

After recording, return to:

Katherine J. VanZon

12139 Bayhill Drive  
Burlington, WA 98233Grantor (Name of Decedent): Raymond Dennis VanZonGrantee (Heirs): Katherine Joan VanZon GNW 20-6702Abbreviated Legal Description: Lot(s): 4, Skagit County Short Plat No. 11-86 and Ptn. Tract 2 of Survey  
8010280041

Tax Parcel No.(s): P103423 / 360424-4-003-0403 and P118280 / 360424-1-010-0200

**INHERITANCE LACK OF PROBATE AFFIDAVIT**

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WashingtonCOUNTY OF Skagit

The undersigned, Katherine Joan VanZon, executes this affidavit relating to the estate of Raymond D. VanZon (herein "Decedent"), who died on February 23, 2020, in the County of Whatcom, State of Washington, then being a resident of the City of Sedro Woolley, County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. 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.

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 (continued)

☐ other (identify): \_\_\_\_\_

**Names of All Heirs of the Decedent**

3. That 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: Katherine Joan VanZon, Spouse

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

**Description 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:

Lot 4, Short Plat No. 11-86, approved May 19, 1989, recorded June 30, 1989 in Book 8 of Short Plats, Page 141, under Auditor's File No. 8906300018 and being a portion of the Northeast quarter of the Southeast quarter of Section 24, Township 36 North, Range 4 East, Willamette Meridian.

Situate in the County of Skagit, State of Washington.

TOGETHER WITH That portion of Tract 2 of Huddle survey recorded 10-28-80 in Vol 3 of Surveys Page 78, as Auditor's File No. 8010280041, located in Section 24, Township 36 North, Range 4 East Willamette Meridian described as follows:

BEGINNING at the NE corner of Lot 4, Campbell's SP #11-86, filed on 6/30/89 in Volume 8 of SPs, at Page 141 as Auditor's File No. 8906300018 located in Southeast 1/4, Section 24, Township 36 North, Range 4 East, Willamette Meridian, thence South 87° 54' 34" West along the North line of said Lot 4 a distance of 138.22 feet to the SW corner of Tract 2 of Huddle's survey of Section 24, Township 36 North, Range 4 East, Willamette Meridian, recorded 10/28/80 in Volume 3 of Surveys Page 78 as Auditor's File No. 8010280041; thence North 1° 32' 37" East between Tracts 1 & 2 a distance of 236.35 feet to the West boundary of the 60' easement to Tracts 1 & 2, thence South 28° 38' 10" East along the westerly line of said easement a distance of 274.95 feet to the point of beginning.

Situate in the County of Skagit, State of Washington.

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.

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(continued)

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

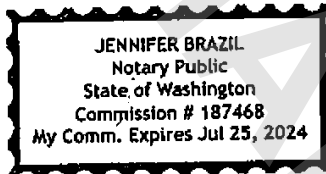
Katherine Joan VanZon  
Signature

Katherine Joan VanZon  
Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 8-18-2020 by \_\_\_\_\_  
Katherine Joan VanZon (name of person making statement).



Jennifer Brazil  
Name: Jennifer Brazil  
Notary Public in and for the State of Washington,  
Residing at: Skagit County  
My appointment expires: 7-25-2024

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-008504

DATE ISSUED: 02/27/2020  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RAYMOND DENNIS  
LAST NAME(S): VAN ZON

AKA: RAY VANZON

AKA: RAY VAN ZON

AKA:

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: FEBRUARY 23, 2020

HOUR OF DEATH: 02:00 PM

SEX: MALE AGE: 77 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTH PLACE: HIGHLAND PARK, MI

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: KATHERINE JOAN CAMPBELL

OCCUPATION: ENGINEER

INDUSTRY: FOREST SERVICE

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: K JOAN VAN ZON

RELATIONSHIP: WIFE

ADDRESS: 3608 CAMPBELL COURT, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: CEREBRAL HEMORRHAGE

INTERVAL: 6 DAYS

B:

INTERVAL:

C:

INTERVAL:

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 3608 CAMPBELL COURT

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: NICHOLAS VAN ZON JR

MOTHER: MABEL ELLE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: FEBRUARY 27, 2020

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

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: KEVIN S. LEE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2901 SQUALICUM PARKWAY

CITY, STATE, ZIP: BELLINGHAM, WA 98225

DATE SIGNED: FEBRUARY 24, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: KEVIN LEE, MD

LOCAL DEPUTY REGISTRAR: ASHLEY GELEYNSE

DATE RECEIVED: FEBRUARY 26, 2020

DOB 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED