

**When recorded return to:**

Audrey Guzman  
626 Avon Ave  
Burlington, WA 98233



Skagit County Auditor \$75.00  
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Escrow Number: JM1731

**QUIT CLAIM DEED**

THE GRANTOR, THE ESTATE OF LLOYD TREVOR HOLDER, DECEASED, BY HIS DAUGHTER AND SOLE HEIR, AUDREY GUZMAN for and in consideration of none, inheritance only, conveys and quit claims to AUDREY GUZMAN, AS HER SEPARATE PROPERTY, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the Grantor therein:

Lots 3 and 4, Block 22, "AMENDED PLAT OF BURLINGTON, SKAGIT COUNTY, WASH." as per plat recorded in Volume 3 of Plats, Page 17, records of Skagit County, Washington.

Subject to matters of record, including existing debt.

Subject to Heirship Affidavit attached hereto.

**JUARDIAN NORTHWEST TITLE CO.**

ACCOMMODATION RECORDING ONLY

Tax Parcel Number(s): P71429

JM 1731

**Dated: August 9, 2013.**

Estate of Lloyd Trevor Holder by:

Audrey Guzman  
Audrey Guzman, daughter and sole heir

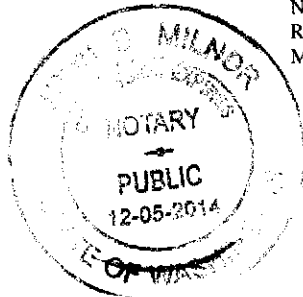
State of Washington  
County of Skagit } SS:

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

Dated: Aug 9, 2013

John S. Milnor

Notary Public in and for the State of Washington  
Residing at: Mount Vernon  
My appointment expires: 12/5/2013



SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20133204  
AUG 12 2013

Amount Paid \$6  
Skagit Co. Treasurer  
By Mam Deputy

RETURN TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE/ZIP \_\_\_\_\_

### HEIRSHIP AND DISPOSITION OF ASSETS AFFIDAVIT

The Affiant is the (relationship to decedent) daughter and sole heir of (decedent) Lloyd Trevor Holder \_\_, who died (date) July 20, 2013 at (city) Burlington, (county) Skagit, (state) WA. On said date the decedent's legal residence was (address) 626 Avon Ave in (city) Burlington, (county) Skagit, (state) Washington (zip code) 98233.

**ATTACHED HERETO IS A COPY OF THE DECEDENT'S DEATH CERTIFICATE.**

THE DECEDENT LEFT:

- No will and No Community Property Agreement; OR
- A community Property Agreement recorded in \_\_\_\_\_ County as Auditor's File Number in favor of the surviving spouse or an unrecorded Agreement which has been attached hereto; OR
- An unprobated Will, a copy of which is attached hereto; OR
- A Will which is being/was probated in \_\_\_\_\_ County, State of \_\_\_\_\_ as Superior Court Cause No. \_\_\_\_\_.

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 95,000.00 of which approximately \$ 95,000.00 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's estate, including all expenses of the last illness and funeral, have been paid EXCEPT for  none OR  those shown on an attachment hereto.

The Affiant further declares that the decedent  has or  has not received assistance from the State of Washington for subsistence or medical care, such as Medicaid or welfare in the past.



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The Affiant further declares that the following are all the heirs of the decedent (heirs being surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother, sisters of the decedent, including those not inheriting part of the decedent's estate):

LEGAL NAME	AGE	RELATIONSHIP	ADDRESS
<u>Audrey Guzman</u>	<u>L</u>	<u>Daughter</u>	<u>626 Avon Ave, Burlington, 98233</u>
<u>Colleen Estrate</u>	<u>L</u>	<u>Sister</u>	<u>Conway</u>
<u>Kevin Holder</u>	<u>L</u>	<u>Brother</u>	<u>California</u>
<u>Maureen Holder</u>	<u>L</u>	<u>mother</u>	<u>Coverdale</u>
<u>Gordon Holder</u>	<u>L</u>	<u>Father</u>	<u>Coverdale</u>

(ATTACH ADDITIONAL PAGES IF NECESSARY)

The Affiant makes this affidavit to induce GUARDIAN NORTHWEST TITLE to issue policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representation set forth hereinabove. The affiant agrees to indemnify GUARDIAN NORTHWEST TITLE COMPANY against all losses, including attorney fees, arising by reason of any misrepresentation of fact herein.

Audrey Guzman  
Affiant's Legal Name

8/9/2013  
Date of Affidavit

360-770-0177  
Affiant's Phone Number

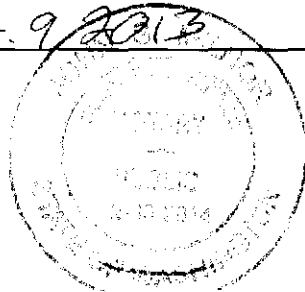
626 Avon Ave Burlington WA 98233  
Affiant's legal address

[Signature]  
Affiant's signature

State of Washington  
County of \_\_\_\_\_ } SS:

I certify that I know or have satisfactory evidence that Audrey Guzman, the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Date: Aug. 9 2013



John S. Milnor  
Notary Public in and for the State of Washington, WW  
Residing at Mount Vernon  
My appointment expires: 12/15/2014



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-013466

DATE ISSUED: 08/01/2013

FEE NUMBER: 000000029

GIVEN NAMES: LLOYD TREVOR  
LAST NAME: HOLDER

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 26, 2013  
HOUR OF DEATH: 08:15 A.M. PRESUMED  
SEX: MALE  
AGE: 56 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: MONTREAL, QUEBEC, CANADA

MARITAL STATUS: DIVORCED  
SPOUSE:

OCCUPATION: MACHINIST  
INDUSTRY: UNKNOWN  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: AUDREY GUZMAN  
RELATIONSHIP: DAUGHTER  
ADDRESS: 815 E WASHINGTON AVE, BURLINGTON WA 98233

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 626 AVON AVE  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 626 AVON AVE  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 982331204  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: GORDON R HOLDER  
MOTHER: MAUREEN E [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HERITAGE CREMATION SERVICES  
CITY, STATE: MARYSVILLE, WA  
DISPOSITION DATE: JULY 31, 2013

FUNERAL FACILITY: DONOVAN'S FUNERAL AND CREMATION SERVICES  
ADDRESS: PO BOX 1322  
CITY, STATE, ZIP: MT VERNON WA 98273  
FUNERAL DIRECTOR: TIMOTHY DONOVAN

- CAUSE OF DEATH:
- A. MYOCARDIAL INFARCTION  
INTERVAL: SECONDS
  - B. PRESUMED VENTRICULAR ARRHYTHMIA  
INTERVAL: SECONDS
  - C. INTERVAL:
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
ANEMIA OF UNKNOWN ORIGIN

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



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MANNER OF DEATH: NATURAL  
AUTOPSY: YES  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES  
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JAMES B. GRIERSON, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 9631 269TH STREET NW  
CITY, STATE, ZIP: STANWOOD WA 98292  
DATE SIGNED: JULY 31, 2013



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: JULY 31, 2013