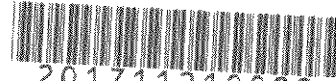


Return Address:

6920 180th St SE
Enchanted, WA 98296



201711210099

Skagit County Auditor
11/21/2017 Page

1 of 5 3:19PM \$78.00

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Susan E Evans, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is widow
Relationship to decedent

of Buddy D Evans, who died on Mar 18 2016
Decedent/Grantor Date

at Yuma Yuma AZ
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: 32980 West Shore Drive
Mount Vernon, WA 98273 Lake Cavanaugh Sub
div. 3 LT 85 BIK 1 Less tax 1 TBW PIV of LT
84 AKA TR A Survey AF 895880

Assessor's Property Tax Parcel/Account Number: 2-266855
(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)

(Page 1 of _____)

SUSAN E EVANS 74 Widow

Full name, age, relationship, address

6920 180th St SE, Snohomish, WA 98296

Full name, age, relationship, address

Lisa S Evans 40, daughter

6920 180th St SE, Snohomish, WA 98296

Full name, age, relationship, address

Dean R Evans 44 P.O. Box 1201, Volcano, HI
96785

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 21 November 2017

Susan E Evans
Affiant's full name

425-931-6712
Telephone number

6920 180th St. SE

Snohomish WA 98296
City State Zip Code

Susan Elizabeth Evans 21 Nov 2017
Signature Date

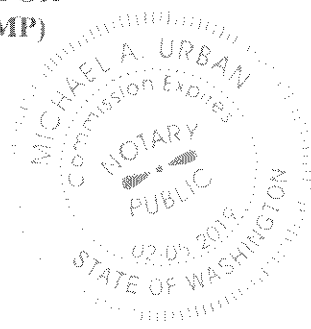
State of WA County of Snohomish

I know or have satisfactory evidence that Susan E. Evans
(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: 11 21 17 [Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mount Vernon

Notary Public in and for the State of WA

My appointment expires: 2 19

Parcel "A":

Lot 85, Block 1, Lake Cavanaugh Subdivision, Division No. 3, as per plat recorded in Volume 6 of Plats, page 25, records of Skagit County, EXCEPT that portion of said lot described as follows:

Beginning at the Southeasterly corner of said Lot 85; thence North along the East line of said Lot 50 feet; thence West at right angles to the East line of said Lot, 20 feet; thence South parallel to the East Line of said Lot to the Southerly line of said Lot; thence Southeasterly along the Southerly line of said Lot to the point of beginning.

Parcel "B":

That portion of Lot 84, Block 1, Lake Cavanaugh Subdivision, Division No. 3, as per plat recorded in Volume 6 of Plats, page 25, records of Skagit County, described as follows:

Beginning at the Southeasterly corner of said Lot 84; thence North along the East line of said Lot 50 feet; thence West at right angles to the East line of said Lot, 20 feet; thence

South parallel to the East line of said Lot to the Southerly line of said Lot; thence Southeasterly along the Southerly line of said Lot to the point of beginning.

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102- 2016-012897

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) BUDDY D. EVANS			2. AKA'S (IF ANY)			3. DATE OF DEATH 03/18/2016					
4. SEX MALE	5. SOCIAL SECURITY NUMBER: [REDACTED]	6. DATE OF BIRTH [REDACTED]	7. AGE 72	8. MONTHS		9. DAYS		10. HOURS		11. MINUTES	
12. PLACE OF DEATH - HOSPITAL* <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER								
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) YUMA REGIONAL MEDICAL CENTER						15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH YUMA 85364			16. COUNTY OF DEATH: YUMA		
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) FORTUNA, CALIFORNIA			18. MARITAL STATUS AT TIME OF DEATH MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) SUSAN E [REDACTED]						
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS* 6920 180TH ST S.E.				21. CITY AND COUNTY SNOHOMISH, SNOHOMISH		22. STATE WASHINGTON		23. ZIP CODE 98296		24. EVER IN THE ARMED FORCES NO	
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN			26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE				27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES PRIMARY OR ENROLLED TRIBE ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:				
28. OCCUPATION LOGISTIC SUPERVISOR			29. FATHER'S NAME (FIRST, MIDDLE, LAST) CHESLEY EVANS			30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) LEONA [REDACTED]					
31. INFORMANT'S NAME SUSAN E EVANS			32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS: 6920 180TH ST S.E., SNOHOMISH, WASHINGTON 98296						
34. NAME AND ADDRESS OF FUNERAL FACILITY YUMA MORTUARY AND CREMATORY 775 S. 5TH AVE., YUMA, AZ					35. FUNERAL DIRECTOR DARREN S MATTICE, FUNERAL DIRECTOR			36. LICENSE NUMBER F1024			
37. METHOD(S) OF DISPOSITION: CREMATION			38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: YUMA MORTUARY & CREMATORY, YUMA, ARIZONA			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE					
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I											
40. A IMMEDIATE CAUSE OF DEATH CARDIAC ARREST		41. APPROXIMATE INTERVAL UNKNOWN									
42. B DUE TO OR AS A CONSEQUENCE OF: MYOCARDIAL INFARCTION		43. APPROXIMATE INTERVAL UNKNOWN									
44. C DUE TO OR AS A CONSEQUENCE OF:		45. APPROXIMATE INTERVAL									
46. D DUE TO OR AS A CONSEQUENCE OF:		47. APPROXIMATE INTERVAL									
CAUSE OF DEATH PART II											
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE. RENAL FAILURE				49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH NATURAL DEATH		52. TIME OF DEATH 1900	
				53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO CONFIRM THE CAUSE OF DEATH?					
CAUSE AND MANNER OF DEATH CERTIFICATION											
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.			55. NAME OF PERSON COMPLETING CAUSE OF DEATH. WILLIAM THOMAS, M.D.			56. DATE CERTIFIED 03/23/2016					
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated.			57. CERTIFIER'S ADDRESS: 2400 S. AVENUE A, YUMA ARIZONA 85364			58. NAME OF REGISTRAR ANA P. TRIGUEROS			59. DATE REGISTERED 03/25/2016		

DATE ISSUED: 03/28/2016

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA
Revised 12/2012.

This copy not valid unless prepared on a form displaying the State seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

**CERTIFIED
CERTIFICATE**
KHALEEL HUSSAIN
ASSISTANT STATE REGISTRAR

