

## Return Address:

Guardian NW Title  
3202 Commercial Avenue  
Anacortes, WA 98221

20-4933-KS.

## AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Susan Coleman, being first duly sworn  
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is daughter  
Relationship to Decedent  
of Gordon Francis Christenson, who died on 10-1-2019  
Decedent/Grantor Date  
at Anacortes Skagit WA  
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: 640 Broadview Addition  
to the City of Anacortes, according to the  
plat recorded in Volume 7 of Plats,  
page 22, records of Skagit County,  
Washington.

Assessor's Property Tax Parcel/Account Numbers: (List All)

P 56953  
3777-000-040-0007.  
(Attach full legal description(s) of the property)

☒ Decedent left no Last Will and Testament and no Community Property Agreement; or

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:  
(See attached copy) or

☐ Decedent left a Community Property agreement recorded in \_\_\_\_\_ County as  
Auditor's File No. \_\_\_\_\_ in favor of the surviving spouse or  
an unrecorded agreement which has been attached hereto; or

☐ Decedent left a will which is being/was probated in \_\_\_\_\_ County,  
State of Washington as Superior Court Cause No. \_\_\_\_\_

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Betty Christenson 90 yrs Mother  
Full name, age and relationship

2619 M. Ave Anacortes WA 98221  
Address City State Zip

Susan Coleman 65 yrs daughter POA  
Full name, age and relationship

2619 M. Ave Anacortes WA 98221  
Address City State Zip

Pam Snyder 69 yrs daughter  
Full name, age and relationship

PO Box 575 Anacortes WA 98221  
Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 354,000 of which approximately \$ 177,000 was the separate property of the decedent.

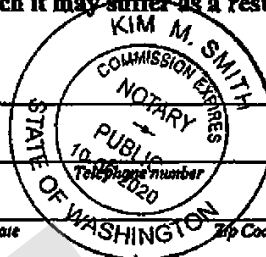
The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None ( ☒ ) OR those shown on an attachment (s) hereto ( ).

The Affiant further declares that the decedent had ( ) OR had never ( ☒ ) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: April 6 2020

Affiant's full name Susan Coleman  
Signature  
Street City State Zip Code



State of Washington County of Skagit

I know or have satisfactory evidence that Susan Coleman  
(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: 4-6, 2020 Kim M. Smith  
Signature of Notary Public

(SEAL OR STAMP)

Residing at Malet Vernon

Notary Public in and for the State of WA

My appointment expires: 10-6, 2020

(Based on REV 84 0017 (1/3/17))

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-042928

DATE ISSUED: 10/02/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GORDON FRANCIS  
LAST NAME(S): CHRISTENSON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 01, 2019  
HOUR OF DEATH: 11:45 AM  
SEX: MALE  
SOCIAL SECURITY NUMBER: [REDACTED] 91 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ANACORTES, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: ELIZABETH ANN WILKE

OCCUPATION: SUPERVISOR  
INDUSTRY: OIL INDUSTRY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: SUSAN D COLEMAN  
RELATIONSHIP: DAUGHTER  
ADDRESS: 2619 M AVENUE, ANACORTES, WA 98221

CAUSE OF DEATH:  
A: PRESUMED PANCREATIC CANCER  
INTERVAL: MONTHS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: WEIGHT LOSS, CONGESTIVE  
HEART FAILURE, DEMENTIA

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: OTHER PERSON'S RESIDENCE  
FACILITY OR ADDRESS: 2619 M AVENUE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1503 40TH STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 68 YEARS

FATHER/PARENT: GUS ADOLF CHRISTENSON  
MOTHER/PARENT: FLORENCE HELENA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: OCTOBER 02, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

MANNER 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 RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: OCTOBER 01, 2019

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: OCTOBER 02, 2019