

When recorded return to:
Chicago Title Company
425 Commercial St.
Mount Vernon, WA 98273



Skagit County Auditor \$111.00
6/24/2016 Page 1 of 6 12:01PM

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St.
Mount Vernon, WA 98273

Escrow No.: 620026989

CHICAGO TITLE
620026989

DOCUMENT TITLE(S)

Inheritance Lack of Probate Affidavit and Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

Robert D. Heinkel

Washington, State of

Additional names on page _____ of document

GRANTEE(S)

Public

Lois Ann Heinkel

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot(s): ptn lot 8 & E & all lot 9 Hilltop Haven no. 2

Complete legal description is on page 4 of document

TAX PARCEL NUMBER(S)

P83132/4472-000-009-0002

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

After recording, return to:

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Mount Vernon, WA 98273

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington)

SS:

COUNTY OF SKAGIT)

The undersigned, Robert D HEINKEL, executes this affidavit relating to the estate of Lois A HEINKEL (herein "Decedent"), who died on 2-9-16, in the County of SKAGIT, State of WA, then being a resident of the City of Mt Vernon, County of SKAGIT, State of WA. (A

copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the property described below.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20162619
JUN 24 2016

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- the lawful surviving spouse of the Decedent
 Registered domestic partner of the Decedent
 Surviving child of the Decedent
 One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
 other (identify:) _____

Amount Paid \$0
Skagit Co. Treasurer
By HB Deputy

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
(a) a spouse or registered domestic partner, and

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]

Name & relationship ROBERT SCOTT HEINKEL SON

Name & relationship STEVED D HEINKEL SON

Name & relationship CYNTHIA A HEINKEL SON DAUGHTER

Name & relationship ANNA HEINKEL SON DAUGHTER

TROY MILAM STEP-SON

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of SKagit, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

DATED: 6-17, 20 16

Robert D Heinkel
 (Signature)
Robert D HEINKEL
 (Print or type full name)
119 S Walnut St, Boise ID 83712
 (Full address and telephone number)

State of Washington
County of SKagit

SUBSCRIBED and SWORN TO before me this 17 day of June, 2016, by Robert D. Heinkel, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Kathryn A Freeman
 Notary Public in and for the State of WA
 residing at Snohomish co

KATHERYN A. FREEMAN
 STATE OF WASHINGTON
 NOTARY --- PUBLIC
 My Commission Expires 9-01-2018

EXHIBIT A

Order No.: 620026989

For APN/Parcel ID(s): P83132/4472-000-009-0002

Parcel A:

Lots 9 and E, Plat of HILLTOP HAVEN 2, according to the plat thereof, recorded in Volume 14 of Plats, pages 2 and 3, records of Skagit County, Washington,

Except that portion of said Lot E lying southerly of the following described line:

Begin at the northwest corner of Lot 8 of said Plat; thence north 73 degrees 57' 08" east along the northwesterly line of said lot 8, 25 feet; thence north 24 degrees 56' 58" west, a distance of 12.50 feet to the true point of beginning of this description; thence south 73 degrees 57' 08" west, a distance of 24.85 feet to a point on the easterly right of way line of Waugh Road, which point is the termination point of this line description.

Situated in Skagit County, Washington

Parcel B:

That portion of Lot 8, Plat of HILLTOP HAVEN 2, according to the plat thereof, recorded in Volume 14 of Plats, pages 2 and 3, records of Skagit County, Washington, described as follows:

Beginning at the southwest corner of said lot 8; thence northwesterly along the westerly line of said lot 8, 33.67 feet to the point of beginning; thence continuing along said westerly line, 21.23 feet to the southwest corner of Tract "F" shown on survey recorder September 3, 1987, in volume 7 of surveys, page 99, under auditor's file number 8709030016; thence north 73 degrees 57' 08" east, 25.45 feet; thence north 24 degrees 56' 58" west, 12.5 feet to the northerly boundary line of said lot 8; thence north 73 degrees 57' 08" east along said north line, 181.80 feet to the northeast corner of said lot; thence south 1 degrees 30' 33" west along the east line of said lot, 59 feet to a point which lies 66 feet north of the southeast corner of said lot; thence southwesterly to the point of beginning.

