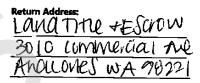
04/07/2020 10:34 AM Pages: 1 of 6 Fees: \$108.50

Skagit County Auditor, WA



LAND TITLE AND ESCROW 02-176826-OE

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Faward J. Hogan, being first duly sworn						
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 Surviving Spoufe						
Relationship to decedant						
of Mary E. Hogen, who died on 9-12-2015						
at VAILEY STEVENS Waste						
REAL PROPERTY SUBJECT TO THE AFFIDAVIT:						
Abbreviated Legal Description:						
ste attacked legen description						
Lots 7-12, Blk 15, Seattle Synd. Add. To Anacortes.						

Assessor's Property Tax Parcel/Account Number: 2013-015-012-0005, PS8074 (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 4

REV 84 0017 (1.3/17)

Favard & Hogan, Spouse WA
Full name, age, relationship, address
- Jalan
<u>Ju</u>
Full name, age, relationship, address
Full name, age, relationship, address
Full name, age, relationship, address

Dated: ADV	2020	
Edward J	Hogein	
Affiant's full name	<i>U</i>	
Telephone number SOOT N N	iormandie	
Spokerul	Street WA	79205
City	State	Zip Code
Checken May Signature	an4	3 · 202 0
Signature J		Date
State of	County of the dence that <u>Fauard</u>	of Spollance
	(nu	me of person)
is the person who appeared before affidavit and acknowledged it to mentioned in this affidavit.	ore me, and said person acknowled to be (his/her) free and voluntary a	dged that (he/she) signed this ct for the uses and purposes
Dated: 04/ /2020	Signal Signal	T Cools
(SEAL OR	3 ?	and of Hardy Paper
STAMP) Notary Public State of Washington	Residing at:	okene.
LISA J COOK Appointment Expires Apr 6, 2020	Notary Public in and	for the State of WA
	My appointment expire	es: 04/2020

Escrow No.: 02-176826-OE

EXHIBIT "A"

LEGAL DESCRIPTION

Lots 7, 8, 9, 10, 11 and 12, Block 15, "SEATTLE SYNDICATE'S FIRST ADDITION TO THE CITY OF ANACORTES, WASH.," as per plat recorded in Volume 1 of Plats, page 25, records of Skagit County, Washington.

TOGETHER WITH the Easterly 10 feet of vacated 'S' Avenue abutting said lots.

Situate in the City of Anacortes, County of Skagit, State of Washington.

ECERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-025527

LOCAL FILE NUMBER: 239

DATÉ ISSUED: 09/16/2015

FEE NUMBER: 0003201069

GIVEN NAMES: MARY ELLEN LAST NAME: HOGAN

COUNTY OF DEATH: STEVENS
DATE OF DEATH: SEPTEMBER 12,2015
HOUR OF DEATH: 08:20 P.M.

SEX: FEMALE AGE: 75 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO. NOT HISPANIC

BIRTHDATE:

BIRTHPLACE: SPRING GROVE, HOUSTON CNTY, MINNESOTA

MARITAL STATUS: MARRIED

SPOUSE: EDWARD J HOGAN

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES? NO

INFORMANT: EDWARD J HOGAN RELATIONSHIP: HUSBAND

ADDRESS: 5007 N NORMANDIE, SPOKANE, WA 99205

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: HAPPY DELL MAY ROAD
CITY, STATE, ZIP: VALLEY, WASHINGTON 99181

RESIDENCE STREET: 5007 N NORMANDIE

CITY, STATE, ZIP: SPOKANE, MASHINGTON 99205 INSIDE CITY LIMITS? VES COUNTY: SPOKANE

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER: LLOYD E WATSON MOTHER: JETTIE

METHOD OF DISPOSITION: ENTOMBMENT
PLACE OF DISPOSITION: FAIRMOUNT MEMORIAL PARK
CITY, STATE: SPOKANE, MA

DISPOSITION DATE: OCTOBER 02,2015

FUNERAL FACILITY: HERITAGE FUNERAL HOME ADDRESS: 508 N GOVERNMENT WAY CITY, STATE, ZIP: SPOKANE WA 99224 FUNERAL DIRECTOR: KOBY L. MAY

CAUSE OF DEATH: A. BLUNT FORCE TRAUMA TO THE HEAD AND CHEST INTERVAL: MINUTES B. EJECTED OFF OF AN ALL-TERRAIN VEHICLE
INTERVAL: MIMUTES

INTERVAL: D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: NOT WEARING A HELMET, ALCOHOL CONSUMPTION.

