


When recorded return to:
Laura R. Craft
819 Encenada Avenue
Berkeley, CA 94707


201608050108
Skagit County Auditor
8/5/2016 Page 1 of 10 3:39PM \$115.00

DOCUMENT TITLE(S)

Lack of Probate Affidavit
Death Certificate

CHICAGO TITLE 10/155
620027073

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

Additional reference numbers on page _____ of document

GRANTOR(S)

~~deceased~~

1. Margaret D. Richard, Laura R. Craft, Susan Heather Richards, Deirdre Palmieri, Catherine Sloan
2. Washington, State of

☐ Additional names on page _____ of document

GRANTEE(S)

1. Public
2. Margaret Daniels Richards

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot(s): 26 SKYLINE NO. 10

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P59936 / 3826-000-026-0006

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

Return Address:

LAURA R. CRAFT
819 ENSENADA AVENUE
BERKELEY CA 94707

AFFIDAVIT (LACK OF PROBATE)

_____, being first duly sworn, deposes and says:

The undersigned affiant is a ^{Notary} rightful heir, as listed on heirs at law, to the real property described below, and is the child (relationship to decedent) of Margaret D. Richards (decedent), who died on (date) January 21, 2016, at Berkeley Alameda California
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: _____

Lot 26, Skyline No. 10, recorded in Vol. 9
of plats, pgs 117-120, Skagit County,
Washington

Assessor's Property Tax Parcel/Account Number: PS9936/3826-000-026-0006
(Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of 33)

UNZ
LAURA R CRAFT, age 60, child
819 Encenada Avenue, Berkeley CA 94707
Full name, age, relationship, address

Susan Heather Richards, age 62, child
1153 Shattuck Avenue, Berkeley, CA 94707
Full name, age, relationship, address

Deirdre Palmieri, age ~~58~~ 59, child
2480 San Miguel Drive, Walnut Creek, CA 94596
Full name, age, relationship, address

Catherine Sloan, age 57, child
166 Wellington Avenue, Clyde, CA 94520
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

DOCUMENT

Dated: July 5, 2016

LAURA R. CRAFT
Affiant's full name

(510) 919-0042
Telephone number

819 Encenada Avenue

Berkeley CA 94707
City State Zip Code

[Signature]
Signature

July 5, 2016
Date

State of _____ County of _____

I know or have satisfactory evidence that _____
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: ____/____/____

Signature of Notary Public

(SEAL OR
STAMP)

Residing at: _____

Notary Public in and for the State of _____

My appointment expires: ____/____/____

See attached
certificate.

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Alameda

Subscribed and sworn to (or affirmed) before me

on this 5th day of July, 2016,
 by Date Month Year

(1) Laura R. Craft

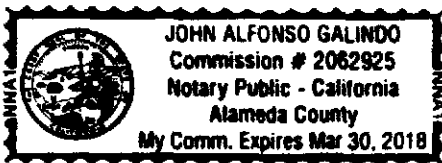
(and (2) _____),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____

Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit (Lack of Probate) Document Date: 7/5/16

Number of Pages: 3 Signer(s) Other Than Named Above: None

Dated: July 15, 2016

Susan Heather Richards
Affiant's full name

(510) 847-1748
Telephone number

1153 Shattuck Avenue Berkeley CA 94707
Street

City State Zip Code

[Signature]
Signature

15 July 2016
Date

State of California County of Contra Costa

I know or have satisfactory evidence that Susan Heather Richards
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 7/15/16

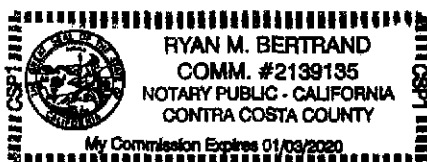
(SEAL OR
STAMP)

[Signature]
Signature of Notary Public

Residing at: Contra Costa / CA

Notary Public in and for the State of California

My appointment expires: 3/20



Dated: 7/9/16

Deirdre Palmieri

Affiant's full name

(415) 310-8441

Telephone number

2480 San Miguel Drive

Walnut Creek CA 94596

City

State

Zip Code

Deirdre Palmieri

Signature

7/9/16

Date

State of CALIFORNIA County of CONTRA COSTA

I know or have satisfactory evidence that

DEIRDRE PALMIERI

(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 7/9/2016

(SEAL OR
STAMP)



[Signature]

Signature of Notary Public

Residing at: 1250 NEWELL AVE STE I, WALNUT CREEK, CA
94596

Notary Public in and for the State of CA

My appointment expires: JAN 12, 2020

Dated: July 15, 2016

Catherine Sloan
Affiant's full name

(925) 686-3560
Telephone number

166 Wellington Avenue

Clyde CA 94520
City State Zip Code

Catherine Sloan 15 July 2016
Signature Date

State of California County of Contra Costa

I know or have satisfactory evidence that Catherine Elise Sloan
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 7/15/16

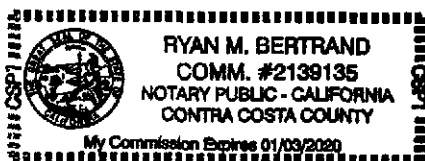
(SEAL OR
STAMP)