Situated in Skagit County, Washington

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-005892

DATE ISSUED: 02/22/2016

FEE NUMBER: 000000029

GIVEN NAMES: LOIS ANN
LAST NAME: HEINKEL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 09, 2016
HOUR OF DEATH: 05:00 P.M.
SEX: FEMALE
AGE: 72 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SALT LAKE CITY, SALT LAKE CNTY, UTAH

MARITAL STATUS: MARRIED
SPOUSE: ROBERT D HEINKEL

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: ROBERT D HEINKEL
RELATIONSHIP: SPOUSE
ADDRESS: 530 NORTH WAUGH ROAD, MOUNT VERNON, WA, 98273

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 530 NORTH WAUGH ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 530 NORTH WAUGH ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER/PARENT: RAYMOND ALBERT LARSEN
MOTHER/PARENT: LOISE ELAINE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM
CITY, STATE: BLAINE, WA
DISPOSITION DATE: FEBRUARY 15, 2016

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL
ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM WA 98226
FUNERAL DIRECTOR: TIM D. POWELL

- CAUSE OF DEATH:
- A. SEROUS OVARIAN CANCER, METASTATIC TO MULTIPLE SITES
INTERVAL: 12 YEARS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEMAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: FEBRUARY 11, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORNER? NO
FILE NUMBER: MJA 72
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: FEBRUARY 12, 2016

Affidavit for Correction

This is a legal document. Complete in ink and do not alter

STATE OFFICE USE ONLY

File Number

Address

Required information must include DATE of birth of child and sex

Child's Name

Relationship to Person on Record

Gender

Date of Birth

Birth Name (Mother's Maiden Name) or (Dissolution)

Signature/Parent Full Name (Mother or Father or Dissolution)

Relationship to Person on Record

Boy

Female

Birth Date

Hospital

Person on Record

Parent(s)

Parent(s)

Parent(s)

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record is incorrect

9

10

11

12

Signature of parent of January 1954 (the date of birth) and the date of the signature of the parent (the date of the signature of the parent)

Date

Printed name

Signature

INSTRUCTIONS - go to www.cdhhs.gov for more information

Driver's license, Social Security card or hospital descriptive form can be used as proof of the parent's proof

Documents which proof an individual has lived with the affiant and include full name and birth date. Examples include: birth certificate, driver's license, Social Security card, etc.

- Examples of acceptable records: Military record (DD-214), School transcripts, Social Security Number Record, Birth Certificate of Naturalization, Hospital/medical record, Passport, Driver's License or Real ID Card (I-9)

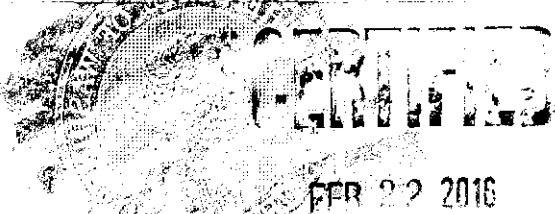
1. The child's name must be five or more years old or established within five years of birth. If the child is under five years old, the name must be established within five years of birth. The name must be established within five years of birth. The name must be established within five years of birth. The name must be established within five years of birth.

- 2. The child's name must be established within five years of birth. The name must be established within five years of birth. The name must be established within five years of birth. The name must be established within five years of birth.

3. The child's name must be established within five years of birth. The name must be established within five years of birth. The name must be established within five years of birth. The name must be established within five years of birth.

4. The child's name must be established within five years of birth. The name must be established within five years of birth. The name must be established within five years of birth. The name must be established within five years of birth.

5. The child's name must be established within five years of birth. The name must be established within five years of birth. The name must be established within five years of birth. The name must be established within five years of birth.



Signature: Howard L. ... Skagit County Public Health Department, Health Officer

DD00353432