PATE OF INJURY: SEPTEMBER 12,2015 HOUR OF INJURY: 07:20 P.M. PRESUMED INJURY AT MORK? NO PLACE OF INJURY: ON HAPPY DELL WAY ROAD

LOCATION OF INJURY: 33315 HAPPY DELL WAY ROAD

CITY, STATE, ZIP: VALLEY, WASHINGTON 99181 COUNTY: STEVENS

DESCRIBE HOW INJURY OCCURRED:

AFTER CONSUMING ALCOHOL SHE RODE HER FOUR WHEELER UP AN INCLINE AND TURNED A WIDE CORNER STRIKING A MAILBOX WHICH FLIPPED THE FOUR WHEELER AND EJECTED THE DRIVER AND STRUCK THE PAVEMENT.

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY: NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE DATE(S): NONE MANNER OF DEATH: ACCIDENT AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH? NO PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: LORRIE D. SAMPSON TITLE: CORONER

ME/CORONER

ADDRESS: 215 SOUTH OAK STREET CITY, STATE, ZIP: COLVILLE MA 99114 DATE SIGNED: SEPTEMBER 15,2015

> CASE REFERRED TO ME/CORONER: NO FILE NUMBER: 15SCC-063 ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL PEPUTY REGISTRAR: VICTORIA EVELAND DATE RECEIVED: SEPTEMBER 16,2015

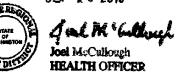
DOH 01-003 (1/15)

