98133
206-542-3138

Personal Representative of y Last Will and Testament, to act without bond. If my wife, Diane Elizabeth Hardan, for any reason is unable or unwilling to act as Personal Representative, then I hereby nominate and appoint my sons, Paul Daniel Hardan and Casey C. Hardan as co-executors of my Last Will and Testament, also without bond.

ARTICLE VI
NONINTERVENTION POWERS

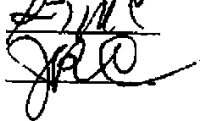
My Personal Representative is to act as such without the intervention of any Court, except as may be required under the laws of the State of Washington in the case of a nonintervention Will.

My Personal Representative herein shall have full power to sell, convey and encumber without notice or confirmation, any asset of my estate, real or personal, at such prices and terms as to my Personal Representative may seem just, whether or not such acts are necessary for the administration of my estate, and to do any and all other acts which my Personal Representative in her discretion may deem necessary or advisable to the administration of my estate.

ARTICLE VII

If any person, whether a beneficiary under this Will or not mentioned herein, shall contest this Will or object to any of the provisions hereof, I give to such person so contesting or objecting the sum of ONE DOLLAR and no more in lieu of the provisions which I might have made or which I have made herein for such person so contesting or objecting.

WITNESSES:




WILLIAM A. HARDAN, Testator

John A. Henry
17544 Midvale Avenue N
P.O. Box 7026
Shoreline, WA 98133
206-542-3138

ARTICLE VIII

I hereby revoke any and all former Wills and Codicils previously made and declare this my Last Will and Testament.

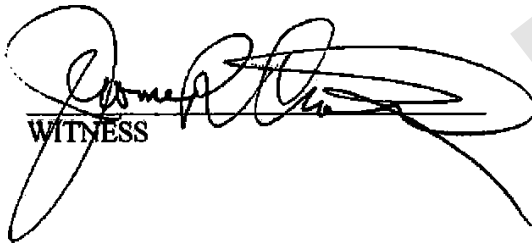
IN WITNESS WHEREOF, I have hereto set my hand this 21 day of June, 2001.


WILLIAM A. HARDAN, Testator

The foregoing instrument, consisting of four pages, of which this is the last, was on the date thereof signed and published by WILLIAM A. HARDAN, who appeared to be of sound and disposing mind and memory, and was by his declared to be his Last Will and Testament, in the presence of us, who, at his request and in his presence and in the presence of each other, have hereunto set our hands as witnesses thereto this _____ day of June, 2001. Each page of this Will bears the signature of the Testator.


WITNESS

104 NW 80th St.
Shoreline, WA 98177


WITNESS

2141 N. 183rd Pl.
Shoreline, WA 98133

John A. Henry
17544 Midvale Avenue N
P.O. Box 7026
Shoreline, WA 98133
206-542-3138

AFFIDAVIT OF SUBSCRIBING WITNESSES

STATE OF WASHINGTON)
COUNTY OF KING } ss.

The undersigned witnesses, after being first duly sworn, on oath, depose and say:

The document hereinabove is and has been declared by the Testator to be his Last Will and Testament and requested the Witnesses to subscribe their names to it, and was signed and published by WILLIAM A. HARDAN, who at said time appeared to be of sound and disposing mind and memory, in the presence of all of the witnesses, and the witnesses attested the execution by all subscribing their names in the presence of the Testator and of each other. The witnesses were all competent and the Testator appeared to act freely and without any duress or undue influence.

WITNESS: *[Signature]*

WITNESS: *[Signature]*

SUBSCRIBED AND SWORN to before me this _____ day of June, 2001.

John A. Henry
NOTARY PUBLIC in and for the State of
Washington, residing at _____
My commission expires _____

John A. Henry
17544 Midvale Avenue N
P.O. Box 7026
Shoreline, WA 98133
206-542-3138

**PERSONAL PROPERTY
OF
WILLIAM A. HARDAN**

To Be Distributed As Follows:

ITEM

(Identify this item by year, make, model, description, and any identifying data so that it can be reasonably identified.)

DISTRIBUTED TO

(Identify this person by name and relationship. If a non-family member, give address or other identifying information.)