

When Recorded Please Return To:
LAWRENCE A. PIRKLE
321 W. Washington, Suite 300
Mount Vernon, WA 98273
(360) 336-6587



201304120109
Skagit County Auditor

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DOCUMENT TITLE: Affidavit of Surviving Spouse Lack of Probate Affidavit

REFERENCE NUMBER(S):

GRANTOR: Jackie J. Moore

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20131289

APR 12 2013

GRANTEE: Public

Amount Paid \$ *2*
Skagit Co. Treasurer
By *hdm* Deputy

LEGAL DESCRIPTIONS:

Lot 11, Block 1, "PAPE'S ADDITION TO THE CITY OF MT. VERNON"
as per plat recorded in Volume 3 of Plats, page 59, records of Skagit
County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of
Washington.

ASSESSOR PARCEL / TAX ID NUMBERS: TPN: 3750-0001-011-0001 (P53978)

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AFFIDAVIT OF SURVIVING SPOUSE

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

JACKIE J. MOORE, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of SAMMY L. MOORE, deceased, 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:

TPN: 3750-0001-011-0001 (P53978)

Lot 11, Block 1, "PAPE'S ADDITION TO THE CITY OF MT. VERNON" as per plat recorded in Volume 3 of Plats, page 59, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

SECOND, I was the surviving spouse of SAMMY L. MOORE and we acquired this property as husband and wife.

THIRD, that said Decedent died on the 21st day of August, 2011 in Arizona City, Arizona but was a resident of Skagit County, State of Washington. (Certificate of Death attached as Exhibit A)

FOURTH, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements of 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's of said County, except as follows: NONE.

FIFTH, that the Estate of said Decedent at the date of death was in excess of its liabilities.



1 SIXTH, that all obligations of the Estate owing at the date of death of said Decedent
2 have been paid in full, and all expenses of last sickness and for funeral services have been
3 paid.

4 SEVENTH, that the following list comprises all of the heirs at law by whom said
5 Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
JACKIE J. MOORE 209 E. Cedar Street Mount Vernon, WA 98273	Spouse	Legal
CHERI MOE 210 S. Hamlin Dr. Arlington, WA 98223	Daughter	Legal
SAMMY L. MOORE, JR. 545 1/2 28 1/2 Road Grand Junction, CO 81501	Son	Legal
JERRY W. MOORE 9318 Arlington Heights Rd. Arlington, WA 98223	Son	Legal
RAE ANN O'CONNER 4223 Mission Beach Rd. Tulalip, WA 98271	Daughter	Legal
SHERRY ORCUTT 209 E. Cedar Street Mount Vernon, WA 98273	Step-Daughter	Legal

21
22 DATED this 2ND day of April, 2013.

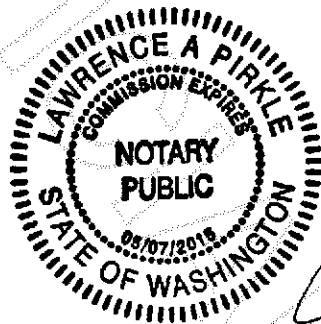
24 Jackie J. Moore
25 JACKIE J. MOORE
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1 STATE OF WASHINGTON)
2) ss.
3 COUNTY OF SKAGIT)

4 I certify that I know or have satisfactory evidence that JACKIE J. MOORE is the
5 person who appeared before me, and said person acknowledged that she signed this
6 instrument and acknowledged it to be her free and voluntary act for the uses and
7 purposes mentioned in the instrument.

8 DATED this 2ND day of April, 2013.



9 LAWRENCE A. PIRKLE

10 [Signature]
11 NOTARY PUBLIC in and for the
12 State of Washington,
13 Residing at Mount Vernon
14 My appointment expires: 5/7/15



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Skagit County Auditor

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CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

**STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH**

State File NO. 102-2011-030929

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) SAMMY LEE MOORE				2. AKA'S (IF ANY)				3. DATE OF DEATH AUGUST 21, 2011					
4. SEX MALE		5. SOCIAL SECURITY NUMBER 541-34-1777		6. DATE OF BIRTH 09-09-1931		7. AGE 79		8. MONTHS UNDER 1 YEAR		9. DAYS UNDER 1 DAY			
10. HOURS		11. MINUTES		12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL				13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input checked="" type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER					
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): OASIS PAVILION						15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: CASA GRANDE 85122				16. COUNTY OF DEATH: PINAL			
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): TWISP, WASHINGTON				18. MARITAL STATUS AT TIME OF DEATH: MARRIED				19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): JACKIE J. CARTER					
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 9793 W BRADSHAW DR,				21. CITY AND COUNTY: ARIZONA CITY, PINAL				22. STATE ARIZONA		23. ZIP CODE 85123			
24. EVER IN THE ARMED FORCES NO		25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN				26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN				27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:			
28. OCCUPATION: TRUCK DRIVER				29. FATHER'S NAME (FIRST, MIDDLE, LAST): CLYDE MOORE				30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE): EDITH HANAN					
31. INFORMANT'S NAME: JACKIE MOORE				32. RELATIONSHIP: SPOUSE				33. INFORMANT'S MAILING ADDRESS: 9793 W BRADSHAW DR, ARIZONA CITY, ARIZONA 85123					
34. NAME AND ADDRESS OF FUNERAL FACILITY: J. WARREN FUNERAL SERVICES, COLE & MAUD 525 NORTH PEART ROAD CASA GRANDE, AZ				35. FUNERAL DIRECTOR: JERRY W WARREN, FUNERAL DIRECTOR				36. LICENSE NUMBER: F0391					
37. METHOD(S) OF DISPOSITION: CREMATION				38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: J. WARREN MOUNTAIN VIEW CHAPEL AND CREMATORIUM, CASA GRANDE, ARIZONA				39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE					
MEDICAL CERTIFICATION SECTION - CAUSE OF DEATH PART 1													
IMMEDIATE CAUSE OF DEATH		40. A METASTATIC OESOPHAGEAL CANCER						41. APPROXIMATE INTERVAL: UNKNOWN					
DUE TO OR AS A CONSEQUENCE OF:		42. B						43. APPROXIMATE INTERVAL:					
DUE TO OR AS A CONSEQUENCE OF:		44. C						45. APPROXIMATE INTERVAL:					
DUE TO OR AS A CONSEQUENCE OF:		46. D						47. APPROXIMATE INTERVAL:					
CAUSE OF DEATH PART 2													
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:						49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH: NATURAL DEATH			
						53. WAS AN AUTOPSY PERFORMED? NO		52. TIME OF DEATH: 2100		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
CAUSE AND MANNER OF DEATH CERTIFICATION													
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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.						55. NAME OF PERSON COMPLETING CAUSE OF DEATH: FLORENCE OLODAKUN, RNP				56. DATE CERTIFIED: 08-23-2011			
57. CERTIFIER'S ADDRESS: 161 W. RODEO RD. CASA GRANDE, AZ. 85122						58. NAME OF REGISTRAR: KANDI HARRIS				59. DATE REGISTERED: 08-24-2011			

Date Issued: 08-25-2011

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS,

88414930



201304120109
Skagit County Auditor

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Impressed with the raised seal of the issuing agency.

IS THIS DOCUMENT

Arizona
Department of
Health Services