

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



Skagit County Auditor \$112.00
11/9/2017 Page 1 of 5 1:52PM

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620032664

CHICAGO TITLE
620032664

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)

Roxanna T. Valdovinos, State of ~~Washington~~ Florida

☐ Additional names on page _____ of document

GRANTEE(S)

Public, Aurora Torres

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

PTN NE SE, 9-35-04 AND PTN SW, 10-35-04

Complete legal description is on page 3 of document

TAX PARCEL NUMBER(S)

P36132 / 350410-3-006-0001, P36098 / 350409-4-003-0013 and P36138 / 350410-3-009-0008

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:
Roxanna T. Valdovinos
1454 SW 18th St
Miami, FL 33145

Grantor (Name of Decedent): Aurora Torres
Grantee (Heirs): Roxanna Torres Valdovinos
Abbreviated Legal Description: PTN NE SE, 9-35-04 AND PTN SW, 10-35-04 Tax/Map ID(s):
Tax Parcel No.(s): P36132 / 350410-3-006-0001, P36098 / 350409-4-003-0013 and P36138 /
350410-3-009-0008

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF Washington
COUNTY OF Skagit

The undersigned, Roxanna Valdovinos executes this affidavit relating to the estate of
Aurora Torres (herein "Decedent"), who died on 8-29-17
in the County of Dade, State of FL, then being a resident of the
City of Sedro Woolley, 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 _____
[mm/dd/yyyy], under Recording No. _____, in
_____ County, Washington.

20175289
NOV 09 2017

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

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: _____

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:

PARCEL "A":

That portion of the Northeast $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 9, Township 35 North, Range 4, East, W.M., lying South of the Old Fairhaven & Southern Railway right-of-way.

EXCEPT the West 54 rods thereof, and EXCEPT County road and ditch rights-of-way.

ALSO, the Southeast $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 9, Township 35 North, Range 4 East, W.M.,

EXCEPT the West 54 rods thereof and except that portion lying South of the hill ditch of Drainage District No. 14 and excepting County road and ditch rights-of-way.

Situate in Skagit County, Washington

PARCEL "B":

That portion of the Northwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ and of the South $\frac{1}{2}$ of the Southwest $\frac{1}{4}$ of Section 10, Township 35 North, Range 4 East, W.M., lying Southerly and Southwesterly of the right-of-way of the Old Fairhaven & Southern Railway.

EXCEPT that portion of the Southwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ lying South of the hill ditch of Drainage District No. 14;

ALSO, EXCEPTING the following described tract:

Beginning on the South line of the Section, 1,160.7 feet East of its Southwest corner; thence North parallel with the West line of the Section to the hill ditch of Drainage District No. 14; thence Easterly and Southerly along said ditch to the South line of the Section; thence West 1,280 feet, more or less, to the place of beginning;

ALSO, EXCEPTING County road and ditch rights-of-way.

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.

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

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

R. Valdovinos
Signature

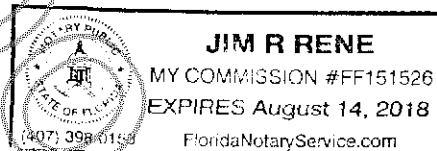
10-11-17
Date

R. Valdovinos
Print Name

State of ~~Washington~~ FLORIDA
County of DADE

Signed and sworn to (or affirmed) before me on 10/11/2017 by ROMANNA T. VALDOVINOS
(name of person making statement).

JIM R RENE
Name: JIM R RENE
Notary Public in and for the State of ~~Washington~~ FLORIDA
Residing at: 2520 CORAL WAY - #E 2
My appointment expires: 08/14/2018



THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2017136288

DATE ISSUED: September 18, 2017

DECEDENT INFORMATION

STATE FILE DATE: September 18, 2017

NAME: AURORA TORRES

DATE OF DEATH: August 29, 2017

SEX: FEMALE

AGE: 086 YEARS

DATE OF BIRTH: [REDACTED]

SSN: [REDACTED]

BIRTHPLACE: PENONOME, PANAMA

PLACE WHERE DEATH OCCURRED: DEAD ON ARRIVAL

FACILITY NAME OR STREET ADDRESS: MERCY HOSPITAL, A CAMPUS OF PLANTATION GENERAL HOSPITAL

LOCATION OF DEATH: MIAMI, MIAMI-DADE COUNTY, 33133

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

RESIDENCE: 1820 SW 14TH AVENUE, MIAMI, FLORIDA 33145, UNITED STATES

COUNTY: MIAMI-DADE

OCCUPATION, INDUSTRY: ACCOUNTANT, ACCOUNTING

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian☐ American Indian or Alaskan Native--Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? YES, PANAMANIAN

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: SIXTO GARCIA

MOTHER/PARENT: PETRA [REDACTED]

INFORMANT: ROXANNA TORRES VALDOVINOS

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 1454 SW 18TH STREET, MIAMI, FLORIDA 33145, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: FERDINAND CREMATORY
MIAMI, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: DANIELA GOMEZ, F075999

FUNERAL FACILITY: FERDINAND FUNERAL HOMES LLC F041670
2546 SW 8TH ST, MIAMI, FLORIDA 33135

CERTIFIER INFORMATION

TYPE OF CERTIFIER: MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 171102678

TIME OF DEATH (24 hr): 0854

DATE CERTIFIED:

CERTIFIER'S NAME: JUNIOUS BENJAMIN MATHIS JR

CERTIFIER'S LICENSE NUMBER: ME112471

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



, State Registrar

REQ: 2018522475

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED