

Return Address:

3420 W. 8th Pl.
Anacortes WA
98221

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Joffe & Wier being first duly sworn
Name of Affiant

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

property described below, and is niece nephew in law
Relationship to decedent

of Alice Jean Lundin, who died on 10-
Decedent/Grantor Date

at Anacortes Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

P+M LOTS 10-13, BLOCK 913
NORTHERN PACIFIC ADDN.

Assessor's Property Tax Parcel/Account Number: P58615; 3809-913-013-0006
(Attach full legal description of the property)

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of ____)

Jennifer Lee Anderson, 59, niece

Full name, age, relationship, address

3420 W 8th Pl Anacortes WA 98221

Jeffrey A. Anderson, 60, nephew by law

Full name, age, relationship, address

3420 W 8th Pl. Anacortes, WA 98221

Full name, age, relationship, address

Ueanette Bauder, cousin, 63

16723 Owenell Rd MVI WA 98273

Full name, age, relationship, address

Robert Price Jr., Cousin,

17922 Peter Burn Rd Mount Vernon, WA 98274

Full name, age, relationship, address

Ueanette Rahlband, 76, sister-in-law

512 S. Main St McCleary WA

Full name, age, relationship, address

Janet Ann Mock 58, niece

95 Cascade Ln Port Ludlow, WA

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 4.23.2021Jeff + Jennifer Anderson

Affiant's full name

360-540-7006

Telephone number

3420 W. 8th Pl.Amacortes WA 98221

City

State

Zip Code

Jennifer Anderson Jeffrey D Anderson 4/23/21

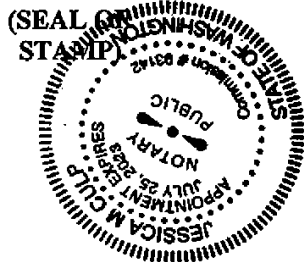
Signature

Date

State of WA County of ScoquitI know or have satisfactory evidence that Jennifer + Jeffrey Anderson

(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: 4.23.21Jess Child

Signature of Notary Public

Residing at: Scoquit Co.Notary Public in and for the State of WAMy appointment expires: 07.25.23

Last Will and Testament

of

Alice Jean Lundin

I, Alice Jean Lundin, a widowed resident of Anacortes, Skagit County, Washington, hereby revoke any of my prior Wills and Codicils and declare this to be my Last Will and Testament.

ARTICLE I.

IDENTIFICATION OF FAMILY

At the time I make this Will, my family consists of my niece, Jennifer Lee Anderson, presently of Anacortes, Washington; my nephew, Jeff Anderson, presently of Anacortes, Washington; my sister-in-law, Jeanette Ruhland, presently of McClary, Washington; my niece, Janet Mock, presently of Port Ludlow, Washington; my cousin, Jeannette Bauder, presently of Burlington, Washington; and my cousin, Robert Price Jr., presently of Mount Vernon, Washington. Any references in my Will to my family are to the above-named individuals, and to any children subsequently born to me or whom I legally adopt.

ARTICLE II.

BEQUEST OF TANGIBLE PERSONAL PROPERTY

I have or may prepare a list of tangible personal property and directions as to how that property should be distributed on the occasion of my death. I hereby incorporate into this Will any lists now existing or which I may hereafter prepare. The property distributed pursuant to any such lists shall be

**Last Will & Testament of
Alice Jean Lundin
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considered as specific bequests and not a part of a legatee's remaining distributive share, if any. If I do not leave any such list or lists, then the tangible personal property cited in this Article shall pass in accordance with the remaining provisions of this Will.

ARTICLE III.

ADDITIONAL SPECIFIC DEVISE AND BEQUEST

In addition to any bequests of tangible personal property UNDER Article II above,

I give and devise my house in Anacortes, Washington to Jennifer Anderson.

ARTICLE IV.