Ryan M. Bertrand
Signature of Notary Public

Residing at: Contra Costa / CA

Notary Public in and for the State of California

My appointment expires: 1/3/20



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY OF BERKELEY

DEPARTMENT OF HEALTH, HOUSING & COMMUNITY SERVICES

CERTIFICATE OF DEATH

3201661000036

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARGARET		2. MIDDLE DANIELS	
3. LAST (Family) RICHARDS		4. DATE OF BIRTH mm/dd/yyyy 84	
5. AGE Yrs. Mths. Ds. 84		6. SEX F	
7. DATE OF DEATH mm/dd/yyyy 01/21/2016		8. HOUR (24 Hours) 0930	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/DEPT. In Time of Death DIVORCED	
13. EDUCATION - Highest Level Completed BACHELOR		14. DECEDENT'S RACE - Up to 3 races may be listed (See worksheet (C) B63) CAUCASIAN	
15. US WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S OCCUPATION - Type of work for most of life. DO NOT USE RETIRED LAW ENFORCEMENT OFFICER	
17. US WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LAW ENFORCEMENT	
19. YEARS IN OCCUPATION 20		20. DECEDENT'S RESIDENCE (Street and number, or R.F.D. name) 1153 SHATTUCK AVE.	
21. CITY BERKELEY		22. COUNTY/PROVINCE ALAMEDA	
23. ZIP CODE 94707		24. YEARS IN COUNTY 3	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP LAURA R. CRAFT, DAUGHTER	
27. INFORMANT'S ADDRESS (Street and number, or R.F.D. name, city or town, state and zip) 819 ENSENADA AVE., BERKELEY, CA 94707		28. NAME OF SURVIVING SPOUSE/GRDPR - FIRST TROY	
29. MIDDLE DANIELS		30. LAST (BIRTH NAME) DANIELS	
31. NAME OF FATHER/PARENT - FIRST ELIZABETH		32. MIDDLE [REDACTED]	
33. LAST ELIZABETH		34. BIRTH STATE IN	
35. NAME OF MOTHER/PARENT - FIRST ELIZABETH		36. MIDDLE [REDACTED]	
37. LAST ELIZABETH		38. BIRTH STATE IN	
39. DISPOSITION DATE mm/dd/yyyy 01/22/2016		40. PLACE OF FINAL DISPOSITION MOUNTAIN VIEW CEMETERY 5000 PIEDMONT AVE., OAKLAND, CA 94611	
41. TYPE OF DISPOSITION CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER FD1254		44. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE CHIMES	
45. LICENSE NUMBER FD1254		46. SIGNATURE OF LOCAL REGISTRAR JANET BERREMAN, MD, MPH	
47. DATE mm/dd/yyyy 01/22/2016		48. PLACE OF DEATH OWN RESIDENCE	
49. CITY ALAMEDA		50. COUNTY ALAMEDA	
51. ADDRESS OR LOCATION WHERE FOUND (Private and business, or institution) 1153 SHATTUCK AVE.		52. CITY BERKELEY	
53. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT state terminal status such as cardiac arrest, respiratory arrest, or respiratory fibrillation without showing its source. DO NOT abbreviate. CONGESTIVE CARDIOMYOPATHY ADVANCED RENAL FAILURE CHRONIC KIDNEY DISEASE ANOREXIA		54. TIME INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE 2 WKS	
55. IMMEDIATE CAUSE (Final disease or condition leading to death) CONGESTIVE CARDIOMYOPATHY		56. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
57. SUBSEQUENT CAUSE (If any, leading to cause on line 54. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST ADVANCED RENAL FAILURE CHRONIC KIDNEY DISEASE		58. GROSSLY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 53 ANOREXIA		60. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 53 OR 59 (If yes, list type of operation and date) NO		62. USED IN OBTAINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
63. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED. Decedent's Attended Since: 08/22/2012 Decedent Last Seen Alive: 01/05/2016		64. SIGNATURE AND TITLE OF CERTIFIER MICHAEL HERSCHEL LEWIS M.D.	
65. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE MICHAEL HERSCHEL LEWIS M.D. 5919 B HOLLIS ST, EMERYVILLE, CA 94608		66. LICENSE NUMBER G64666	
67. DATE 01/22/2016		68. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
69. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		70. INJURY DATE mm/dd/yyyy	
71. HOUR (24 Hours)		72. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
73. SIGNATURE OF CORONER / DEPUTY CORONER		74. DATE mm/dd/yyyy	
75. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		76. DATE mm/dd/yyyy	

This is to certify that this document is a true copy of the official record filed with the City of Berkeley.
Janet M. Berremman, MD, MPH, Local Registrar and Health Officer

by: *[Signature]*
LOCAL REGISTRAR AND HEALTH OFFICER

DATE ISSUED **JAN 27 2016**

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
P0100 (Rev 10/15)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



LEGAL DESCRIPTION

Order No.: 620027073

For APN/Parcel ID(s): P59936 / 3826-000-026-0006

Lot 26, Skyline No. 10, according to the plat thereof, recorded in Volume 9 of plats, pages 117 thru 120, records of Skagit County, Washington.

Situate in Skagit County, Washington.