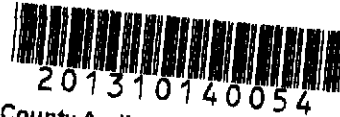


Return To:

Name: Mary Udman

Address: 12056 HiLynn Dr.

City/St: Burlington, WA 98233



Skagit County Auditor
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\$74.00
3 10:37AM

Heirship and Disposition of Assets Affidavit

Also used as an Affidavit of Surviving Spouse or Domestic Partner

The Affiant is the (*relationship to decedent*) surviving spouse of (*decedent*) Dennis E. Udman , who died July 10, 2013 (*date*) at (*city*) Burlington, (*county*) Skagit, (*state*) Washington. On said date the decedent's legal residence was (*address*) 12056 HiLynn Dr. in (*city*) Burlington (*state*) WA, (*zip code*) 98233.

GUARDIAN NORTHWEST TITLE CO.

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

JM 1746

THE DECEDENT LEFT:

ACCOMMODATION RECORDING ONLY

- () No will and No Community Property Agreement; OR
- () A Community Property Agreement recorded in _____ County as Auditor's File No. _____ in favor of the surviving spouse or an unrecorded agreement which has been attached hereto; OR
- (X) An unprobated will*, a copy of which is attached hereto; OR
*said will is filed in Skagit County Probate Cause No. 13-4-00359-7
- () 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 \$_____ of which approximately \$_____ 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 lat 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.

Lot 35 Vedere Terr. P-70176

(continued on next page)

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, brothers, sisters of the decedent, including those not inheriting part of the decedent's estate):

LEGAL NAME	AGE	RELATIONSHIP	ADDRESS
Mary Udman	L	wife	12056 HiLynn Dr., Burlington, WA 98233
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(attach additional pages, if necessary)

☒ When checked, the affiant declares that he/she is the sole and rightful heir of the family home taxed as P70176, purchased via deed recorded as Auditor's File No. 9208140102 and described as Lot 35 "Vedere Terrace" as per plat recorded in Volume 7 of Plats, Page 84.

The Affiant declares under the penalty of perjury under the laws of the State of Washington that the Foregoing is true and correct.

The Affiant makes this affidavit to induce title companies and their underwriters to issue policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify any third party against all losses, including attorney fees, arising by reason of any misrepresentation of fact herein.

Date of Affidavit October 14, 2013

Affiant's Legal Name: Mary A. Udman

Affiant's Phone No.: 360-757-8815

Affiant's Address, city and state: 12056 HiLynn Dr., Burlington, WA, 98233.

Affiant's Signature: Mary A. Udman

STATE OF WASHINGTON, COUNTY OF SKAGIT.

On this day personally appeared and sworn before me Mary A. Udman
To me know to be the individual described in and who executed the within and foregoing instrument,
And acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses
And purposes therein mentioned.

GIVEN under my hand and seal this 14th day of October, 201³.



Glenn M. Dano
Notary Public in and for the State of Washington
Residing at Sedra Woolley
My appointment expires on 2/20/13



201310140054

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-012308

DATE ISSUED: 09/30/2013

FEE NUMBER: 0000000029

GIVEN NAMES: DENNIS EVALD
LAST NAME: UDMAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 10, 2013
HOUR OF DEATH: 08:55 P.M.
SEX: MALE
AGE: 65 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: EVERETT, SNOHOMISH CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: MARY A THOMPSON

OCCUPATION: UNITED STATES NAVY
INDUSTRY: MILITARY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: MARY A UDMAN
RELATIONSHIP: WIFE
ADDRESS: 12056 HILVNN DRIVE BURLINGTON, WASHINGTON 98233

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 12056 HILVNN DRIVE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 12056 HILVNN DRIVE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: WILLARD V UDMAN
MOTHER: SYLVIA R. [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MT. VERNON CEMETERY CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: JULY 16, 2013

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: JEREMIAH T. LESOURD

CAUSE OF DEATH:
A. CORONARY ARTERY ATHEROSCLEROSIS
INTERVAL: YEARS

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
HYPERTENSION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK? NO
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



201310140054

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

ME/CORONER: DANIEL F. DEMPSEY, RN
TITLE: CORONER
ME/CORONER
ADDRESS: 700 S. 2ND STREET, ROOM 100
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: JULY 15, 2013



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 116-13
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JULY 16, 2013