PAYMENT OF DEBTS AND SPECIAL DIRECTIONS

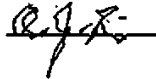
I direct that my Personal Representative shall, as soon as practicable after my death, pay all just debts for which claims are filed against my estate, and pay as well for the expenses of my last illness and funeral; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course, or prohibit my Personal Representative from exercising any legal defense to any such claim.

ARTICLE V.

DISPOSITION OF REMAINDER OF ESTATE

I hereby give, devise and bequeath all of my estate remaining after the Bequests and Devise of Articles II and III above, and after payment of the debts and expenses set forth in Article IV above, in four equal shares, with one share to my sister-in-law,

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Jeanette Ruhland; one share to my niece, Janet Mock; one share to my cousin, Jeanette Bauder, and one share to my cousin, Robert Price, Jr., provided that each of them survives me by thirty days or more. If any of the named beneficiaries should not so survive me by thirty days or more, I hereby direct that individual's share shall pass to their heirs at law.

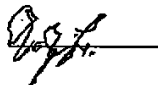
ARTICLE V.

APPOINTMENT OF PERSONAL REPRESENTATIVE

I appoint as my Personal Representative, my niece, Jennifer Anderson, and if for any reason Jennifer is unable or unwilling so to act, I nominate and appoint my nephew, Jeff Anderson, as alternate Personal Representative.

I direct that my Personal Representative shall act as such without bond and without the intervention of any court or courts except for such proceedings as are required by the laws of the State of Washington in the case of a nonintervention Will. I hereby authorize and empower my Personal Representative to conduct, operate, improve, lease, let, sell, mortgage, invest, and reinvest any and all of my said estate in the manner and at such times and upon such terms and conditions as, in my Personal Representative's judgment, are for the best interest of my estate, and for such purpose to make, execute and deliver any instruments in writing which may be necessary or proper. In addition, my Personal Representative, during the period of administration of my estate, shall have all management and distributive powers and discretion provided by law and this Will.

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Alice Jean Lundin
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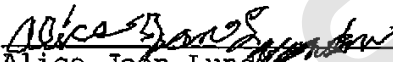
ARTICLE VI.
ANTI-CONTEST PROVISIONS

If any person not named or designated to receive any benefit under this Will or any Codicil hereto should contest the same or should attempt to establish a claim to any portion of my estate, or to any right or rights therein as my heir, I hereby give and bequeath to each such person the sum of ONE DOLLAR (\$1.00) and no other interest whatsoever. If any person named or designated to receive any benefit under this Will or any Codicil hereto should, with or without good faith and/or probable cause, contest the same in whole or in part, or conspire with, or voluntarily assist anyone in such contest, then and in such event the respective share, portion or right hereunder of each such person so contesting, conspiring or assisting shall lapse into the residue of my estate and thereafter shall be held, managed, paid and/or distributed as herein provided with reference to said residue, except that such person or persons so contesting, conspiring or assisting shall not, in any event, receive any benefit whatsoever therefrom.

ARTICLE VII.
DEFINITIONS

Definitions of terms in my Will shall be as defined in the Washington Probate Code in effect at the making of this instrument.

IN WITNESS WHEREOF, I have hereunto set my hand this 31st day of July, 2019.



Alice Jean Lundin

Last Will & Testament of
Alice Jean Lundin
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ATTESTATION CLAUSE AND AFFIDAVIT OF SUBSCRIBING WITNESSES

STATE OF WASHINGTON)
) : SS
 COUNTY OF SKAGIT)

The undersigned, competent to testify, being first duly sworn, upon oath, depose and say:

That the foregoing instrument to which this Affidavit is attached, consisting of five pages, of which this affidavit begins and ends on the fifth such page, dated the 31st day of July, 2019, and which is identified as the Last Will and Testament of the above named Testator, Alice Jean Lundin, was executed by said Testator at ~~Anacortes~~ Burlington, WA, in the presence of myself and the other witness ARS JCC

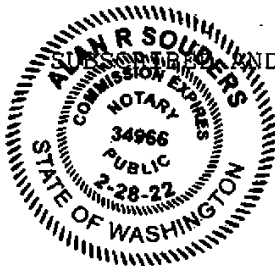
The Testator thereupon published the instrument as and declared it to be her Last Will and Testament and requested us to sign the same as witnesses and to execute this Affidavit in proof of said Will.

