

Return Address:

Premier Title of Island County

775 NE Midway Blvd

Oak Harbor, WA 98277

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 08/21/2024

GNW 24-21404

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Brian J. Stapleton being first duly sworn

Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is child

Relationship to decedent

of Nancy Ellen Stapleton

who died on March 19, 2024

at Everett

Decedent/Grantor

Snohomish

Washington

Date

City

County

State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

Lot 4, Block C, CAPE HORN ON THE SKAGIT

Assessor's Property Tax Parcel/Account Numbers: (List All)

P62926 / 3868-003-004-0005

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

x Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked: (See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as Auditor's File No. _____ in favor of the surviving spouse or an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County, State of Washington as Superior Court Cause No. _____

The Affiant declares that the following are all the "Heirs at Law" of the decedent: "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent (including those not inheriting part of the decedent's estate):

Brian J. Stapleton

SON

Full name, age and relationship

460 ALBONA, BLUDN - ALBONA WA 98001

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

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Full name, age and relationship

Address

City

State

Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ _____ of which approximately \$ _____ was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None () OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never () received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 8/19/2024 BSJ
Brian J. Stapleton 253-293-3240
Affiant's full name Telephone number
460 ALBONA BLVD N ALBONA WA 98001
Street City State Zip Code

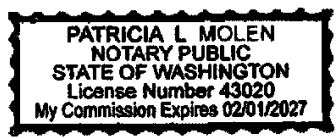
State of WASHINGTON County of King

I know or have satisfactory evidence that Brian J. Stapleton
(Name of Person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: August 19, 2024 Patricia L. Molen
Signature of Notary Public

(SEAL OR STAMP) Residing at Enumclaw WA



Notary Public in and for the State of WA

My appointment expires: Feb. 01, 2027

(Based on REV. 84.0017 (1/3/17))

**EXHIBIT "A"
LEGAL DESCRIPTION**

The Land referred to herein below is situated in the County of Skagit, State of Washington and is described as follows:

Lot 4, Block C, CAPE HORN ON THE SKAGIT, as per plat recorded in Volume 8 of Plats, pages 92 through 97, inclusive, records

of Skagit County, Washington. Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-015279

LOCAL FILE NUMBER: 1508

DATE ISSUED: 03/29/2024
FEE NUMBER: 310324

FIRST AND MIDDLE NAME(S): NANCY ELLEN
LAST NAME(S): STAPLETON

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: MARCH 19, 2024
HOUR OF DEATH: 02:45 PM
SEX: FEMALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: LAKE CITY, IA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: OWNER/OPERATOR
INDUSTRY: RESTAURANT/FOOD SERVICE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: BRIAN STAPLETON
RELATIONSHIP: SON
ADDRESS: 460 ALGONA BLVD. N., ALGONA, WA 98001

- CAUSE OF DEATH:
- A: ACUTE ENCEPHALOPATHY
INTERVAL: WEEKS
- B: OBSTRUCTIVE HYDROCEPHALUS
INTERVAL: MONTHS
- C: BRAIN METASTASIS
INTERVAL: MONTHS
- D: METASTATIC BREAST CANCER
INTERVAL: YEARS

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: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MED CENTER
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201-4147

RESIDENCE STREET: 20905 67TH DRIVE NE
CITY, STATE, ZIP: ARLINGTON, WA 98223
INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: DONALD BRUCE PIERCE
MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SOLIE CREMATORY

CITY, STATE: EVERETT, WASHINGTON
DISPOSITION DATE: MARCH 30, 2024

FUNERAL FACILITY: CHOICE CREMATIONS OF THE CASCADES

ADDRESS: 3305 COLBY AVE
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201
FUNERAL DIRECTOR: JON GORDON

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 APPLICABLE

CERTIFIER NAME: POLLY HABERLIN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1700 13TH STREET
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201
DATE SIGNED: MARCH 22, 2024

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

LOCAL DEPUTY REGISTRAR: STEPHANIE ANDERSON
DATE RECEIVED: MARCH 29, 2024

Washington State Department of Health
DOH 422-034 August 2019

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number: _____ Fee Number: _____ Initials: _____ Date: _____ Affidavit Number: _____

Required information must match current information on record

Required Record Type: Birth Death Marriage 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 Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director 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 foregoing is true and correct.

14a. Signature: _____ 14b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ 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.


