

Return Address:
GUARDIAN NORTHWEST TITLE COMPANY
1301-B RIVERSIDE DRIVE
P.O. BOX 1667
MOUNT VERNON, WA 98273

GNW 21-11959

AFFIDAVIT (LACK OF PROBATE) (r)

The undersigned affiant/grantee Leland Schnell, 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 Husband / spouse
Relationship to decedent
 of Faye To Ann Schnell, who died on 12-19-2017
Decedent/Grantor Date
 at Mount Vernon Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Unit 2, Building 4, Mallard View
Condominium Phase III

Assessor's Property Tax Parcel/Account Number: P117183/4760-000-002-000
 (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 _____)

DEBORAH TORSETH - DAUGHTER

Full name, age, relationship, address

3805 RIDGE WAY MOUNTVERNON, WA 98273

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 7-7-21Leland E. Schnell

Affiant's full name

360-424-0429

Telephone number

2311 E. DIVISION ST. # 43 MOUNT VERNON, WA.

Street

City State Zip CodeLeland E. Schnell
Signature7-7-21
DateState of WA County of SnohomishI know or have satisfactory evidence that Leland E. Schnell
(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.

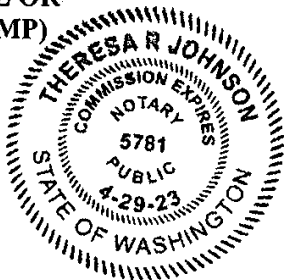
Dated: 7/7/21(SEAL OR
STAMP)Theresa R. Johnson
Signature of Notary PublicResiding at: Camano IslandNotary Public in and for the State of WAMy appointment expires: 4-29-23

Exhibit "A"
Property Description

Unit 2, Building 4, "MALLARD VIEW CONDOMINIUM PHASE III", according to the Declaration thereof recorded under Auditor's File No. 9812090060, and any Amendments thereto, and as per survey recorded on August 30, 2000, under Auditor's File No. 200008300093 records of Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-054777

DATE ISSUED: 01/02/2018
FEE NUMBER:FIRST AND MIDDLE NAME(S): FAYE JOANN
LAST NAME(S): SCHNELLCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 19, 2017
HOUR OF DEATH: 02:15 PM
SEX: FEMALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: SEPTEMBER 13, 1930
BIRTHPLACE: HOLDREGE, NEMARITAL STATUS: MARRIED
SPOUSE: LELAND SCHNELLOCCUPATION: OWNER
INDUSTRY: NURSERY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: LELAND SCHNELL
RELATIONSHIP: HUSBAND
ADDRESS: 1400 MALLARD CREEK DRIVE #2 MOUNT VERNON, WA 98274CAUSE OF DEATH:
A: METASTATIC BREAST CANCER
INTERVAL: 4 YEARSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTATIC DISEASE TO
BRAIN, LIVER AND BONEDATE 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: HOME
FACILITY OR ADDRESS: 1400 MALLARD CREEK DRIVE UNIT 2
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 1400 MALLARD CREEK DRIVE 2
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 13 YEARSFATHER/PARENT: CHESTER ELLSWORTH DAVID
MOTHER/PARENT:METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 21, 2017

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: ADAM J. CRENNNAMANNER 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 RESPONSECERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: DECEMBER 20, 2017CASE REFERRED TO MEICORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: DECEMBER 20, 2017

DOI 122-132 (4/15)

 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 98504-7014 360-236-4300	
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 Legal 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 2 nd parent (if required):	
Printed name:		Printed name:	
Date:		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, 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). The informant may change marital status with proof. 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.			

DOH 422-034 October 2015

CERTIFIED

JAN 02 2019

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

Shasta County Health Department
 Howard L. Brown M.D., Health Officer



COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 5th day of January, 1978, by and between LELAND EDWARD SCHNELL and FAYE JOAN SCHNELL, husband and wife, of Skagit County, Washington, pursuant to the provisions of Section 26.16.120 Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status of disposition of community property to take effect upon the death of either,

W I T N E S S E T H:

That, in consideration of the love and affection that each of said parties has for the other and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

Each party hereby conveys to the other an undivided one-half community interest in any separate property now owned or hereafter acquired by either party. The purpose of this paragraph is to convert all property owned by either party so that it shall hereafter be community property.

FIRST:

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated now owned or hereinafter acquired by them or either of them, shall be considered and is hereby declared to be community property.

SECOND:

That upon the death of either of the parties hereto, title to all community property as defined in the preceeding paragraph, shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said LELAND EDWARD SCHNELL and FAYE JOAN SCHNELL, husband and wife, have hereunto set their hands and seals this 5th day of January, 1978.

Leland Edward Schnell
Faye Joan Schnell

James Henry
Richard Ryan

STATE OF WASHINGTON)

COUNTY OF SKAGIT)

THIS IS TO CERTIFY that on this 5th day of January 1979, personally appeared before me LELAND EDWARD SCHNELL and FAYE JOAN SCHNELL, husband and wife, to me known to be the individuals who executed the foregoing instrument and acknowledged the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Richard Ryan
Notary Public in and for the State of
Washington, residing at Mount Vernon.

