Filed for Record at the Request of:

Aaron M. Rasmussen
Attorney at Law, P.S.
1101 8th Street, Suite A
Anacortes, WA 98221

201702210080
Skagit County Auditor
2/21/2017 Page 1 of 3 10:34AM
$75.00

AFFIDAVIT (LACK OF PROBATE)

[SEE SUBSTITUTE HOUSE BILL 2539 - SEC. 2(f)]

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I, JUDITH L. PESATURO, the surviving spouse of JOSEPH P. PESATURO, Deceased, affirm that I am the sole and rightful heir to the real property situated in Skagit County, Washington described as:

The Westerly 70 feet of Easterly 255 feet, as measured along the Northerly line of Block 1107, NORTHERN PACIFIC ADDITION TO ANACORTES, according to the plat thereof recorded in Volume 2 of Plats, pages 9 through 11, records of Skagit County, Washington (Being known as Lot 3 of Survey recorded in Volume 11 of Surveys, pages 168 and 169, under Auditor's File No. 9109090003, records of Skagit County, Washington.

Assessor's Tax/Parcel No. 3809-107-008-0000 / P100043

☐ Decedent left no Last Will and Testament.
☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 15 day of February, 2017, at Anacortes, Washington.

Judith L. Pesaturo
(Signature of surviving spouse or registered domestic partner)

JUDITH L. PESATURO
(Printed name of surviving spouse or registered domestic partner)

3614 W. 4th Street Anacortes Washington 98221
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

On this day personally appeared before me JUDITH L. PESATURO, to me known to be the individual described in and who executed the foregoing document and acknowledged that she signed said document as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 15 day of February, 2017.

AARON M. RASMUSSEN
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
NOVEMBER 29, 2018

Aaron M. Rasmussen
Notary Public in and for the State of Washington, residing at Anacortes.
My appointment expires 11-29-18

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-024902

DATE ISSUED: 11/06/2014

FEE NUMBER: 0000000029

GIVEN NAMES: JOSEPH PATRICK
LAST NAME: PESATURO

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 31,2014
HOUR OF DEATH: 06:50 A.M.
SEX: MALE
AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [redacted]
BIRTHPLACE: BOSTON, MASSACHUSETTS

MARITAL STATUS: MARRIED
SPOUSE: JUDITH LEE ANDERSON

OCCUPATION: MARINE MECHANIC
INDUSTRY: HEAVY EQUIPMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: JUDY PESATURO
RELATIONSHIP: WIFE
ADDRESS: 3614 WEST 4TH STREET, ANACORTES, WA 98221

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3614 WEST 4TH STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3614 WEST 4TH STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER: JOSEPH CARMAN PESATURO
MOTHER: HELEN WINSHIP [redacted]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GRAND VIEW CEMETERY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: NOVEMBER 07,2014

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:
A. RECURRENT CHOLANGITIS
INTERVAL: MONTHS
B. PANCREATIC CYSTADENOMA
INTERVAL: MONTHS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
SEVERE AORTIC STENOSIS, CORONARY ARTERY DISEASE,

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? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY,STATE,ZIP: MOUNT VERNON WA 98273
DATE SIGNED: OCTOBER 31,2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA # 680
ATTENDING PHYSICIAN:
NOT APPLICABLE

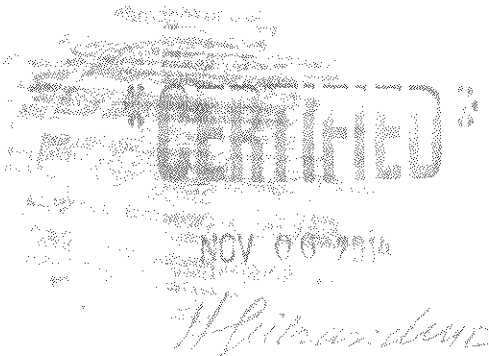
ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: NOVEMBER 03,2014

DOH 01-003 (1/14)

THIS IS A GENUINE COPY OF THE RECORD ON FILE WITH THE STATE REGISTRAR. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.



Skagit County Public Health Department
Howard Leibrand M.D. Health Officer