

Return Address:

Suzan Bartlett  
4904 Portalis Way  
Anacortes wa



201903220051

03/22/2019 11:56 AM Pages: 1 of 4 Fees: \$102.00  
Skagit County Auditor

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Suzan Bartlett, 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 John C. Bartlett, who died on 1/26/2018  
Decedent/Grantor Date  
at Kalispell Flathead Montana  
City County State

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: 2117-2119 14<sup>th</sup> St,  
Anacortes wa 98221  
The west 1/2 of lot 3, All of lots  
4 & 5, Block 192, 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.

Assessor's Property Tax Parcel/Account Number: 117951  
(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 \_\_\_\_)

Eric Bartlett, Son

1628 Rue de Valle, San Marcos Ca

Full name, age, relationship, address

~~Eric Bartlett~~

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

Dated: 2/26/19Suzan Pam Bartlett

Affiant's full name

360)969-0387

Telephone number

4904 Portalis WayAnacortes <sup>Street</sup> Wa 98221

City

State

Zip Code

Suzan Bartlett

Signature

2/26/19

Date

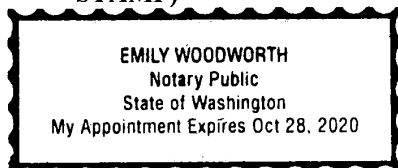
State of WashingtonCounty of Island

I know or have satisfactory evidence that

Suzan Bartlett

(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: 2 / 26 / 19(SEAL OR  
STAMP)

Signature of Notary Public

Residing at: Island Co.Notary Public in and for the State of WashingtonMy appointment expires: 10/28/2020

# STATE OF MONTANA

## CERTIFICATION OF VITAL RECORD

1-31-18  
Date Filed  
1-31-18  
Filing Office  
County of Flathead  
To Be Completed By: Funeral Director

1. DECEDENT'S NAME (First, Middle, Last) <b>John Craig Bartlett</b>		AXAs (If Any)		29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Name) <b>January 26, 2018</b>	
2. SEX <b>Male</b>	3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	4a. Under 1 Year Months Days Hours Minutes	4b. Under 1 Day Hours Minutes	5. DATE OF BIRTH <b>[REDACTED]</b>	17. COUNTY OF DEATH <b>Flathead</b>
14. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Nursing Home/Long term care facility <input type="checkbox"/> Residence <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Other City Park					
15. FACILITY NAME (If not institution, give street and number) <b>Kiwanis Park</b>			16. CITY, TOWN OR LOCATION OF DEATH <b>Kalispell</b>		
6. BIRTHPLACE (City, and State or Foreign Country) <b>Lincoln, Nebraska</b>		9. MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Married but Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Married Unknown		10. SURVIVING SPOUSE <b>Suzan Bartlett</b>	
54. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Contractor</b>			55. KIND OF BUSINESS/INDUSTRY <b>Commercial Building</b>		8. WAS DECEDENT EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7a. RESIDENCE STATE <b>Montana</b>	7b. COUNTY <b>Flathead</b>	7c. CITY, TOWN OR LOCATION <b>Kalispell</b>	7d. STREET NUMBER <b>799 Kingfisher Lane</b>	7f. ZIP CODE <b>59901</b>	7g. INSIDE CITY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
51. DECEDENT'S EDUCATION (Specify only the highest diploma or degree received) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, No diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college, but no degree <input type="checkbox"/> Associates Degree (e.g. AA/AS) <input type="checkbox"/> Bachelor's Degree (e.g. BA/AB/BS) <input type="checkbox"/> Master's Degree (e.g. MA/MS/Mang/Med, MSW/MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)		52. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the No box if the decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/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 Spanish/Hispanic/Latino (Specify)		53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considers himself or herself to be.) <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"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other (Specify)	
11. FATHER'S NAME (First, Middle, Last) <b>John Bartlett</b>		12. MOTHER'S NAME (First, Middle, last name before first marriage) <b>Patricia [REDACTED]</b>			
13a. INFORMANT'S NAME <b>Suzan Bartlett</b>		13b. RELATION TO DECEDENT <b>Wife</b>		13c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>799 Kingfisher Lane, Kalispell, Montana 59901</b>	
16. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal from State <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		19. PLACE OF DISPOSITION <b>Johnson Gloschal Crematory</b>		20. LOCATION (City or Town, State) <b>Kalispell, Montana</b>	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <b>Adam Mills</b>		23. MONTANA LICENSE NO. (of license if applicable) <b>2508</b>		21. NAME AND ADDRESS OF FUNERAL FACILITY <b>Johnson-Gloschal Funeral Home &amp; Crematory, PO Box 966, Kalispell, Montana 59903</b>	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		24. DATE PRONOUNCED DEAD (Month/Day/Year) <b>January 26, 2018</b>		26. TIME PRONOUNCED DEAD <b>16:20 Military</b>	
25. SIGNATURE OF PERSON PRONOUNCING DEATH (only when applicable) <b>Nic Salois, Deputy Coroner</b>		27. LICENSE NUMBER		28. DATE SIGNED (Month/Day/Year) <b>January 31, 2018</b>	
30. ACTUAL OR PRESUMED TIME OF DEATH <b>14:00 Military Approximate</b>		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
CAUSE OF DEATH (See instructions and example) 32. PART I. 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. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>a. Self inflicted gun shot wound of the head</b> DUE TO (or as a consequence of): 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. b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d.					
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No			
36. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year		37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined			
38. DATE OF INJURY (Month/Day/Year) <b>01/26/2018</b>		39. TIME OF INJURY <b>14:00 Military Approx</b>		40. PLACE OF INJURY (e.g. Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>Recreational</b>	
41. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. LOCATION (Street and Number or Rural Route, City, Town, State, Zip Code) <b>Holt Stage Road/Kiwanis Park West side of Old Steel Bridge Kalispell, Montana 59901</b>			
43. DESCRIBE HOW INJURY OCCURRED <b>The decedent died of a single self inflicted gun shot wound of the head.</b>		44. IF TRAFFIC ACCIDENT SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other			
45. TO BE COMPLETED BY CERTIFIER: (A certifier can be a MD, PA, APRN, or coroner) <input type="checkbox"/> 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. <input type="checkbox"/> Pronouncing & 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. <input checked="" type="checkbox"/> 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. SIGNATURE <b>Nic Salois</b>		46. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) <b>Nic Salois 920 S. Main Suite 100, Kalispell, MT 59901</b>		47. TITLE <b>Deputy Coroner</b>	
48. LICENSE NO.		49. LOCAL REGISTRAR'S NAME <b>Tonya Buxton</b>		50. DATE FILED (Mo/Day/Yr) <b>January 31, 2018</b>	

To Be Completed By: Medical Certifier

STATE OF MONTANA  
FLATHEAD COUNTY, SS  
I, DEBBIE PIERSON,  
CLERK AND RECORDER,  
IN AND FOR THE SAID  
COUNTY OF FLATHEAD,  
STATE OF MONTANA,  
HEREBY CERTIFY THE  
ANNEXED AND FOLLOWING  
TO BE A TRUE AND  
CORRECT COPY OF A  
CERTAIN:  
( ) BIRTH CERTIFICATE  
(X) DEATH CERTIFICATE  
TOGETHER WITH THE  
ENDORSEMENT THEREON,  
AS THE SAME APPEARS OF  
RECORD IN THIS OFFICE.  
AFFIXED THIS 31<sup>ST</sup>  
DAY OF JANUARY 2018  
DEBBIE PIERSON  
CLERK AND RECORDER  
DEPUTY



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE