201610200053

Skagit County Auditor $109.00
10/20/2016 Page 1 of 4 11:32AM

After recording, return to:
Ann Ellison
14002 2nd Ave Ct E
Tacoma, WA 98405

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20164752
OCT 20 2016
Amount Paid $-0-
Skagit Co. Treasurer
By WAM Deputy

CHICAGO TITLE
620028960

Grantor (Name of Decedent): Ernest Ellison
Grantee (Heirs): Ann Ellison
Abbreviated Legal Description: Lot 8 Olympic View Plat
Tax Parcel No.(s): P67718/3963-006-008-0001

INHERITANCE LACK OF PROBATE AFFIDAVIT and Death Certificate

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF Pierce

The undersigned, Ann Ellison, executes this affidavit relating to the estate of Ernest Ellison (herein "Decedent"), who died on May 4, 2013, in the County of Pierce, State of Washington, then being a resident of the City of Tacoma, County of Pierce, State of Washington.

(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 a rightful heir to the property described below.

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 (1) 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:) _____

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below. [Use the reverse side or attach a list if necessary]

Name and relationship: Kenneth A. Allison, Son

Name and relationship: Carol A. Bellanca, Daughter

Name and relationship: _____

Name and relationship: _____

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:

Lot 8, Olympic View Plat, according to the plat thereof, recorded in Volume 8 of plats, page 1, records of Skagit County, Washington.

Situate in Skagit County, Washington.

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.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Ann Ellison
Signature

Address: 14002 20th Ave CT E
Tacoma, WA 98445

ANN ELLISON
Print Name

Phone: 253-531-0890

State of Washington

County of Pierce

Signed and sworn to (or affirmed) before me on October 17, 2016 by Ann Ellison
(name of person making statement).

ALISHA S JAMISON
Notary Public
State of Washington
My Appointment Expires Jul 21, 2017

Name: Alisha S Jamison
Notary Public in and for the State of Washington,
Residing at: Tacoma, WA
My appointment expires: July 21, 2017

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-007998

DATE ISSUED: 05/13/2013

FEE NUMBER: 0000002711

GIVEN NAMES: ERNEST EDWARD
LAST NAME: ELLISON

COUNTY OF DEATH: PIERCE
DATE OF DEATH: MAY 04,2013
HOUR OF DEATH: 02:45 P.M.
SEX: MALE
AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [redacted]
BIRTHPLACE: MOUNT VERNON, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: ANN HUIZENGA

OCCUPATION: MANAGER
INDUSTRY: AUTO PARTS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: ANN ELLISON
RELATIONSHIP: WIFE
ADDRESS: 14002 2ND AVE. CT. E., TACOMA, WA 98445

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: TACOMA GENERAL HOSPITAL
CITY, STATE, ZIP: TACOMA, WASHINGTON 98405

RESIDENCE STREET: 14002 2ND AVE. CT. E.
CITY, STATE, ZIP: TACOMA, WASHINGTON 98445
INSIDE CITY LIMITS? NO
COUNTY: PIERCE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 46 YEARS

FATHER: ERNEST VICTOR ELLISON
MOTHER: THELMA HELEN [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: AMERICAN MEMORIAL ASSOC. #69
CITY, STATE: RENTON, WA
DISPOSITION DATE: MAY 07,2013

FUNERAL FACILITY: AMERICAN MEMORIAL FUNERAL DIRECTORS
ADDRESS: 7401 SOUTH PINE STREET
CITY, STATE, ZIP: TACOMA WA 98409
FUNERAL DIRECTOR: STAN HARDING

CAUSE OF DEATH:
A. PNEUMONIA
INTERVAL: 1-2 WEEKS
B. URINARY TRACT INFECTION
INTERVAL: 1-2 WEEKS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
PARKINSON DISEASE ADVANCED DEMENTIA OLD STROKE

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: KHOA NGUYEN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 315 MARTIN LUTHER KING JR. WAY
CITY,STATE,ZIP: TACOMA WA 98405
DATE SIGNED: MAY 06,2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
WENDY WHITE
DATE RECEIVED: MAY 07,2013

DOH 01-003 (12/11)

Affidavit for Correction

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

STATE OFFICE USE ONLY

Use the section below for requesting any changes on the record.

Birth | Death | Marriage | Dissolution

UNOFFICIAL DOCUMENT

XX00135337