



**201808170093**

08/17/2018 03:08 PM Pages: 1 of 4 Fees: \$102.00  
Skagit County Auditor

**After recording mail to:**

Stiles Law Inc., P.S.  
P.O. Box 228 / 925 Metcalf Street  
Sedro Woolley, WA 98284

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Address: 595 Poplar Place, Burlington, WA 98233  
Legal : MONROE STREET ADDITION, LOT 25, ACRES 0.49, (DK12)(DK12)  
Tax Parcel # 4640-000-025-0004 / P107055

**LACK OF PROBATE REAL ESTATE AFFIDAVIT**

State of Washington     )  
                                      ) ss.  
County of Skagit         )

The affiant, DANIAL M. TERRILL, executes this affidavit relating to the estate of RUTH ANN TERRILL, the Decedent, who died on July 17, 2017, in the County of Yuma, State of Arizona, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

DANIAL M. TERRILL, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

The affiant is the lawful surviving spouse of the Decedent

**Names of All Heirs of the Decedent**

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Danial Terrill 595 Poplar Place Burlington, WA 98233	Legal	Spouse
Jon Michial Terrill	Legal	Son
Ricky Dean Terrill	Legal	Son

**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:

Lot 25, "PLAT OF MONROE STREET ADDITION," as per plat recorded in Volume 16 of Plats, pages 10, 11, and 12, records of Skagit County, Washington.

Situated in County of Skagit, State of Washington

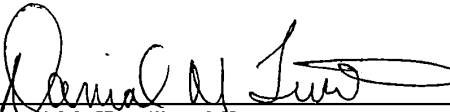
**5. Status of the Will (if any)**

- ☐ The decedent left no Will that devises real property.
- ☒ The decedent left a Will that devises real property.
- ☒ The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated 06-01-2002. The Will devises and states that:

3.1 If my husband, Danial Michial Terrill, survives me by thirty days, I give him all of my property, both real and personal, wheresoever situated.

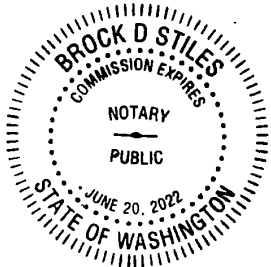
DATED: 8-2, 2018


  
Danial M. Terrill - Affiant

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me **Danial M. Terrill** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 2 day of Aug., 2018.



  
Notary Public in and for the State of Washington,  
residing at Sedro Woolley  
My appointment expires 6-20-22

# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

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

State File NO. 102- 2017-031053

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) <b>RUTH ANN TERRILL</b>				2. AKA'S (IF ANY)		3. DATE OF DEATH <b>07/17/2017</b>	
4. SEX <b>FEMALE</b>	5. SOCIAL SECURITY NUMBER [REDACTED]	6. DATE OF BIRTH [REDACTED]	7. AGE <b>73</b>	8. MONTHS <b>UNDER 1 YEAR</b>		9. DAYS <b>UNDER 1 DAY</b>	10. HOURS <b>UNDER 1 DAY</b>
12. PLACE OF DEATH - HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL				13. PLACE OF DEATH - OTHER THAN HOSPITAL <input checked="" 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): <b>YUMA NURSING CENTER</b>				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH <b>YUMA 85364</b>		16. COUNTY OF DEATH <b>YUMA</b>	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>SANTA MONICA, CALIFORNIA</b>				18. MARITAL STATUS AT TIME OF DEATH <b>MARRIED</b>		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>DANIAL M. TERRILL</b>	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS <b>595 POPLAR AVE</b>				21. CITY AND COUNTY <b>BURLINGTON, SKAGIT</b>		22. STATE <b>WASHINGTON</b>	23. ZIP CODE <b>98233</b>
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  <input type="checkbox"/> OTHER ASIAN (SPECIFY)  <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY)  <input type="checkbox"/> OTHER (SPECIFY)  <input type="checkbox"/> UNKNOWN		27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES PRIMARY OR ENROLLED TRIBE  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:	
28. OCCUPATION <b>HOMEMAKER</b>				29. FATHER'S NAME (FIRST, MIDDLE, LAST) <b>LARRY LAWRENCE</b>			
30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) <b>RUTH [REDACTED]</b>				31. INFORMANT'S NAME <b>DANIAL M. TERRILL</b>			
32. RELATIONSHIP TO DECEDENT <b>SPOUSE</b>				33. INFORMANT'S MAILING ADDRESS <b>595 POPLAR AVE, BURLINGTON, WASHINGTON 98233</b>			
34. NAME AND ADDRESS OF FUNERAL FACILITY <b>YUMA MORTUARY AND CREMATORY 775 S. 5TH AVE., YUMA, AZ</b>				35. FUNERAL DIRECTOR <b>DARREN S MATTICE, FUNERAL DIRECTOR</b>		36. LICENSE NUMBER <b>F1024</b>	
37. METHOD(S) OF DISPOSITION <b>CREMATION</b>		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: <b>YUMA MORTUARY &amp; CREMATORY, YUMA, ARIZONA</b>		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: <b>NONE</b>			
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>							
IMMEDIATE CAUSE OF DEATH 40. A <b>CARDIOPULMONARY ARREST</b>		41. APPROXIMATE INTERVAL <b>MINUTES</b>					
DUE TO OR AS A CONSEQUENCE OF: 42. B <b>END STAGE RENAL DISEASE</b>		43. APPROXIMATE INTERVAL <b>YEARS</b>					
DUE TO OR AS A CONSEQUENCE OF: 44. C		45. APPROXIMATE INTERVAL					
DUE TO OR AS A CONSEQUENCE OF: 46. D		47. APPROXIMATE INTERVAL					
<b>CAUSE OF DEATH PART II</b>							
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE <b>CEREBROVASCULAR ACCIDENT, VALVE REPLACEMENT</b>				49. INJURY? <b>NO</b>		50. INJURY AT WORK? <b>NO</b>	
				51. MANNER OF DEATH <b>NATURAL DEATH</b>		52. TIME OF DEATH <b>0345</b>	
				53. WAS AN AUTOPSY PERFORMED? <b>NO</b>		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
<b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>							
55. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>JOHN NICHOLAS GIETZEN JR., M.D.</b>				56. DATE CERTIFIED <b>07/18/2017</b>			
57. CERTIFIER'S ADDRESS: <b>2270 S RIDGEVIEW DR YUMA, AZ 85364</b>				58. NAME OF REGISTRAR <b>ANA P TRIGUEROS</b>		59. DATE REGISTERED <b>07/20/2017</b>	

DATE ISSUED: 07/20/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA  
Revised 07/2016

*Kristal Colborn*  
**KRISTAL COLBORN**  
ASSISTANT STATE REGISTRAR



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

**J0173052**

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 CERTIFICATE