

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. 20241269
Date 07/10/2024

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(S): GEORGE A. PAYTON, *deceased*
GRANTEE(S): JOAN K. PAYTON, as her separate property
PARCEL NO(S): P123134
LEGAL DESCRIPTION(S): CASCADE PALMS CONDOMINIUM, PHASE II, Unit 711, Bldg 3
(Full legals on pgs 2-3; with exceptions on pgs 4-6)
REFERENCE NO(S): 201710160202 (Prior Deed)

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I, TENA CROSBY (“Affiant”), being first duly sworn on oath, depose and say:

THAT I am a court appointed Co-Conservator of JOAN K. PAYTON, surviving spouse of GEORGE A. PAYTON (“Decedent”) who died testate on January 30, 2024, in Mount Vernon, Skagit County, Washington, and was at the time of his death a resident of Mount Vernon, Skagit County, Washington. A Death Certificate is attached hereto as **Exhibit B** (following Exhibit A which is later referenced in this document as a legal description for the above described real property).

THAT the Decedent and JOAN K. PAYTON were married on the 8th day of September, 1962. THAT five (5) children were born by the Decedent, namely, all of whom are adults. THAT the Decedent has no children who are now deceased leaving issue surviving nor had they adopted any children.

UNRECORDED
THAT the Decedent never executed a Last Will and Testament; however, their entire estate, including real property interests, passed to Affiant, pursuant to intestate succession laws, RCW 11.04.015(1)(a).

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 to the Decedent and address is as follows:

JOAN K. PAYTON, age 81, Surviving Spouse
2120 E. Division Street
Mount Vernon, WA 98274

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 of 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 undivided one-half interest was community property, was situated in Sedro Woolley, Skagit County, Washington, and is legally described as follows:

UNIT 711, BUILDING 3, "CASCADE PALMS CONDOMINIUM, PHASE II", ACCORDING TO THE THIRD AMENDED DECLARATION THEREOF RECORDED JUNE 22, 2007, UNDER AUDITOR'S FILE NO. 200706220126, RECORDS OF SKAGIT COUNTY, WASHINGTON, AND AMENDED SURVEY AND PLANS RECORDED AUGUST 8, 2005, UNDER AUDITOR'S FILE NO. 200508080175, RECORDS OF SKAGIT COUNTY, WASHINGTON.

THIS CONVEYANCE IS SUBJECT TO COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS, IF ANY, AFFECTING TITLE, WHICH MAY APPEAR IN THE PUBLIC RECORD, INCLUDING THOSE

SHOWN ON ANY RECORDED PLAT OR SURVEY AS DESCRIBED IN EXHIBIT "A" ATTACHED HERETO.

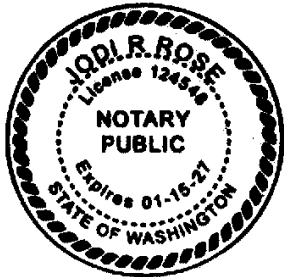
THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to JOAN K. PAYTON in reliance upon the representations set forth above. Affiant(s) agree(s) to indemnify and hold the title company harmless from loss or damage which it may 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 5th day of July, 2024.

Tena Crosby

TENA CROSBY, Co-Conservator on behalf of
JOAN K. PAYTON

SUBSCRIBED AND SWORN to before me, by TENA CROSBY, this 5 day of July, 2024.



Jodi Rose
(Signature)

Jodi Rose
(Printed Name)

Notary Public in and for the
State of Washington

Residing in Mt Vernon, WA

My commission expires: 1-15-2027

EXHIBIT "A"

EXCEPTIONS:

A. AGREEMENT, AND THE TERMS AND PROVISIONS THEREOF:

Between: William A. Stiles, Jr. and Betty M. Stiles, husband and wife and Maxine Breier, as her separate estate
And: Phillip Mihelich and Marilyn Mihelich, husband and wife
Dated: March 16, 2001
Recorded: March 23, 2001
Auditor's No.: 200103230145
Regarding: Access Easement and Maintenance and Improvement

B. EASEMENT, INCLUDING THE TERMS AND PROVISIONS THEREOF:

Grantee: Puget Sound Energy, Inc., a Washington corporation
Recorded: November 4, 2022
Auditor's No.: 200211040108
Purpose: "... utility systems for purposes of transmission, distribution and sale of gas and electricity..."
Area Affected: As constructed

C. ANY AND ALL OFFERS OF DEDICATIONS, CONDITIONS, RESTRICTIONS, EASEMENTS, FENCE LINE/BOUNDARY DISCREPANCIES, NOTES, PROVISIONS AND/OR ANY OTHER MATTERS AS DISCLOSED AND/OR DELINEATED ON THE FACE OF THE FOLLOWING PLAT/SHORT PLAT/SURVEY:

Binding Site Plan 02-973
Recorded: November 12, 2002
Auditor's No.: 200211120149

D. AGREEMENT, AND THE TERMS AND PROVISIONS THEREOF:

Between: Trail Investments LLC

And: William A. Stiles Jr. and Betty M. Stiles, husband
and wife, et al
Recorded: November 12, 2022
Auditor's No.: 200211120151
Regarding: Joint Private Utility Maintenance Agreement

E. PROTECTIVE COVENANTS AND/OR EASEMENTS, BUT OMITTING
RESTRICTIONS, IF ANY, BASED ON RACE, COLOR, RELIGION OR NATIONAL
ORIGIN:

Recorded: November 12, 2022
Auditor's No.: 200211120150
Executed By: William A. Stiles, Jr., et al

F. EASEMENT, INCLUDING TERMS AND PROVISIONS THEREOF:

Grantee: Public Utility District No. 1
Recorded: January 15, 2003
Auditor's No.: 200301150028
Purpose: All things necessary or proper in the construction
and maintenance of a water and communication
lines or other similar public service related facility
Areas Affected: Common areas

G. Terms, provisions, covenants, conditions, definitions, options, obligations and
restrictions contained in the Condominium Declaration and as may be contained in the bylaws
adopted pursuant to said Declaration.

Recorded: November 3, 2022
Auditor's File No.: 200311030251

Amendment to Declaration recorded under Auditor's File Nos. 200508080174, 200608280228,
200706220126, 200805050116, 200811120052 and 201008100046.

H. AGREEMENT, AND THE TERMS AND PROVISIONS THEREOF:

Between: City of Sedro Woolley
And: William A. Stiles, Jr., et al

Recorded: December 1, 2003
Auditor's No.: 200312010207
Regarding: ULID 1994-2 Assessments

I. EASEMENT, INCLUDING TERMS AND PROVISIONS THEREOF:

Grantee: Comcast of Washington IV, Inc.
Recorded: March 23, 2004
Auditor's No.: 200403230073
Purpose: Broadband communication services
Area Affected: Common areas

J. ANY AND ALL OFFERS OF DEDICATIONS, CONDITIONS, RESTRICTIONS, EASEMENTS, FENCE LINE/BOUNDARY DISCREPANCIES, NOTES, PROVISIONS AND/OR ANY OTHER MATTERS AS DISCLOSED AND/OR DELINEATED ON THE FACE OF THE FOLLOWING PLAT/SHORT PLAT/SURVEY:

Name: Cascade Palms Condominium Phase II
Recorded: August 8, 2005
Auditor's No.: 200508080175

K. Any tax, fee, assessments or charges as may be levied by Cascade Palms Association of Unit Owners.

L. ANY AND ALL OFFERS OF DEDICATIONS, CONDITIONS, RESTRICTIONS, EASEMENTS, FENCE LINE/BOUNDARY DISCREPANCIES, NOTES, PROVISIONS AND/OR ANY OTHER MATTERS AS DISCLOSED AND/OR DELINEATED ON THE FACE OF THE FOLLOWING PLAT/SHORT PLAT/SURVEY:

Name: Survey for Upper Skagit Indian Tribe
Recorded: April 29, 2011
Auditor's No.: 201104290022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



EXHIBIT B

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-004948

DATE ISSUED: 02/02/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GEORGE ALLAN
LAST NAME(S): PAYTON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 30, 2024
HOUR OF DEATH: 04:03 AM
SEX: MALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER OF MOUNT VERNON
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 711 CASCADE PALMS CT.
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

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

FATHER: GEORGE W PAYTON
MOTHER: MINNIE C [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JOAN SCHECK

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY

OCCUPATION: PSYCHOTHERAPIST
INDUSTRY: THERAPY
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: FEBRUARY 13, 2024

INFORMANT: TENA CROSBY
RELATIONSHIP: DAUGHTER
ADDRESS: 704 S. WADE PLACE, BURLINGTON, WA 98233

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: DAVID LUKOV

CAUSE OF DEATH:
A: DEMENTIA NOS
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JANUARY 30, 2024

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: CHERYL PETERSON
DATE RECEIVED: FEBRUARY 01, 2024

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

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
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Required	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/Initial			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Initial	
6. Name of Person Requesting Correction: Relationship to Person on Record: <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) _____					

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:		
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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.

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

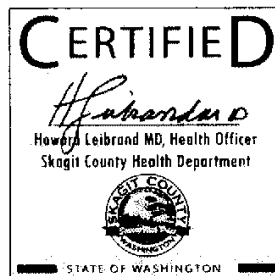
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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



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