04/30/2020 02:54 PM Pages: 1 of 5 Fees: \$107.50

Skagit County Auditor, WA

After recording, return to: James C. Carpenter 1219 E Gilkey Rd Burlington, WA 98233

CHICAGO TITLE 500100022

Grantor (Name of Decedent): LOLETA 3 CARPENTER
Grantee (Heirs): JAMES C.CARPENTER
Abbreviated Legal Description: SEE ATTACHED LOT 77 SKYLINE #10
Tax Parcel No.(s): P59987 / 3826-000-077-0004
INDEDITANCE LACK OF DOORATE AFFIDAVIT
INHERITANCE LACK OF PROBATE AFFIDAVIT (To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
STATE OF WASHINGTON
COUNTY OF SKAGTA
The undersigned, JAMES CAMPOUTER, executes this affidavit relating to the estate of
COLETA CARLENTER (herein "Decedent"), who died on MARCH 14 2020,
n the County of SKAGIT, State of WA., then being a resident of the
City of ANACORTE SCounty of Season State of WASH.
(A copy of the death certificate is attached hereto.)
The undersigned, being first duly sworn, on oath deposes and says:
 This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.
Relationship of the Affiant to the Decedent
2. The undersigned is (check one):
the lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☐ Surviving child of the Decedent
One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of
survivorship identified in that certain deed recorded on
[mm/dd/yyyy], under Recording No, in
County, Washington.
other (identify:)
- Onto footing)

Affidavit (Lack of Probate) WA0000080.doc / Updated: 11.14.16 Printed: 04.30.20 @ 01:31 PM by DF WA-CT-FNRV-02150.624676-500100022

INHERITANCE LACK OF PROBATE AFFIDAVIT (To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership) (continued)

Names of All Heirs of the Decedent

3.	I hat all the heirs at law of the decedent that were living at the time decedent's death are listed below. [Use the reverse side or attach a list if necessary]
	Name and relationship: <u>Janes CARPENTER</u> , SOUSE
	Name and relationship:
	Name and relationship:
	Name and relationship:
De	scription of the Property
4.	That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows: SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
5.	Status of the Will (if any)
	☐ The decedent left a Will that devises real property.
	The decedent left no Will that devises real property.
	WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below. Compan
	unty ofSKAGTT
Sig	ned and sworn to (or affirmed) before me on 413012020 by JAMES
	(name of person making statement). WILL A. WILLIAM S Ame: JONTH A. WILLIAM S Notary Public in and for the State of Washington, Residing at: STATUCA) My appointment expires: 10179172

EXHIBIT "A"Legal Description

For APN/Parcel ID(s): P59987 / 3826-000-077-0004

Lot 77, Skyline No. 10, according to the plat thereof, recorded in Volume 9 of Plats, page 117, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Affidavit (Lack of Probate) WA0000080.doc / Updated: 11.14.16 Printed: 04.30.20 @ 01:31 PM by DF WA-CT-FNRV-02150.624676-500100022

CERTIFICATE OF DEATH



DATE ISSUED: 04/07/2020 FEE NUMBER: 310420

CERTIFICATE NUMBER: 2020-015551

FIRST AND MIDDLE NAME(S): COLETA JOY LAST NAME(S): CARPENTER

AKA: COOKIE CARPENTER

COUNTY OF DEATH: SKAGIT DATE OF DEATH: MARCH 14, 2020 HOUR OF DEATH: 08:30 PM

SEX: FEMALE

AGE: 88 YEARS SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISHIHISPANICILATINO

RACE: WHITE

BIRTH DATE

BIRTHPLACE: CARNEGIE, OK

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JAMES CARPENTER

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: JAMES CARPENTER

RELATIONSHIP: SPOUSE

ADDRESS: 1219 E GILKEY ROAD, BURLINGTON WA 98233

CAUSE OF DEATH:

A: ADVANCED VASCULAR DEMENTIA

INTERVAL: YEARS

INTERVAL:

C:

INTERVAL

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: WEIGHT LOSS, DYSPHAGIA

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

LOCATION OF INJURY:

CITY, STATE, ZIP: COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY FACILITY OR ADDRESS: ROSARIO ASSISTED LIVING CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1119 26TH STREET CITY, STAYE, ZIP: ANACORTES, WA 98221-2776 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: LOUIS D BASS

MOTHER: GLADYS L

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON DISPOSITION DATE: APRIL 07, 2020

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036 FUNERAL DIRECTOR: BRENT J. GLENN

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

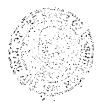
DATE SIGNED: APRIL 05, 2020

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: APRIL 07, 2020

 Only the Informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change. 	Affidavit for Correction 04/30/2020 02:54 P.N. Rage Fig. P.O. Box 4781 Health This is a legal document. Complete in ink and do not alter. 04/30/2020 02:54 P.N. Rage Fig. P.O. Box 4806 980-236-4300									
Record Type: Sixth Death Merriage Dissolution (Divorce)	Stat		Fee		NTE OFFICE	2 ALC: 4 ALC: 4	Date		Affidavit Number	
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Telephone Number: () Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows: The record now shows: 9. 10. 11. 12. 13. 14. I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct 16e. Signature: Ideclare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct 16e. Signature of 2 rd parent (if required): Printed name: Date: Printed name: Date: Printed name: Date:		6. Name of Person Req	uesting Correction			_				
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Certificate not valid unless the Seat of the State of Washington changes color when heat applied.



