

Return Address:

Guardian Northwest Title
3800 Byron Ave #140
Bellingham WA 98229

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Velvet Margaret Tyacke 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

of Elsie Fladebo Relationship to decedent who died on 7/13/2016
Decedent/Grantor Date
 at Burlington Skagit Washington
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: Tract 24, Burlington Acreage
Property

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

P62423
3867-000-024-1204

(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*):

Velvet Margaret Tyacke, Age 56, daughter
 Full name, age and relationship
 604 E Rio Vista Avenue, Burlington WA 98233
 Address City State Zip
 Thomas Edward Fladebo, Age 61, son
 Full name, age and relationship
 604 E Rio Vista Avenue Burlington WA 98233
 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

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 \$ 337,000. of which approximately \$ 8,000. 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: 7/30/20 Velvet Tyacke
Velvet Margaret Tyacke 360-391-9905
Affiant's full name Telephone number

Street City State Zip Code

State of Washington County of Whatcom

I know or have satisfactory evidence that Velvet Margaret Tyacke
(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: July 30, 2020 Shelly A. Varner
Signature of Notary Public

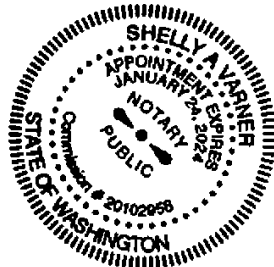
(SEAL OR STAMP)

Residing at Burlington

Notary Public in and for the State of WA

My appointment expires: January 24, 2024.

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



DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-028803

DATE ISSUED: 07/16/2016

FEE NUMBER: 0000310716

GIVEN NAMES: ELSIE MARY
LAST NAME: FLADEBO

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 13, 2016
HOUR OF DEATH: 12:35 A.M.
SEX: FEMALE
AGE: 89 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SENTA, NORTH CAROLINA

MARITAL STATUS: MARRIED
SPOUSE: THOMAS FLADEBO

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: THOMAS FLADEBO
RELATIONSHIP: SPOUSE
ADDRESS: 502 NORTH GARDNER ROAD, BURLINGTON, WA 98233

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 502 NORTH GARDNER ROAD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 502 NORTH GARDNER ROAD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER/PARENT: ROBERT E. BURLISON
MOTHER/PARENT: LULU BELL [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERY
CITY, STATE: SEDRO WOOLLEY, WA
DISPOSITION DATE: JULY 20, 2016

FUNERAL FACILITY: A SACRED MOMENT FUNERAL SERVICE
ADDRESS: 1910 120TH PLACE SE, #102
CITY, STATE, ZIP: EVERETT WA 98208
FUNERAL DIRECTOR: LINDSAY A. SOVER

CAUSE OF DEATH:
A. MYOCARDIAL INFARCTION
INTERVAL: 1 WEEK
B. CORONARY ARTERY DISEASE
INTERVAL: 20 YEARS
C. ATHEROSCLEROSIS
INTERVAL: 40 YEARS
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

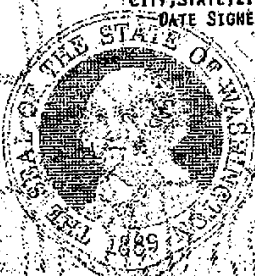
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MARTIN DUBEK, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2116 EAST SECTION STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: JULY 14, 2016

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

ATTENDING PHYSICIAN:
MARTIN DUBEK MD

LOCAL DEPUTY REGISTRAR:
MARTA VIVANCO
DATE RECEIVED: JULY 15, 2016



DOH 06-003 (10/15)

EXHIBIT "A"
Legal Description

The North 80 feet of the South 160 feet of the West 100 feet of the following described tract:

The North half of the West Half of Tract 24, "PLAT OF THE BURLINGTON ACREAGE PROPERTY", as per plat recorded in Volume 1 of Plats, page 49, records of Skagit County, Washington;

TOGETHER WITH all that portion of the platted roadway lying Northerly of "McEwen's Addition", as per plat recorded in Volume 7 of plats, page 96, records of Skagit County, Washington, as vacated December 13, 1960 under Skagit County Commissioner's File No. 10541 in the "Plat of the Burlington Acreage Property", lying West of said Tract 24 and Easterly of a line which is 30.0 feet East of and parallel to the center line of the Gardner Road No, 427 as constructed through Tracts 16 and 23 of said "Plat of the Burlington Acreage Property".

Situated in Skagit County, Washington.