202004070021

	This is a legal document. Complete in ink and do not alter. STATE OFFICE USE ONLY						Page 6 of 6 center for health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300		
State File Number	Fee No	umber		102 002 01127	Initials	Date	Affidavit Number		
	Re	uired intern	ation must	match current in	ofocustion on -				
Record Type:	Birth	☐ Death		Marriage		ion (Divorc			
1. Name on Record:					2. Date of Eve	nt.	3. Place of Event:		
	1								
1. Name on Record: 4. Father/Parent Full Birth N		tor Marriage o			Full Birth Name (S	Spouse B for	Marriage or Dissolution)		
C. Name of Person Request	ting Correction:		Relationship Person on R	to ☐ Self ecord: ☐ Parent(s	☐ Guardian) ☐ Funeral Din	☐ Infector ☐ Oti	ormant Hospital ner (specify)		
7. Return Mailing Address:									
Telephor.e Number:				Email Address:			<u> </u>		
Use the section b	elow for requ	esting any cl	anges on t	e record. The re	cord is incorre	ct or incom	piete as follows:		
1he re	The record now shows:					true fact is:			
S.				9.					
10.				11.					
12.				13.					
14.				15.					
l declare under p	enalty of perj	ury under the	laws of the	State of Washir	ngton that the fe	orgoing is 1	true and correct		
16a. Signature:				16b. Signature of 2	ent (if require	ed):			
Printed name:		Date		Printed name:			Date:		
Drivos	r'e lleenee Seri	NSTRUCTION:	S - go to www	doli.wa.gov for me	re information	·			
Required documentary proof must	be submitted w	th the affidavit	and include ful	decorative birth co	ertificate cannot a	be used as p	roof		
→ Einth/Mamiage/Divorce record	د Militar	y record (DD-2		 School transcript 	s • Soci	ocumentary p al Security N	root include: umident Report		
Certificate of Naturalization Birth Certificates	Flospit	ai/medical reco	rd	- Passport	• Gree	en/Permanen	Resident card (I-551)		
1. Only a parent(s), legal guardia 2. The procef(s) must maich the Ann Dos 3. Documentary proof must be i⊓ Child under 18	e asserted fact(s).	For example, i	f the affidavit s ned within five	ays the name shou	ld be Mary Ann Do	irth certificate be, the proof i	nust show the name to be Man		
If legal guardian(s), include of Up to age one, last name can certificate (can be any combined.)	n be changed one	e to either pare	ents' name on	 Only the adult of lf the first or mice 	an change his or t	ner birth certi ng, three pie	ficate ces of documentary proof are		
Certificate (can be any combi		nge the last nar		If the first, midd	ie and/or last name	e is missnelle	ed, or date of birth is incorrect,		
 After age one, a court order is No proof is required to change 	e the first or mic	raie name:				 two pieces of documentary proof are required To correct parent's birth date, place of birth, or name, one documentary proof is required 			
 After age one, a court order is into proof is required to chang To correct parent's information. To correct the sex of the child 	on, one documen	tary proof is req	uired. medical	 To correct parer 	nt's birth date, plac	e of birth, or	name, one documentary proof		
 After age one, a court order is ide proof is required to chang To correct parent's information To correct the sex of the child provider is required To change any part of the name contificate with request. 	on, one document d, one document of a child using this	tary proof is req ary proof from a form, signatures	medical from both par	To correct parer is required ents listed on the cer	nt's birth date, plac	ce of birth, or	is deceased, submit a death		
 After age one, a court order is ide proof is required to change. To correct parent's information. To correct the sex of the child provide is required. To change any part of the name contilicate with request. This affidavit.	on, one document d, one document of a child using this	tary proof is req ary proof from a form, signatures	medical from both par	 To correct parer is required 	nt's birth date, plac	ce of birth, or	is deceased, submit a death		
 After age one, a court order is live proof is required to change. To correct parent's information to correct the sex of the child provide its required. To change any part of the name contilicate with request. This affidavit Death Certhicates. Only the informant, the funeral information. Proof is required registered domestic parkers, a information is requesting the child. 	on, one document d, one documenta of a child using this t cannot be used al director, or exe to make change parent, sibling or nange.	tary proof is rec ary proof from a form, signatures d to add a fathe acutors/administ s if requested b adult child or st	medical from both par er to a birth c trators (if evide by a family me tepchild), Mari	To correct parer is required ents listed on the cerertificate (use pater ence confirming such mber not listed as the tall status requires a	nt's birth date, place tificate are required printy acknowleds th position is present the informant on the a certified copy of a	I. If one parent grment form I ented) may che e certificate (a court order	is deceased, submit a death OOH 422-032) nange the non-medical		
After age one, a court order is like proof is required to change. To correct parent's information to correct the sex of the child provider is required. To change any part of the name ocertificate with request. This affidavit Death Certhicates in Confy the informant, the funeral information. Proof is required registered demestic paramer, a	on, one documental, one documental of a child using this teamnot be used at director, or exector make change parent, sibling or nange. Se of death) may certificates	tary proof is rec ary proof from a form, signatures d to add a fath acutors/administ s if requested be adult child or start be changed or	medical from both parter to a birth correctors (if evidence of a birth correctors) a family meter and a birth correctors and a birth correctors. The property of the correctors are a birth correctors.	To correct parer is required ents listed on the cerertificate (use paternee confirming such mber not listed as the tall status requires a fying physician or the service of the confirming such mber not listed as the tall status requires a fying physician or the service of the correct o	nt's birth date, place tificate are required ernity acknowleds the position is presente informant on the certified copy of a net coroner/medical	e of birth, or If one perent Imment form I Interested) may of the certificate (a court order I examiner.	is deceased, submit a death OOH 422-032) nange the non-medical family members are spouse or if someone other than the		

SPOKANE REGIONAL HEALTH DISTRICT

SEP 16 2015



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