

Charter Title Corporation

of Snohomish County

3020 Rucker Avenue • Suite 104 • Everett, Washington 98201
(206) 259-4900 • (206) 713-2550 (Teletype line)

ORDER NO.

FILED FOR RECORD
SKAHANIA CO. WASH
BY SKAHANIA CO. TITLE

STATE OF WASHINGTON

COUNTY OF Olivia

Sept 1933

122386

AFFIDAVIT
(LACK OF PROBATE)

ss

MAY 24 1995

P. Dowry

AUDITOR

GARY H. OLSON

(full name)

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being first duly sworn, deposes and says:

THAT affiant is the lawful surviving spouse of Lynne Marie Carroll

who died April 28, 1995

(date)

(city)

(state)

then being a resident of Camas

(city)

(county)

(state)

THAT affiant has hereinbelow identified each and all of the heirs at law of decedent but not limited to his (her) children, adopted children and the issue of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

THAT the heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

Jim L. Carroll

(full name)

17373

56, Husband

(age)

(relationship to decedent)

REAL ESTATE EXCISE TAX

(full address)

MAY 24 1995

(full name)

(age) (relationship to decedent)

PAID exempt

(date)

(full address)

SKAMANIA COUNTY TREASURER

THAT affiant knows of his (her) own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of said decedent (including but not limited to: all the debts of decedent, all of the expenses of decedent's last illness, funeral and burial; promissory notes, installment contracts and mortgages; and state and federal succession taxes up on decedent's estate, if applicable, have been paid in full, except as follows (use reverse side if necessary):

THAT decedent left (a) (no) will, nor during his (her) lifetime did decedent execute, with affiant, a community property survivorship agreement. Affiant states that the total community property of decedent and affiant approximates \$ in current market value, and that the total of decedent's separate property approximates \$.

THAT this affidavit is made solely to induce Charter Title Corporation, hereinafter called "Company", to insure title to real property covered by the Company's order number set forth above, in which decedent held an interest at the time of his (her) death. Affiant urges Company to issue its policy of title insurance in full reliance upon the herein representations.

DATED: April 26, 1995

(affiant's full name)

27817 S.E. 17th 1-20-884-425

(full address and telephone number)

Subscribed and sworn to before me John L. Carroll

(name)

in and for the STATE OF WASHINGTON, residing at Camas

(city)

29th

day of

April, 1995

| | |
|------------------------------|---------|
| SEARCHED | INDEXED |
| SERIALIZED | FILED |
| APR 29 1995 | |
| SNOHOMISH COUNTY, WASHINGTON | |



04-17-95 08:50AM FROM PARAGON

BOOK 150 PAGE 106

P01

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1017

Local File Reference

146

STATE OF MARYLAND

| | | | | |
|---|----------------------|--|---------------------------------------|---------------------------------------|
| 1. NAME | 2. AGE | 3. SEX | 4. DEATH DATE AND TIME | 5. DEATH PLACE |
| Lynne | 52 | Female | 4-28-1993 | Seattle, Wa. |
| 6. DATE LAST SEEN | 7. LENGTH OF ILLNESS | 8. LENGTH OF ILLNESS | 9. DEATHPLACE | 10. COUNTY OF DEATH |
| Day (Mo.) | Year (Mo.) | Year (Mo.) | U.S. or Foreign Country (Yes / No) | U.S. or Foreign Country (Yes / No) |
| 8-24-1992 | 8-24-1992 | 8-24-1992 | Seattle, Wa. | Clark |
| 11. CITY, TOWN OR LOCATION OF DEATH | | 12. OCCUPATION | | |
| Cancer | | 27817 82nd Street | | |
| 13. MARRIED, STATUS—Married, Divorced, Separated, Deceased (Specify) | | 14. SURVIVING SPOUSE IF WIFE/GIRLFRIEND | | 15. EDUCATION |
| Married | | Jim L. Carroll | | Elementary and High School Completed |
| 16. USUAL OCCUPATION (NAME AND NATURE OF WORK, ETC.) GIVING NAME OF WORKING BLD. DO NOT USE METROPS) | | 17. KIND OF BUSINESS OR INDUSTRY | | 18. SOCIAL SECURITY NO. |
| School Teacher | | Cancer Public Schools | | [REDACTED] |
| 19. ADDRESS—ALMIGHTY AND DISTRICT | | 20. CITY/TOWNSHIP, ZIP CODE | | 21. AGE (Specify) |
| 27817 82nd Street | | Cancer | | 31 Yrs. |
| IN ALMIGHTY DISTRICT | | RCI | | Wa. |
| 22. LENGTH OF RESIDENCE | | 23. LENGTH OF RESIDENCE | | 24. ZIP CODE |
| 27817 82nd Street | | Cancer | | 98607 |
| 25. PREVIOUS CASES | | 26. DATE OF DEATH | | 27. DEATH PLACE |
| Jim L. Carroll | | May 3, 1993 | | Unknown |
| 28. FURNITURE, PERSONAL OTHER PROPERTY | | 29. CLOTHING/PERSONAL PROPERTY | | 28. LOCATION—CITY/TOWNSHIP, STATE |
| Cremation | | Black Blouse | | Vancouver, Washington |
| 30. ADDRESS OF FACILITY | | 31. NAME OF FACILITY | | 31. ADDRESS OF FACILITY |
| Ronald Brown | | Brown's Funeral Home | | Cancer, Wa. 98607 |
| TO BE COMPLETED ONLY BY SIGNED RECORDER OR CORPUS | | | | |
| 32. TO THE BEST OF MY KNOWLEDGE, THIS DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED SIGNATURE AND TITLE | | 33. ON THE BASIS OF INFORMATION AND/OR INVESTIGATION, IN MY OPINION DEATH DESCRIBED AS THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED SIGNATURE AND TITLE | | |
| Janet R. Rosenlund, MD | | | | |
| 40. DATE DEATH DECLARED | | 41. HOUR OF DEATH | | 42. HOUR OF DEATH ON FILE |
| 4-29-93 | | 11:00 AM | | 4-29-93 |
| 43. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN | | 44. PROCLAIMED DEAD DEATH | | |
| Janet Rosenlund MD | | 45. PROCLAIMED DEAD DEATH | | |
| 46. NAME AND ADDRESS OF CERTIFYING PHYSICIAN, MEDICAL EXAMINER OR CORoner IF NOT A PHYSICIAN | | 46. MEDICAL EXAMINER FILE NUMBER | | |
| Janet Rosenlund MD 700 11th Avenue Vancouver, Wa. 98664 | | | | |
| 47. ENTER THE DISEASE, PAUSSAGE, OR COMPLICATIONS WHICH CAUSED THE DEATH | | | | |
| Metastatic Adenocarcinous Unknown Primary Month | | | | |
| 48. OTHER DISEASES (THIS COLUMN IS FOR DISEASES RELATED TO DEATH BUT NOT RELATING TO THE MANNER OF DEATH OTHER THAN | | | | |
| Multiple bone metastasis | | | | |
| 49. DATE REC'D. FROM, SIGNATURE OR PRINTED NAME RECORDER | | 50. DATE REC'D. FILED DEATH | | 51. HOUR OF DEATH |
| | | 4-29-93 | | 11:00 AM |
| 52. PLACE OF BURIAL—IF BURIED, PLACE OF BURIAL | | 53. PLACED IN EMBALMING FLUIDS | | |
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MAY 05 1993

Karen Steingart
Dr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist.

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