

UNRECORDED



After recording, return to:
James L Evans
e/o Chicago Title
425 Commercial St.
Mt Vernon WA 98273

Skagit County Auditor
3/31/2017 Page 1 of 5 \$110.00
5 3:48PM

Grantor (Name of Decedent): SELMA J EVANS
Grantee (Heirs): JAMES L EVANS
Abbreviated Legal Description: Lot(s): 5 SKAGIT COUNTY SHORT PLAT NO. 121-77
Tax Parcel No.(s): P40526 350532 4-002-0204

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

STATE OF WASHINGTON CHICAGO TITLE
COUNTY OF SKAGIT 620030167

The undersigned, JAMES L EVANS, executes this affidavit relating to the estate of SELMA J EVANS (herein "Decedent"), who died on 3/5/16 in the County of SKAGIT, State of WASHINGTON, then being a resident of the City of SEDRON WOLLEY County of SKAGIT 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 _____ in [mm/dd/yyyy], under Recording No. _____ in _____ County, Washington.
 - other (identify): _____

Affidavit (Lack of Probate)
WAC000060.doc / Updated: 11.14.16

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20171311
MAR 31 2017
Printed: 02.28.17 @ 10:27 AM by KM
WA-CT-FNRV-02150.820019-620030167

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

DOCUMENT

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: James L. Evans spouse

Name and relationship: _____

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:

Tract 5 of SKAGIT COUNTY SHORT PLAT NO. 121-77, approved November 8, 1977, and recorded November 9, 1977, in Volume 2 of Short Plats, page 153, under Auditor's File No. 868365, records of Skagit County, Washington; being a portion of the Southwest Quarter of the Southwest Quarter of the Northeast Quarter of Section 32, Township 35 North, Range 5 East of the Willamette Meridian.

Situated 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.

James L. Evans
Signature

3-28-17
Date

JAMES L. EVANS
Print Name

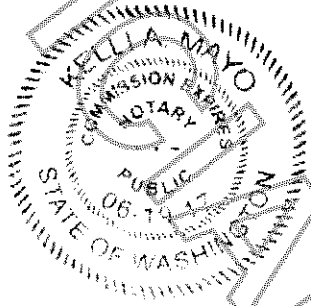
INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 3/28/17 by _____
James L. Lyons (name of person making statement).

[Signature]
Name: Kell A. Mayo
Notary Public in and for the State of Washington,
Residing at: Seaside, Oregon
My appointment expires: 6/19/17



UNRECORDED ORIGINAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-018908

DATE ISSUED: 05/11/2016

FEE NUMBER: 000000029

GIVEN NAMES: SELMA JOANNE
LAST NAME: EVANS
AKA: SALLY EVANS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 05, 2016
HOUR OF DEATH: 10:23 P.M.

SEX: FEMALE
AGE: 75 YEARS
SOCIAL SECURITY NUMBER: 568-54-6488

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MARCH 04, 1941
BIRTHPLACE: CHICAGO, COOK CNTY, ILLINOIS

MARITAL STATUS: MARRIED
SPOUSE: JAMES LEROY EVANS

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: JUDY AABY
RELATIONSHIP: DAUGHTER
ADDRESS: 10327 CHAIN LAKE ROAD, SNOHOMISH, WA 98290

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 11499 TORRENCE DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: JOSEPH WOODROW BONAFEDE
MOTHER/PARENT: JOANNE HELEN WISINSKI

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: MAY 10, 2016

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:

- A. SEPTIC SHOCK
INTERVAL: DAYS
- B. PNEUMONIA
INTERVAL: DAYS
- C.
INTERVAL:
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CARDIOGENIC SHOCK, URINARY TRACT INFECTION, CARDIOMYOPATHY,

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

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

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: DONALD G. SPIELMANN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: MAY 06, 2016

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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: MAY 09, 2016

