

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Estate of Marie Elizabeth Pitre, 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 Wife
Relationship to decedent

of W. Fred Pitre, who died on 1-9-98
Decedent/Grantor Date

at Seattle King WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 10, Block J, Cape Horn of the
Skagit Div. 2

Assessor's Property Tax Parcel/Account Number: P63325
 (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 _____)

Ramona T. Pitre - Collins, daughter

6003 S. Carver St Seattle WA 98118

Full name, age, relationship, address

Garnet Alexa Pitre, daughter

4736 S. Bennett St Seattle WA 98118

Full name, age, relationship, address

Wilfred C Pitre, Son

4124 Licorce Lane Austin TX 78728

Full name, age, relationship, address

Marie Z. Pitre, wife

7825 Fir St Concrete WA 98237

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 8-16-2020

Ramona Pitre-Collins, PR of Estate of Marie
 Affiant's full name Elizabeth Pitre

Telephone number _____

16003 S. Carver St

Seattle WA 98118
 City State Zip Code

+ Ramona Pitre-Collins 8-10-2020
 Signature Date

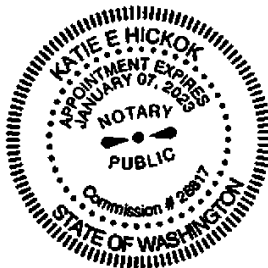
State of WA County of Sagit

I know or have satisfactory evidence that Ramona Pitre-Collins
 (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: 8/10/2020

[Signature]
 Signature of Notary Public

(SEAL OR
STAMP)Residing at: WillernonNotary Public in and for the State of WAMy appointment expires: 1-7-23

This form is an example of an affidavit that can be used, however it may not fulfill all needs and other versions are acceptable. Please see full text of bill below.

- (1) In order to receive an exemption under RCW 82.45.010(3)(a) from the tax in this chapter on real property transferred as a result of a devise by will or inheritance the following documentation must be provided to the county treasurer:
- (a) If the property is being transferred under the terms of a community property agreement, a copy of the recorded agreement and a certified copy of the death certificate;
 - (b) If the property is being transferred under the terms of a trust instrument, a certified copy of the death certificate and a copy of that portion of the trust instrument showing the authority of the grantor;
 - (c) If the property is being transferred under the terms of a probated will, a certified copy of the letters testamentary or in the case of intestate administration, a certified copy of the letters of administration showing that the grantor is the court-appointed executor, executrix, or administrator;
 - (d) In the case of joint tenants with right of survivorship and remainder interests, a certified copy of the death certificate;
 - (e) If the property is being transferred pursuant to a court order, a certified copy of the court order requiring the transfer, and confirming that the grantor is required to do so under the terms of the order;
 - (f) If the community property interest of the decedent is being transferred to a surviving spouse or surviving domestic partner absent the documentation set forth in (a) through (e) of this subsection, a certified copy of the death certificate and a signed lack of probate affidavit from the surviving spouse or surviving domestic partner affirming that he or she is the sole and rightful heir to the property;
 - (g) If the real property is transferred to one or more heirs by operation of law, or transferred under a will that has not been probated, but absent the documentation set forth in (a) through (e) of this subsection, a certified copy of the death certificate and a signed lack of probate affidavit affirming that the affiant or affiants are the sole and rightful heirs to the property;
 - (h) When real property is transferred as described in (g) of this subsection (1) and the decedent-transferor had also inherited the property from his or her spouse or domestic partner but never transferred title to the property into the decedent-transferor's name, the transferee or transferees must provide: (i) A certified copy of the death certificates for the decedent-transferor and the spouse or domestic partner from whom the decedent-transferor inherited the real property; and (ii) a lack of probate affidavit affirming that the affiant or affiants are the rightful heirs to the property; or
 - (i) If the property is being transferred pursuant to a transfer on death deed, a certified copy of the death certificate.
- (2) The documentation provided to the county treasurer under this section must also be recorded with the county auditor.
- (3) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.
- (a) "Heir" has the same meaning as provided in RCW 11.02.005;
 - (b) "Lack of probate affidavit" means a signed and notarized document declaring that the affiant or affiants are the rightful heir or heirs to the property and containing the following information:
 - (i) The names of the affiant or affiants;
 - (ii) The relationship of the affiant or affiants to the decedent;
 - (iii) The names of all other heirs of the decedent living at the time of the decedent's death;
 - (iv) A description of the real property;
 - (v) Whether the decedent left a will that includes a devise of real property; and
 - (vi) Any other information the department may require.

