



202001230053

01/23/2020 12:02 PM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

Return Address:

FILED TITLE OF SKAGIT COUNTY

01-175682-0

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Gary Cook, 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 husband
Relationship to decedent

of Sherrie Lynne Cook, who died on 8-4-2019
Decedent/Grantor Date

at Mt. Vernon Skagit Wa
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

PTN SW 1/4 SW 1/4, 1-33-3 E.W.M

Assessor's Property Tax Parcel/Account Number: P15285
(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 _____)

Full name, age, relationship, address

Gary L. Cook 74 husband
017105 Moore Rd Mt. Vernon

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 : December 26 2019
 Affiant's full name Gary L. Cook
206-450-3548
 Telephone number 17105 Moore Rd
Mt. Vernon Wa 98273
 City State Zip Code
Gary Cook 12-26-2019
 Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Gary Cook
 (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: 12 26 19

Carol A Voegeli
 Signature of Notary Public

(SEAL OR
STAMP)

CAROL A VOEGELI
 Notary Public
 State of Washington
 My Commission
 176669
 My Commission Expires
 FEBRUARY 13, 2023

Residing at: Oak Harbor

Notary Public in and for the State of Wa

My appointment expires: 2-13-2023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-035719

DATE ISSUED: 08/14/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SHERRIE LYNNE
LAST NAME(S): COOKCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 04, 2019
HOUR OF DEATH: 11:09 PM
SEX: FEMALE AGE: 69 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: MEMPHIS, TNMARITAL STATUS: MARRIED
SURVIVING SPOUSE: GARY COOKOCCUPATION: SOCIAL SERVICE ADVOCATE
INDUSTRY: SOCIAL SERVICES
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: GARY COOK
RELATIONSHIP: HUSBAND
ADDRESS: 17105 MOORE ROAD, MOUNT VERNON, WA 98273CAUSE OF DEATH:
A: METASTATIC ADENOCARCINOMA OF THE PERITONEAL CAVITY
INTERVAL: 99 DAYS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274RESIDENCE STREET: 17105 MOORE ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 13 YEARSFATHER/PARENT: ERIC LAMAR HILBUN
MOTHER/PARENT: NORMA DALE [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERYCITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: AUGUST 26, 2019

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: JEREMIAH T. LESOURDMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: NAVDEEP DHALIWAL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: AUGUST 08, 2019CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NAVDEEP DHALIWAL, MDLOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: AUGUST 14, 2019

ALTA COMMITMENTTitle Order No.: **01-175682-O****EXHIBIT A**

That portion of the Southwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 1, Township 33 North, Range 3 East, W.M., described as follows:

Beginning at a point on the North line of the V.D. Moore County Road which point is 454 feet East of the West line of said subdivision;
thence East along said North line of the V.D. Moore County Road, a distance of 224 feet;
thence North 194.5 feet;
thence West 224 feet;
thence South 194.5 feet to the point of beginning.

Situate in the County of Skagit, State of Washington.

END OF EXHIBIT A

This page is only a part of a 2016 ALTA Commitment for Title Insurance. This Commitment is not valid without the Notice; the Commitment to Issue Policy; the Commitment Conditions; Schedule A; Schedule B, Part I—Requirements; and Schedule B, Part II—Exceptions.