



201104190038

Skagit County Auditor

4/19/2011 Page

1 of

5 12:33PM

When recorded return to:

Bette C. Browne
PO Box 582
Anacortes, WA 98221

LACK OF PROBATE AFFIDAVIT

Grantors: Bette C. Browne and Jeffrey P. Browne

Grantee: The Public

Instrument Name: Lack of Probate Affidavit

**Reference No. of
Related Document:** 200502080065

LACK OF PROBATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

BETTE C. BROWNE, being first duly sworn, deposes and says:

FIRST, that the Affiant is the surviving spouse of Jeffrey Wellington Philip Browne, deceased ("decedent"), who died intestate on January 7, 2011 in Anacortes, County of Skagit, State of Washington. A copy of the decedent's death certificate is attached as Exhibit "A".

SECOND, that this Affidavit is for the purpose of supplying information pertaining to the estate of Jeffrey Wellington Philip Browne, and it is intended that the statements set forth herein (and hereto attached, if applicable) shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

The North ½ of Lots 1 and 2, Block 9 "NELSON'S ADDITION TO ANACORTES, WASH.", as per plat recorded in Volume 2 of Plats, page 102, records of Skagit County, Washington.

(Also shown of record as the "N ½ Lots 1 and 2", of that Survey recorded under Skagit County Auditor's File No. 200407260006.)

SUBJECT TO the Easements, Restrictions and other Exceptions of record, including those on the face of the survey recorded on July 26, 2004 under Auditor's No. 200407260006, affecting Lots 1 and 2, Block 9, "Nelson Addition to Anacortes", which include but are not limited to 1. Building setback line(s) and 2. Location of board-fence.

THIRD, that said decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor of said county.



FOURTH, that the probate estate of said decedent at the date of death was of the approximate value of \$114,050.00, including the decedent's community property interest in the real property described above, which had an approximate market value of \$114,050.00

FIFTH, that the Affiant states of her own knowledge that all obligations of the estate owing at the date of death of said decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

SIXTH, that Bette C. Browne is the sole heir at law by whom the decedent was survived, and she is of legal age.

SEVENTH, that Bette C. Browne is entitled to distribution of the subject property from the decedent's estate under Washington's laws of intestate succession, set forth at RCW 11.04.015.

Dated this 19 day of April, 2011.

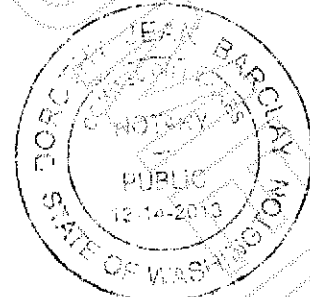
Bette C. Browne
Bette C. Browne

State of Washington)
: ss
County of Skagit)

I certify that I know or have satisfactory evidence that Bette C. Browne is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated April 19, 2011

Daniel Lee Barry
Notary Public in and for the State
of Washington, residing at Edo/Walla
My Commission Expires: 12-14-2013



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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **15-11**

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle LAST Jeffrey Wellington Philip Browne			2. Death Date Jan 7, 2011		
3. Sex (M/F) M	4a. Age - Last Birthday 61	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Chicago	8b. (State or Foreign Country) Illinois	9. Decedent's Education Some college credit, no degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes ☐ No ☐
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 2205 O Avenue			13b. City or Town Anacortes		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98221	13g. Inside City Limits? Yes ☐ No ☐ Unk ☐
14. Estimated length of time at residence. 6 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Bette Carolyn Robison	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Computer Sales Analyst			18. Kind of Business/Industry (Do not use Company Name) Software Industry		
19. Father's Name (First, Middle, Last, Suffix) Leon (nmn) Browne			20. Mother's Name Before First Marriage (First, Middle, Last) Juanita (nmn) [REDACTED]		
21. Informant's Name Bette Carolyn Browne		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 582 Anacortes WA 98221		
24. Place of Death, if Death Occurred in a Hospital: 2205 O Avenue			25. Facility Name (if not a facility, give number & street or location) 2205 O Avenue		
26. City, Town, or Location of Death Anacortes			26b. State WA	27. Zip Code 98221	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		30. Location-City/Town, and State Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221			32. Date of Disposition January 11, 2011		
33. Funeral Director Signature X <i>Julie Lane</i>					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. Probable cardiac arrest		Interval between Onset & Death < 1 hour	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. Coronary artery disease		Interval between Onset & Death Years	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Chronic renal failure, atrial fibrillation			36. Autopsy? ☐ Yes ☒ No		37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death ☒ Natural ☐ Homicide ☐ Undetermined ☐ Accident ☐ Suicide ☐ Pending		39. If female ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year		40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? ☐ Yes ☐ No ☐ Unk
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code+ 4:			46. Describe how injury occurred		
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)					
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X <i>Allen H. Boresh</i>			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Allen H. Boresh, M.D. 912 32nd Street, Suite A Anacortes, WA 98221			50. Hour of Death (24hrs) Mid-AM Hours		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) January 11, 2011		
53. Title of Certifier Dr.		54. License Number MD00037517	55. ME/Coroner File Number 005-11		56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X <i>Theresa Marshall, Deputy</i>			58. Date Received (mm/dd/yyyy) JAN 11 2011		
59. Amendment					

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Exhibit A
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DOHCHS 003 Rev 07/09/07

DOH 01-003 (6/10)



Affidavit for Correction

Center for Health Statistics
PO Box 478
Olympia, WA 98504-0478
(360) 206-4300

Do not alter or change information on this form and do not alter.

For use by Health Officer only

State of Washington	County of Skagit	Date	Affidavit Number
Record Type: ☐ Birth ☐ Marriage ☐ Divorce ☐ Dissolution			
1. Name on record		2. Place of Event (City or County)	
4. Father's full name		5. Mother's full name (with for Marriage or Dissolution)	
I declare under penalty of perjury that the foregoing is true and correct.			
15. Signature			
All vital records are registered as birth, death, marriage, or divorce only once. Subsequent changes must be made by court order. All changes must be supported by a court order or a court judgment. Examples of acceptable evidence include: - Birth: School Transcripts, Voter's Registration Card (if occurs on effective date), Driver's License, Social Security card or a hospital issued decorative birth certificate. - Marriage: Marriage License, Marriage Certificate, Divorce Decree, Court Order, or any combination of the two. - Divorce: Divorce Decree, Court Order, or any combination of the two.			
Birth Certificate: - Only a parent, guardian, or the person named on the birth certificate may change the birth certificate. - The person must be at least 18 years old, or if under 18, the person must be the parent or guardian of the child. - Proof must be submitted to the Health Officer within two years of the date of the change. - If the person is the parent or guardian, they must provide a court order or a court judgment. - If the person is the child, they must provide a court order or a court judgment. - If the person is the child, they must provide a court order or a court judgment.			
Death Certificate: - Only the informant or the person named on the death certificate may change the non-medical information. - The person must be at least 18 years old, or if under 18, the person must be the informant or the coroner/medical examiner. - The change must be made within two years of the date of the death.			
Marriage/Dissolution: - Persons named on the marriage or dissolution certificate may be changed by affidavit (with proof) by the person. - Persons named on the marriage or dissolution certificate may be changed by affidavit (with proof) by the person.			

DO-CHS 0233 6/11/10

CERTIFIED

FEB 23 2011



201104190038
Skagit County Auditor

Howard Leibrand M.D., Health Officer

UU00005495