Print as many page two's as you need to account for all Heirs.

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics

CERTIFIED COPY OF DEATH CERTIFICATE

Date Issued: 10/10/2019

TYPE OR PRINT IN PERMANENT BLACK INK

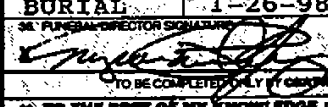
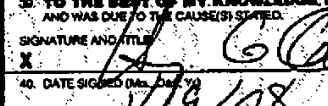
685

LOCAL FILE NUMBER


CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: WILFRED Middle: PITRE Last: PITRE				2. SEX (M / F) M		3. DEATH DATE (Mo, Day, Yr) 1-19-98	
4. AGE LAST BIRTHDAY (Yrs) 70		5. UNDER 1 YEAR MOS: 1 DAYS: 1 HOURS: 1 MINS: 1		7. BIRTHDATE (Mo, Day, Yr) 1-19-28		8. BIRTHPLACE (City, State or Foreign Country) OPHELUSAS, LA.	
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) YES		10. COUNTY OF DEATH KING		11. CITY, TOWN OR LOCATION OF DEATH SEATTLE		12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERGENCY ROOM 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NURSING HOME 6. <input type="checkbox"/> OTHER PLACE 9146 SPEAR PL. S.	
13. SICKING IN LAST 15 YEARS? (Yes / No) YES		14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED		15. SURVIVING SPOUSE (If wife, give maiden name) MARIE E. BLOUIN		16. SOCIAL SECURITY NO. 134-44-6855	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+): 12		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) PIPE FITTER		19. KIND OF BUSINESS OR INDUSTRY U.S. NAVY SHIPYARD		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: NO	
21. RACE (Specify) AFRI-AMER.		22. RESIDENCE—NUMBER AND STREET 9146 SPEAR PL. S.		23. CITY/TOWN OR LOCATION SEATTLE		24. INSIDE CITY LIMITS? (Yes / No) YES	
25. COUNTY KING		26. LENGTH OF RES. IN CO. 45YRS		27. STATE WA.		28. ZIP CODE 98118	
29. FATHER'S NAME—FIRST, MIDDLE, LAST GILBERT PITRE				30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME EUGENIE			
31. MARITAL ADDRESS STREET OR RFD NO. 9146 SPEAR PL. S. CITY OR TOWN SEATTLE STATE WA. ZIP 98118				32. INFORMATION—NAME MARIE PITRE			
33. BIRTH, CREATION, REMOVAL, OTHER (Specify) BURIAL		34. DATE (Mo, Day, Yr) 1-26-98		35. CEMETERY/CREMATORY—NAME HOLYROOD CATHOLIC CEMETERY		36. LOCATION—CITY/TOWN, STATE SEATTLE, WA.	
37. FUNERAL DIRECTOR SIGNATURE 		38. NAME OF FACILITY SOUTHWEST MORTUARY, INC.		39. ADDRESS OF FACILITY 9021 RAINIER AVE. S. SEATTLE, 98118		40. ADDRESS OF FACILITY 9021 RAINIER AVE. S. SEATTLE, 98118	
41. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 42. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X  43. DATE SIGNED (Mo, Day, Yr) 1/19/98				44. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 45. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X 46. DATE SIGNED (Mo, Day, Yr) 1/19/98			
47. HOUR OF DEATH (24 Hrs.) 09:30		48. HOUR OF DEATH (24 Hrs.) 09:30		49. HOUR OF DEATH (24 Hrs.) 09:30		50. HOUR OF DEATH (24 Hrs.) 09:30	
51. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) BARRETT M. KAPLAN, MD				52. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) 1221 Madison ST.			
53. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death): DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. A. Squamous Cell CA Tongue B. Squamous Cell CA Tongue C. Squamous Cell CA Tongue D. Squamous Cell CA Tongue 54. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: 55. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify) 56. INJURY DATE (Mo, Day, Yr) 57. HOUR OF INJURY (24 Hrs.) 58. DESCRIBE HOW INJURY OCCURRED: 59. INJURY AT WORK? (Yes / No) 60. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) 61. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE 62. DATE RECEIVED (Mo, Day, Yr) JAN 23 1998							

DO NOT WRITE CITY/TOWN/STATE NAME AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Summary OSHA 9-150)

DOH 425-132,142 (8/78)

NOT VALID IF PHOTOCOPIED OR ALTERED