202005150094

05/15/2020 01:52 PM Pages: 1 of 6 Fees: \$108.50

Skagit County Auditor, WA

Return Address:
AFFIDAVIT (LACK OF PROBATE) GNW 20-5371
The undersigned affiant/grantee Patricia 2 Haight, 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
of <u>Orien Wesley Haight</u> , who died on 8-11-01 Decedent Grantor
at Concrete Stagit UNA County State
REAL PROPERTY SUBJECT TO THE AFFIDAVIT:
Abbreviated Legal Description: (ats 11, 12, 13 & the West 10 fet
OF LOT 14, Block 9, "PLAT OF GRASS MERE," as per
Plat thereof recorded in Volume 3, page 67.
Canada of average (a)
records of Stagrit County, Washington
A
Assessor's Property Tax Parcel/Account Number: (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)
REV 84 0017 (1/3/17)

Full name, age, relationship, address	
Full name, age, relationship, address	

Dated: 5-14-2020		
Patricia Haia		
Affiant's full name		
360-395-54	80	
Telephone number		
171 Duck La	ke R) Or	+
- Oriak	Street LVA	98841
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	State	Zip Code
Patricia Haig		5-15-2020
Signature		Date
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
State of	Count	y of
I know or have satisfactory evidence	that	
T Know of have satisfactory evidence	that	(name of person)
is the person who appeared before m affidavit and acknowledged it to be (mentioned in this affidavit.	e and said person acknow his/her) free and voluntary	yledged that (he/she) signed this y act for the uses and purposes
Dated:/		
(SEAL OR	Si	gnature of Notary Public
STAMP)	Residing at:	
	Notary Public in a	nd for the State of
	My appointment exp	pires:/_

REV 84 0017 (1/3/17)

## STATE OF WASHINGTON COUNTY OF S<del>KAGIT</del> OF PNOG AN

I certify that I know or have satisfactory evidence that Patricia Haight is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 14 day of May, 2020

My appointment expires: 8/25/2+2/

## STEATHE OF WASHINGTON DEPARTMENT OF HEALTH

LOCAL FILE NUMBER	CERTIFICAT	E OF DEATH		146	STATE FILE NUMBER
ORIEN  AGE LAST BIRTH 5. UNDER 1. YEAR 1. 8. UNDER 1.0  AND 1/Vey 1.00 DAYS HOURS M.	AY 7, BIRTHDATE (Mo, Day, Yr) 8 BIR	HAIGHT  White or Foreign Country) IC rete, WA	9 WAS DECED IN U.S. ARMI (Yes / No)	Augus	DATE (MO. Day, Yr) St 11, 2001 10. COUNTY OF DEATH
Mount Vernon	12 PLACE OF DEATH - MINOY CODY	TACE THEN GIVE ADDRESS ON INC EMERS: RIMOUT PTN DE HOSP 'S D HOSPITAL	STITUTION NAME.	HERPLACE	Skagit  13. SMOKING IN LAST 15 YEARST (Yes/N
Divorced (Specify)	Wenrick	16. SOCIAL SECURITY NO		DECEDENT'S E (Specify only high Iomany/Seeperlar	hest grade completed)
Wood Cutter 22. RESIDENCE - NUMBER AND STREET	Cedan Finewood  23. CITY/TOWN, OR LOCATION 24. INSIDE CLANTS?	20. Was Decadent of Hispanic of Yes or No. If Yes, specify C.  (Yes / No.) Specify:  25A. COUNTY		ncestry) (Specify to Rican, etc.)	21 RACE (Specify) White
7591 S. Superior 28 FATHER'S NAME - FIRST, MIDDLE, LAST Orien Haight	Concrete Yes	29. MOTHER'S NAME - FIRST, MI	69 yrs	WA	98237
30 INFORMANT - NAME Pat Haight	7591 S. Super	Mabel street on Rep No. ior Concrete,		237	STATE ZIP
22. BURIAL CREMATION 33. DATE (MO. Day, Yr) REMOVAL OTHER GEORGY C YEMTA THO OTHER THOUSE 13, 200 30. PUNISHAL GRECTOR SIGNATURE X	Mount Vernon Crema 37. NAME OF PACILITY Lemley Chapel Inc		Mount \	ernon,	WA
YO BE COMPLETED ONLY BY CERTIF  39 TO THE BEST OF MY KNOWLEDGE, DEADLOCK MOWAS DUE TO THE CAUSES; STATED.  SIGNATURE AND TITLE  40. DATE SIGNED (Ma., Day, YI)	FYING PHYSICIAN	TO BE COMPLE	TED ONLY BY ME	CAL EXAMIN	ER OR CORONER MY OPINION DEATH OCCURRED / STATED.  45. HOUR OF DEATH (24 His.)
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDIA  Stephen M. Aldrich MD	CAL EXAMINER OR CORONER (Type or Pant)	46. (POLIDUNCED DEAD (Mo. D			49. MEZCORONER FILE NUMB
SO. ENTER THE DISEASES, INJURIES, OR COMPLIC, IMMEDIATE CAUSE (Final disease or condition resigning in dealin).  DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR HERRIT FAILURE, LIST ONLY ONE CAUSE ON EACH LINE. SEQUENTIALLY CONDICTOR. REAGING 10 memodistic cause Enter MODER VING CAUSE (Disease or injury witch included overtis resulting in dealin) LAST.	ATIONS WHICH CAUSED THE DEATH  LTTY SEQUENCE OF SEQUENCE OF:	tellanocavein	me	13	INTERVAL BETWEEN ONSEY AND PARTY AND
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(Yes / No)  BLDG, ETC. Storoly  A 1 LD  BLDG, ETC. Storoly  BLDG, ETC. Sto	62. REGISTRAR	y Epps,			63. DATE RECEIVED (MO., Day, Yo

STATE

NAS EL SULA

DOH 01-003 (5/99)

## 202005150094 AFFIDAVIT FOR CORRECTION 05/15/2020 01:52 PM Page 6 of 6

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