*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

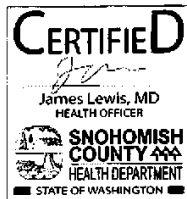
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



Copy for your information
BAILEY, DUSKIN, PEIFFLE & MARTIN, P.S
Attorneys at Law
P.O. Box 188
Arlington, WA 98223
(360) 435-2168

LAST WILL AND TESTAMENT OF
NANCY E. STAPLETON

Preamble

I, **NANCY E. STAPLETON**, of Arlington, Washington, being of lawful age and being of sound and disposing mind and memory, and not acting under duress or the undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament as follows:

ARTICLE I.
Revocation of Former Wills

1.1 I hereby revoke all former wills and codicils previously made by me.

ARTICLE II.
Identification of Family

2.1 I declare that I am not now married; I have two (2) children: **BRIAN J. STAPLETON** and **BRANDON J. STAPLETON**, and no deceased children with issue now living.

2.2 Except as provided below, I make no provision in this Will for any of my children who survive me, whether named herein or hereafter born or adopted, nor for the descendants of any child who does not survive me.

ARTICLE III.
Personal Representative

3.1 I appoint my son, **BRIAN J. STAPLETON**, the personal representative of my estate, or in the event that he should be unwilling or unable to act, I appoint my sister, **CHERYL E. MATSON**, the personal representative of my estate.

3.2 My personal representative shall act as such without bond and without intervention of any court, except as may be required under the laws of the State of Washington, in the case of non-intervention wills.

ns

ARTICLE IV.
Disposition of Residue

5.1 I give all of the residue of my estate to my son, **BRIAN J. STAPLETON**.

5.2 I leave nothing to my child, **BRANDON J. STAPLETON**.

ARTICLE VI.
Taxes and Costs of Administration

6.1 My personal representative shall pay all estate, transfer, succession, inheritance or other death taxes, together with interest and penalties thereon, assessed by reason of my death, whether attributable to property passing under this Will or outside of it and all costs of administration, first from the residue of my estate and to the extent that such property is insufficient, then from the specific bequests. I waive for my estate all rights of reimbursement from the beneficiaries for any such payments.

ARTICLE VII
In Terrorem Clause

7.1 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 have made or which I might have made herein for such person so contesting or objecting; provided, however, that this provision for forfeiture shall not affect any contest or objection which is found by a court wherein this will is admitted to probate to have been made in good faith and for probable cause.

ARTICLE VIII.
Definitions

8.1 The term "issue" means all lawful, lineal descendants including those persons who are lineal descendants by "adoption".

8.2 Unless some other meaning or intent is apparent from the context, plurals shall include the singular and vice versa, and masculine, feminine and neuter words shall be used interchangeably.

ARTICLE IX.
Washington Law Applicable

9.1 Any questions of law regarding the execution of this Will or its effect shall be determined in accordance with the laws of the State of Washington.

IN WITNESS WHEREOF, I have hereunto set my hand on
12/20/23, 2023.


NANCY E. STAPLETON

* * * * *

Each of the undersigned declares as follows:

(1) I am competent to be a witness to the Last Will and Testament of **Nancy E. Stapleton**.

(2) The testator in my presence and in the presence of the other witness whose signature appears below:

(a) Declared this instrument, consisting of four (4) pages, of which this is the last, to be her Will;

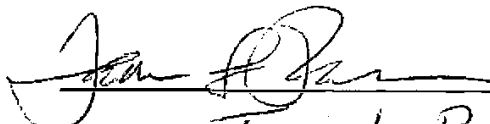
(b) Requested me and the other witness to act as witnesses to her Will and to make this declaration; and

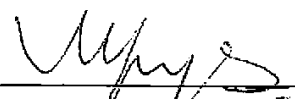
(c) Signed such instrument at Arlington, Washington.

(3) I believe the testator to be of sound mind, and that in so declaring and signing, she was not acting under any duress, menace, fraud or undue influence.

(4) The other witness and I, in the presence of the testator and of each other, now affix our signatures as witnesses to the Last Will and Testament, and make this declaration.

The above declaration is true and correct and made subject to the penalty of perjury under the laws of the State of Washington. Signed at Arlington, Washington, on 12/20, 2023.

 residing at Concrete, Washington.
Print Name: Terri L. Pearson

 residing at CONCRETE, Washington.
Print Name: LILIBETH S. ALFORQUE

Testator's initials: ns

Date: 12/20/23