In the presence of the Testator and at her request and direction, and in the presence of each other, the other witness and I subscribed our names as witnesses hereto.

At the time of executing said instrument the Testator, the other witness and I were all of legal age, the other witness and I were competent to act as witnesses, and the Testator appeared to be of sound and disposing mind and not acting under duress, menace, fraud, undue influence or misrepresentation.

Jacob Wood
 Residing at Mount Vernon Wa

Alan R. Souders
 Residing at Burlington, WA.



AND SWORN to before me this 31st of July, 2019.

Alan R. Souders
 Alan R. Souders
 NOTARY PUBLIC in and for the State of
 Washington, residing at Fir Island
 My appointment expires Feb 25, 2022.

Last Will & Testament of
 Alice Jean Lundin
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STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2019-044292	DATE ISSUED: 10/10/2019 FEE NUMBER:
FIRST AND MIDDLE NAME(S): ALICE JEAN LAST NAME(S): LUNDIN	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: OCTOBER 04, 2019 HOUR OF DEATH: 12:28 PM SEX: FEMALE AGE: 81 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: HOSPITAL FACILITY OR ADDRESS: ISLAND HOSPITAL CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 3420 W 8TH PLACE CITY, STATE, ZIP: ANACORTES, WA 98221 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 2 MONTHS
BIRTH DATE: [REDACTED] BIRTH PLACE: SEATTLE, WA	FATHER/PARENT: DILLON I HOSKIN MOTHER/PARENT: ELSIE [REDACTED]
MARITAL STATUS: WIDOWED SURVIVING SPOUSE: NOT APPLICABLE	METHOD OF DISPOSITION: BURIAL PLACE OF DISPOSITION: FERN HILL CEMETERY
OCCUPATION: HOME MAKER INDUSTRY: OWN HOME EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE US ARMED FORCES: NO	CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: OCTOBER 12, 2019
INFORMANT: JEFFREY ANDERSON RELATIONSHIP: NEPHEW ADDRESS: 3420 WEST 8TH PLACE, ANACORTES, WA 98221	FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
CAUSE OF DEATH: A: SEPSIS INTERVAL: 2 DAYS B: PNEUMONIA INTERVAL: 1 WEEK C: CHRONIC OBSTRUCTIVE PULMONARY DISEASE INTERVAL: 20 YEARS D: INTERVAL:	ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 FUNERAL DIRECTOR: JOSEPH J. WAHAM
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: YES PREGNANCY STATUS IF FEMALE: NO RESPONSE
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:	CERTIFIER NAME: JAMES M. ABBEY, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 1211 24TH STREET CITY, STATE, ZIP: ANACORTES, WA 98221 DATE SIGNED: OCTOBER 09, 2019
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: ISABEL M. CARBAJAL DATE RECEIVED: OCTOBER 10, 2019

 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: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)			
1. Name on Record:		2. Date of Event:	3. Place of Event:
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
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:			
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 now shows:		The true fact is:	
8.	9.		
10.	11.		
12.	13.		
14.	15.		
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct			
16a. Signature:		16b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	Date:
INSTRUCTIONS – go to www.doh.wa.gov for more information			
Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof			
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include: • Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • Certificate of Naturalization • Hospital/medical record • Passport • Green/Permanent Resident card (I-551)			
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. Documentary proof must be five or more years old or established within five years of birth			
Child under 18		Adult (18 years or older)	
• If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, 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 documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required		• Only the adult can change his or her birth certificate • If the first or middle name is missing, three pieces of documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof 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.			
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)			
Death Certificates			
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof 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.

CERTIFIED

OCT 10 2019

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



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