

Return Address:
Robert Betz
33715 Hamilton Cemetery Rd
Sedro-Woolley wa 98284

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Robert Alan Betz, 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 Nephew
Relationship to decedent

of Ervin Albert-Herman Schilling, who died on 12/15/2017
Decedent/Grantor Date

at Bellingham Whatcom Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 3-C-62 "Lake TYEE Division No III"

As Per Plat recorded in Volume 11 of Plats, Pages
68 Through 74, inclusive, Records of Skagit County, Washington

Assessor's Property Tax Parcel/Account Number: P80092
(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)

Robert Alan Betz age 51 Nephew
33715 Hamilton Cemetery Rd, Sedro-Woolley, WA 98284
Full name, age, relationship, address

Dated: 5/1/2020

Robert Alan Betz

Affiant's full name

360-840-5890

Telephone number

33715 Hamilton Cemetery Rd.

Sedro-Woolley WA 98284

City State Zip Code

[Signature]
Signature

5/1/20
Date

[Signature]

5/1/20

State of WA County of Skaagit

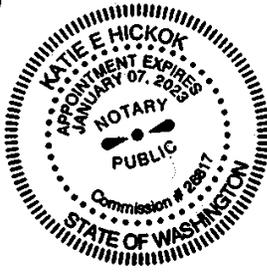
I know or have satisfactory evidence that Robert Alan Betz
(name of person)

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: 5/1/2020

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Wilkerson

Notary Public in and for the State of WA

My appointment expires: 1-7-23

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 02/20/2018
FEE NUMBER: 37

CERTIFICATE NUMBER: 2017-054573

FIRST AND MIDDLE NAME(S): ERVIN
LAST NAME(S): SCHILLING

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: DECEMBER 15, 2017
HOUR OF DEATH: 08:15 AM
SEX: MALE AGE: 90 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: LARK, ND

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

OCCUPATION: EQUIPMENT OPERATOR
INDUSTRY: LOGGING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: ROBERT BETZ
RELATIONSHIP: NEPHEW
ADDRESS: 39104 STATE ROUTE 20, CONCRETE, WA 98237

CAUSE OF DEATH:
A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE EXACERBATION
INTERVAL: WEEKS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: NON ST ELEVATED
MYOCARDIAL INFARCTION SECONDARY TO AORTIC STENOSIS

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: NORTH CASCADES HEALTH AND REHAB
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

RESIDENCE STREET: 24835 HOEHN RD 33
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: ALBERT SCHILLING
MOTHER/PARENT: MARY [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: JERNS CREMATORY

CITY, STATE: BELLINGHAM, WASHINGTON
DISPOSITION DATE: DECEMBER 20, 2017

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 800 E SUNSET DR
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: BRADLEY W. BYTNAR

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: CINDY PEERS, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 3015 SQUALICUM PARKWAY #100
CITY, STATE, ZIP: BELLINGHAM, WA 98225
DATE SIGNED: DECEMBER 15, 2017

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

LOCAL DEPUTY REGISTRAR: LEEANN IMPERO
DATE RECEIVED: DECEMBER 20, 2017