

When recorded return to:
Grant Johnson
1064 Alger Cain Lake Road
Sedro Woolley, WA 98284



201611180116

Skagit County Auditor \$110.00
11/18/2016 Page 1 of 5 4:02PM

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620028568

CHICAGO TITLE
620028568

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)

Lynn Sorenson

Washington, State of

Additional names on page _____ of document

GRANTEE(S)

Estate of Dennis Leroy Sorenson

Public

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot(s): 1 Short Plat No 91-78 Tax/Map ID(s):

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P49135 / 360408-1-004-0307

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:

Lynn Sorenson
8581 Rock Creek Rd
Waco Tx 76708

AFFIDAVIT (LACK OF PROBATE)

Rachael Santos, being first duly sworn, deposes and says:
Notary
The undersigned affiant is a rightful heir, as listed on heirs at law, to the real property described below, and is Wife/Widow (relationship to decedent) of Dennis L Sorenson (decedent), who died on (date) Oct 3, 2012, at Waco McLennan Texas
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 11 Skagit County
SP 91-78

Assessor's Property Tax Parcel/Account Number: 36040810040307
(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)

REV 84 0017 (6/24/16)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2016 5260
NOV 18 2016

(Page 1 of _____)

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

Lynn A Sorenson Wife 72

8581 Rock Creek Rd Waco Tx 76708

Full name, age, relationship, address

Denny Sorenson Son 59

Unknown Address

Full name, age, relationship, address

Nancy Spillman 57 Daughter

11739 Wth 19th Ave Lot A-4 Phoenix AZ 85029

Full name, age, relationship, address

Todd Sorenson 52 son

Address Unknown

Full name, age, relationship, address

Roger Sorenson 48 son

33608 8th Ave South Roy Wa 98580

Full name, age, relationship, address

Jennifer Jones 37 Daughter

8581 Rock creek Rd Waco TX 76708

Full name, age, relationship, address

Jessica Hill 32 Daughter

10148 A Valencia Dr. Waco Tx, 76708

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 09/07/2016

Lynn Sorenson
Affiant's full name

254-652-1497
Telephone number

8581 Rock Creek Rd
Waco TX 76708
City State Zip Code

Lynn Sorenson 09/07/2016
Signature Date

State of Texas County of Mclennan

I know or have satisfactory evidence that Lynn Sorenson
(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: 9/7/2016

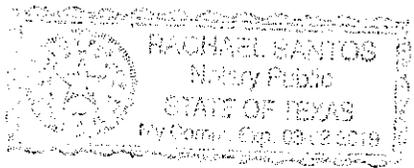
Michael Santos
Signature of Notary Public

(SEAL OR STAMP)

Residing at: 4300 W Waco Dr Ste B2 Waco TX 76710

Notary Public in and for the State of Texas

My appointment expires: 03/02/2019



13014749-2

CERTIFICATION OF VITAL RECORD

McLENNAN COUNTY

DF 0433 2012

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) DENNIS LEROY SORENSON

2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) OCTOBER 3, 2012

3. SEX MALE

4. DATE OF BIRTH (mm-dd-yyyy)

5. AGE - Last Birthday (Years) 79

6. BIRTHPLACE (City & State or Foreign Country) GRAND FORKS, ND

7. SOCIAL SECURITY NUMBER

8. MARITAL STATUS AT TIME OF DEATH Married Widowed Divorced Never Married Unknown

9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) LYNN A. PETERS

10a. RESIDENCE STREET ADDRESS 8581 ROCK CREEK RD

10b. CITY OR TOWN WACO

10c. COUNTY McLENNAN

10d. STATE TEXAS

10e. ZIP CODE 76708

10f. INSIDE CITY LIMITS? Yes No

11. FATHER'S NAME KNUTE SORENSON

12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARIE

13. PLACE OF DEATH (CHECK ONLY ONE)
 Inpatient Emergency DCA Hospice Facility Nursing Home Decedent's Home Other (Specify)

14. COUNTY OF DEATH McLENNAN

15. CITY/TOWN, ZIP CODE OUTSIDE CITY LIMITS (SEE PRECEDING NO.) ROSQUEVILLE, TX 76708

16. FACILITY NAME (If not institution, give street address) 8581 ROCK CREEK RD.

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED JENNIFER JONES - DAUGHTER

18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 8581 ROCK CREEK RD., WACO, TX 76708

19. METHOD OF DISPOSITION Burial Cremation Donation Entombment Removal from state Other (Specify)

20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BRENT SHEHORN BY ELECTRONIC SIGNATURE - 9927

21. Unknown

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other, place) WACO CREMATORY

23. LOCATION (City/Town, and State) WACO, TX

24. NAME OF FUNERAL FACILITY LAKE SHORE FUNERAL HOME

25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 6201 STEINBECK BEND, WACO, TX 76708

26. CERTIFIER (Check only one)
 Certified physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Medical Examiner/Coroner of the Place - On the basis of examination, death investigation, or other investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

27. SIGNATURE OF CERTIFIER JOSEPH BROWDER BY ELECTRONIC SIGNATURE

28. DATE CERTIFIED (mm-dd-yyyy) OCTOBER 9, 2012

29. LICENSE NUMBER TE8356

30. TIME OF DEATH (Actual or presumed) 11:33 AM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) JOSEPH BROWDER 7005 WOODWAY DR, STE 201, WACO, TX 76712

32. TITLE OF CERTIFIER MD

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

34. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CONGESTIVE HEART FAILURE

35. Due to (or as a consequence of):

36. Secondary conditions, if any, leading to the cause listed on line 34. Enter the UNDERLYING CAUSE (disease or injury, if any) (do not abbreviate) b.

37. Due to (or as a consequence of):

38. Underlying cause (disease or injury, if any) (do not abbreviate) c.

39. Due to (or as a consequence of):

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.

34. WAS AN AUTOPSY PERFORMED? Yes No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

36. MANNER OF DEATH Natural Accident Suicide Homicide Pending Investigation Could not be determined

37. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No

38. IF FEMALE: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to one year before death Unknown if pregnant within the past year

39. MODE OF TRANSPORTATION (Specify city) Driver/Operator Passenger Pedestrian Other (Specify)

40a. DATE OF INJURY (mm-dd-yyyy)

40b. TIME OF INJURY

40c. INJURY AT WORK? Yes No

40d. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)

40e. LOCATION (Street and Number, City, State, Zip Code)

40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO. 072712

42b. DATE RECEIVED BY LOCAL REGISTRAR OCTOBER 12, 2012

42c. REGISTRAR REGISTRAR - McLENNAN COUNTY JP PCT 4, ELECTRONICALLY FILED

EDR NUMBER: 0000120898

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
WARNING: The penalty for knowingly making a false statement in this form shall be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 151.188)

MCC-13750

STATE OF TEXAS }
McLENNAN COUNTY }

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED IN THIS OFFICE

DATE ISSUED September 2 2012

Do not accept unless prepared on approved security paper displaying the official seal and signatures of the issuing agency. Not valid if photocopied. Lamination may void certificate.

By *[Signature]*

Deputy

