

RETURN TO:

Patrick Hayden
PO Box 454
Sedro-Woolley, WA. 98284

202009090015

09/09/2020 09:37 AM Pages: 1 of 8 Fees: \$110.50
Skagit County Auditor

DOCUMENT TITLE(S) (or transactions contained herein):

"LACK OF PROBATE" AFFIDAVIT --- COMMUNITY PROPERTY

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

**AF# 9008010130; AF# 66866; AF# 202008280100; AF# 202008280101;
Estate of Charles R. Webb, Skagit County Superior Court Cause No. 12-4-00037-9**

GRANTOR(S) (Last name, first name and initials):

1. Webb, Reinette K.

GRANTEE(S) (Last name, first name and initials):

1. Webb, Charles R.

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

Parcel 1: Tract 9, Cedar Grove Addition as per Plats recorded in Volume 8 of Plats, page 60, records of Skagit County, Washington; Situated in Skagit County, Washington.

Parcel 2: The East 1/2 of Lots 3, 4, 5 and 6, Block 1, "REPLAT OF JUNCTION ADDITION TO SEDRO" according to the plat recorded in Volume 3 of Plats, page 48, records of Skagit County, Washington. Situated in Skagit County, Washington.

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

Tax Parcel No. P64055 / 3876-000-009-0006

Tax Parcel No. P76540 / 4165-001-006-0005

“LACK OF PROBATE” AFFIDAVIT --- COMMUNITY PROPERTY

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

SEP 09 2020

Amount Paid \$ 100.00
 Skagit Co. Treasurer
 By ME Deputy

DANA C. WEBB, being first duly sworn, declares as follows:

1. Father. I am the surviving son of Charles R. Webb, who died on December 18, 2011, then a resident of Sedro-Woolley, Skagit County, Washington, Washington. I am also the Personal Representative of his estate, filed in Skagit County Superior Court under Cause No. 12-4-00037-9. The property of this estate passed to Murray Charles Webb and myself.
2. Mother. Charles R. Webb was married to my mother, Reinette K. Webb, at the time of her death. She died on September 27, 2010, then a resident of Sedro-Woolley, Skagit County, Washington.
3. Real Property. At the time of her death, Reinette K. Webb left a community interest in the real property described as follows:

Parcel 1

Tract 9, Cedar Grove Addition as per Plats recorded in Volume 8 of Plats, page 60, records of Skagit County, Washington; Situated in Skagit County, Washington. (P64055)

Parcel 2

The East 1/2 of Lots 3, 4, 5 and 6, Block 1, "REPLAT OF JUNCTION ADDITION TO SEDRO" according to the plat recorded in Volume 3 of Plats, page 48, records of Skagit County, Washington. Situated in Skagit County, Washington. (P76540)

4. Community Property. Charles R. Webb and Reinette K. Webb acquired the above referenced property by deed as Community Property, and were married the entire time they owned it, up to the death of Reinette K. Webb. This property retained its character as Community property until then.

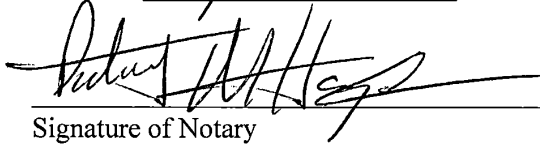
4. Decedent's Will & Probate. Reinette K. Webb died without a will. No probate was ever commenced for her estate.
5. Character and Value of Decedent's Estate. The value of the estate of Reinette K. Webb at death exceeded any debts or obligations.
6. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Reinette K. Webb, and the liabilities and other obligations of the marital community, have been paid in full.
7. Federal Estate Tax. The estate of Reinette K. Webb was not liable for Federal inheritance tax.
8. Washington Estate Tax. The estate of Reinette K. Webb was not liable for Washington State inheritance tax.
9. Washington Assistance. Reinette K. Webb was not liable for repayment for subsistence or medical care to the state of Washington.
10. Intestate Succession. As a result of the foregoing, the above-described real property passed from my mother to my father under the laws of intestate succession of the State of Washington.
11. Descendants. Charles R. Webb and Reinette K. Webb had three children, Murray Charles Webb of Silverdale, Washington; Dana Cyril Webb of Sedro-Woolley, Washington; and L. Reinell Webb Roppel, who predeceased both parents in 2003, leaving no descendants.
11. Purpose of Affidavit. I am making this Affidavit to induce a Title Insurance Co., Inc., in reliance on the representations made in this Affidavit, to issue one or more policies of title insurance on the real property described above, passing to Charles R. Webb as the surviving spouse of Reinette K. Webb, because the real property was their community property under the laws of intestate succession of the State of Washington at the time of the death of Reinette K. Webb.

Dated: 8/27, 2020



Dana C. Webb
308 Northern Avenue
Sedro-Woolley, WA. 98284

SUBSCRIBED & SWORN TO before me on: 8/27, 2020.



