When recorded return to:
Donna Reed
Chicago Title Company of Washington
425 Commercial St
Mount Vernon, WA 98273

201704200070
Skagit County Auditor $111.00
4/20/2017 Page 1 of 6 2:35PM

Filed for record at the request of:

CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620030270

CHICAGO TITLE
620030270

DOCUMENT TITLE(S)

Inheritance Lack of Probate Affidavit and Death Ceritificate

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

Additional reference numbers on page _____ of document

GRANTOR(S)

Maureen Couplin, State of Washington

☐ Additional names on page _____ of document

GRANTEE(S)

Public, Floyd Lunsford

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot(s): 11-13 Block: 132 MAP OF THE CITY OF ANACORTES Tax/Map ID(s):

Complete legal description is on page 3 of document

TAX PARCEL NUMBER(S)

P55857 / 3772-132-013-0006

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

After recording, return to:
Maureen Couplin

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20171622
APR 20 2017

Amount Paid $0
Skagit Co. Treasurer
By Mdm Deputy

Grantor (Name of Decedent): Floyd L. Lunsford

Grantee (Heirs): Maureen A. Couplin

Abbreviated Legal Description: Lot(s): 11-13 Block: 132 MAP OF THE CITY OF ANACORTES
Tax/Map ID(s):

Tax Parcel No.(s): P55857 / 3772-132-013-0006

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

STATE OF WA

COUNTY OF Skagit

The undersigned, Maureen A. Couplin, executes this affidavit relating to the estate of Floyd L. Lunsford (herein "Decedent"), who died on 12/7/16, in the County of Skagit, State of WA, then being a resident of the City of Anacortes, County of Skagit, State of WA.

(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.

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

(continued)

☐ other (identify) _____

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: Maureen A. Caplin / wife

Name and relationship: Leanne M. Haywood / Daughter

Name and relationship: Robyn A. Kervin / Daughter

Name and relationship: Dirk T. Hunsford / Son

over →

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:

Lots 11, 12 and 13, Block 132, MAP OF THE CITY OF ANACORTES, according to the plat thereof, recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington.

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.

Maureen A Caplin
Signature

3/19/17
Date

Maureen A. Caplin
Print Name

State of Washington

County of _____

Signed and sworn to (or affirmed) before me on _____ by _____
_____ (name of person making statement).

_____

Name: _____
Notary Public in and for the State of Washington,
Residing at: _____
My appointment expires:
_____

Kirk J. Lunsford/Son
Jan M. Hanks/Daughter
Marijo Taylor/Daughter
Brett M. Lunsford/Son
John R. Lunsford/Son

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-042641

DATE ISSUED: 10/25/2016

FEE NUMBER: 0000000029

GIVEN NAMES: FLOYD LEE
LAST NAME: LUNSFORD

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 17,2016
HOUR OF DEATH: 10:10 A.M.
SEX: MALE
AGE: 90 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [redacted]
BIRTHPLACE: CORNING, MISSOURI

MARITAL STATUS: MARRIED
SPOUSE: MAUREEN COUPLIN

OCCUPATION: PRINCIPAL
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? YES

INFORMANT: BRET LUNSFORD
RELATIONSHIP: SON
ADDRESS: 11493 O AVE ANACORTES, WA. 98221

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1520 8TH ST.
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1520 8TH ST.
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 52 YEARS

FATHER/PARENT: FLOYD E LUNSFORD
MOTHER/PARENT: LILLIAN A [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATOR
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: OCTOBER 21,2016

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD
ADDRESS: 19324 40TH AVE W - STE A
CITY, STATE, ZIP: LYNNWOOD WA 98036
FUNERAL DIRECTOR: BRENT J. GLENN

CAUSE OF DEATH:
A. ADENOCARCINOMA OF THE ESOPHAGUS, METASTATIC TO LIVER
INTERVAL: 3 MONTHS
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY,STATE,ZIP: MOUNT VERNON WA 98273
DATE SIGNED: OCTOBER 17,2016

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: OCTOBER 21,2016

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH 01-003 (10/15)

Affidavit for Correction

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

STATE OFFICE USE ONLY

Center for Health Statistics

Required

Required information must match current information on record.

Birth Death Marriage Dissolution (Divorce)

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

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

Birth Certificates

Child under 18

Death Certificates

Marriage/Dissolution

CERTIFIED

OCT 25 2016

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

GG00093776