

Return Address:

11515 Panorama Rd

Sedro-Woolley WA, 98284



201809190041

09/19/2018 01:42 PM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Billie G. Nelson, 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 Spouse

Relationship to decedent

of Michael L Nelson

Decedent/Grantor

, who died on 4/17/2011

Date

at Mount Vernon

City

Skagit

County

Washington

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

(TITLE ELIMINATION) INCLUDING MANUFACTURED HOME 1983
FLEETWOOD 56X28 SERIAL NUMBER FL2AD0104 TRACT 2 OF SKAGIT
COUNTY SHORT PLAT NUMBER 159-79 RECORDED UNDER AUDITOR'S
FILE NUMBER 8005120012 WHICH IS ALSO KNOWN AS A PORTION OF THE
WEST 1/2 OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER
AND ALSO A PORTION OF THE SOUTHEAST QUARTER OF THE
NORTHEAST QUARTER

Assessor's Property Tax Parcel/Account Number: P40602

(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)

Billie Gay Nelson, 63, wife
Pedro Woolley wa. 9284 11515 Panorama Rd.
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

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Billie Gay Nelson, wife, age 63
Panorama Rd Sedro Woolley wa. 98284
Full name, age, relationship, address 11515

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

Full name, age, relationship, address

Full name, age, relationship, address

2018 4158
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

SEP 19 2018

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

Dated : 9/14/2018Billie G Nelson

Affiant's full name

360-824-1822

Telephone number

11515 Panorama RoadSedro Woolley

City

Washington

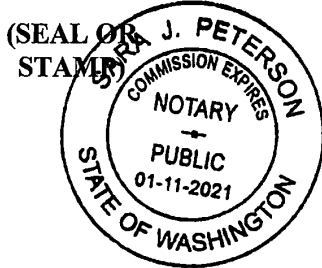
State

98284-2060

Zip Code

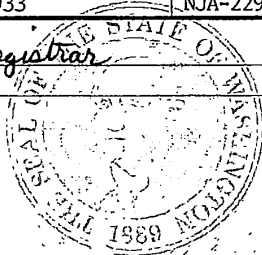
Billie G Nelson
Signature9-14-18
DateState of Washington County of SkagitI know or have satisfactory evidence that Billie G. Nelson
(name of person)

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: 9/14/18Sam Peterson
Signature of Notary PublicResiding at: Sedro-WoolleyNotary Public in and for the State of WAMy appointment expires: 1/11/2021

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 342-11		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) - First Middle LAST Suffix MICHAEL LYNN NELSON			2. Death Date Apr 17, 2011		
3. Sex (M/F) Male	4a. Age - Last Birthday 54	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Anacortes	8b. (State or Foreign Country) Washington		9. Decedent's Education High School graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 11515 Panorama Road				13b. City or Town Sedro-Woolley	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13f. Zip Code + 4 98284	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 25 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Billie Nelson	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Welder			18. Kind of Business/Industry (Do not use Company Name) Construction		
19. Father's Name (First, Middle, Last, Suffix) Ron Nelson			20. Mother's Name Before First Marriage (First, Middle, Last) Bobbetta [REDACTED]		
21. Informant's Name Billie Nelson		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No City or Town State Zip 11515 Panorama Rd., Sedro-Woolley, WA 98284	
24. Place of Death: if Death Occurred in a Hospital: Emergency Room			24. Place of Death: if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) United General Hospital			26a. City, Town, or Location of Death Sedro-Woolley		26b. State WA
28. Method of Disposition Cremation			29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		30. Location-City/Town, and State Mount Vernon, WA
31. Name and Complete Address of Funeral Facility Lemley Chapel 1008 Third St., Sedro-Woolley, WA 98284			32. Date of Disposition April 23, 2011		
33. Funeral Director Signature X Charles Ruhl 1179					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Septic shock due to pneumonia			Interval between Onset & Death 1 hr.		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST			Interval between Onset & Death		
b. Due to (or as a consequence of):			Interval between Onset & Death		
c. Due to (or as a consequence of):			Interval between Onset & Death		
d. Due to (or as a consequence of):			Interval between Onset & Death		
35. Other sig. conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
46. Describe how injury occurred				48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. x Vanoy Smith M.D.	
48b. Medical Examiner/Coroner - 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. x				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Vanoy Smith, MD. 1990 Hospital Dr., Sedro-Woolley, WA 98284	
50. Hour of Death (24hrs) 0427 Hours				51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) 04/20/2011	
53. Title of Certifier Physician		54. License Number MD00011933		55. ME/Coroner File Number NJA-229	
57. Registrar Signature x Maria L. Varned, Deputy Registrar				58. Date Received (mm/dd/yyyy) APR 21 2011	
59. Amendments					



DOHCHS 003 Rev 07/09/07

DOH 01-003 (6/10)