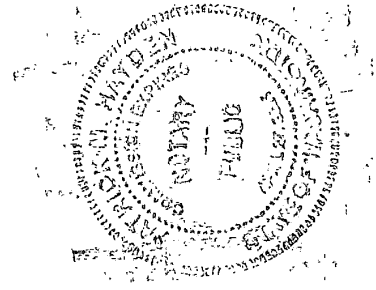
Signature of Notary

Name: Patrick M. Hayden

NOTARY PUBLIC in and for the State of

Washington, residing at: Sedro-Woolley

My appointment expires on: 4, 27, 21



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death		State File Number	
791-10					
1. Legal Name (include AKA's if any) First Middle LAST Suffix				2. Death Date	
Reinette K. WEBB				Sep. 27, 2010	
3. Sex (M/F)		4a. Age - Last Birthday		5. Social Security Number	
Female		88		[REDACTED]	
6. Birthdate		7a. Birthplace (City, Town, or County)		8. Decedent's Education	
[REDACTED]		Grafton		Bachelor's Degree	
9. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		10. Decedent's Race(s)		11. Was Decedent ever in U.S. Armed Forces? No	
No		Caucasian			
12a. Residence: Number and Street (e.g., 624 SE 6th St.) (Include Apt. No.)				12b. City or Town	
2239 Cedar Lane				Sedro-Woolley	
13a. Residence: County		13b. Tribal Reservation Name (if applicable)		13c. State or Foreign Country	
Skagit				Washington	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
45 Years		Married		Charles R. Webb	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)	
Teacher				Grade School	
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)	
Patrick Murray				Katie [REDACTED]	
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip	
Charles Webb		Husband		2239 Cedar Lane, Sedro-Woolley, WA 98284	
24. Place of Death, if Death Occurred in a Hospital:				25. Place of Death, if Death Occurred Somewhere Other than a Hospital:	
Inpatient					
26. Facility Name (If not a facility, give number & street or location)				27a. City, Town, or Location of Death	
United General Hospital				Sedro-Woolley	
28. Method of Disposition				29. Place of Final Disposition (Name of cemetery, crematory, other place)	
Burial				Bow Cemetery	
30. Name and Complete Address of Funeral Facility				31. Location-City/Town, and State	
Lemley Chapel, Inc., 1008 Third Street, Sedro-Woolley, WA 98284				Bow, Washington	
32. Date of Disposition				33. Date of Disposition	
October 5, 2010				October 5, 2010	
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 fatal arrhythmia					
Due to (or as a consequence of): b. coronary artery disease					
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 c. diabetes mellitus II					
Due to (or as a consequence of): d.					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
COPD/chronic bronchitis					
36. Autopsy? ☐ Yes ☒ No					
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No					
38. Manner of Death					
☒ Natural ☐ Homicide ☐ Undetermined ☐ Suicide ☐ Pending					
39. If female					
☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death					
☐ Pregnant at time of 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: Apt. No.					
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 - On the basis of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated					
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)					
Jonathan Fish, MD 1990 Hospital Drive, Sedro-Woolley, WA 98284					
50. Hour of Death (24hrs)					
1438 Hours					
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					
52. Date Signed (mm/dd/yyyy)					
09/27/2010					
53. Title of Certifier					
Physician					
54. License Number					
MD00039820					
55. ME/Coroner File Number					
56. Was case referred to ME/Coroner? ☐ Yes ☒ No					
57. Registrar Signature					
58. Date Received (mm/dd/yyyy)					
SEP 28 2010					
59. Amendments					



DOH CHS 003 Rev 07/09/07

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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												
Use the section below for requesting any changes on the record.																
Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution																
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)												
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)														
The Record is Incorrect or Incomplete as follows:																
6. The Record now shows:		7. The True fact is:														
8.		9.														
10.		11.														
12.		13.														
14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify)				Telephone Number:												
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.																
15. Signature:		16. Date:		17. Address:												
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge. All changes must be established by documentary proof submitted with the affidavit Examples of documentary proof: <table border="0"> <tr> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Record</td> </tr> <tr> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>					Certificate of Naturalization	Medical Record	School Record	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)	Insurance Records	Birth Record	Alien Registration Card (front and back)	Marriage/Divorce Records	Passport	
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Insurance Records	Birth Record	Alien Registration Card (front and back)														
Marriage/Divorce Records	Passport															
Birth Certificates:																
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. - The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe. - Proof must be five (or more) years old or have been established within five years of birth. - Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof. - Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday). This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)																
Death Certificates:																
- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. - If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.																
Marriage/Dissolution (Divorce) Certificates:																
- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. - To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.																

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

SEP 29 2010

Howard Leibrand
Skagit County Health Department
Howard Leibrand M.D., Health Officer

TT00276103

DOH/CHS 003 Rev 07/09/07



Affidavit for Correction

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

202009090015

09/09/2020 09:37 AM Page 8 of 8

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

STATE OFFICE USE ONLY

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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

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

15. Signature: 16. Date: 17. Address:

All vital records are registered as received.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization
Hospital Records
Insurance Records
Marriage/Divorce Records

Medical Record
Military Record (DD-214)
Birth Record
Passport

School Transcripts
Voter's Registration Card (if it bears an effective date)
Alien Registration Card (front and back)
We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
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- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a 2/14/11

CERTIFIED

DEC 21 2011

Howard Leibrand

Skagit County Health Department
Howard Leibrand M.D., Health Officer

VV00086970