202008310105

08/31/2020 10:13 AM Pages: 1 of 5 Fees: \$107.50

| 202008310105 08/31/2020 10:13 AM Pages: 1 of Skagit County Auditor, WA | 5 F |
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| | |
| After recording, return to: Margery J. Marty | |
| chicago Title Co | |
| Mount Vernon, wa | |
| CHICAGO TITLE | |
| 620043463 | |
| Grantor (Name of Decedent): JUCIUS B. MARTY | |
| Grantee (Heirs): MARCERY J MARTY | |
| | — |
| Abbrevlated Legal Description: Lot(s): 1, Skagit County Short Plat No. 29-75 Tax Parcel No.(s): P66513 / 3938-001-033-0000 SE 26 - 3 3 - 6 | |
| INHERITANCE LACK OF PROBATE AFFIDAVIT (To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership) | |
| STATE OF | |
| COUNTY OF PICECE | |
| The undersigned. MHREERY J MI HRTY, executes this affidavit relating to the estate | of |
| JUITUS BMARTH (herein "Decedent"), who died on Dec 10 2001 | Ψ. |
| in the County of KTUC State of WIGH then being a resident of | —· |
| City of BURIEN . County of TING . State of WASHING TO | |
| (A copy of the death certificate is attached hereto.) | _ |
| The undersigned, being first duly sworn, on oath deposes and says: | |
| This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to property described below. | the |
| 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 investment period in that code is installed a solution of interest and in the code is installed. | |
| One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a righ | , OT |
| survivorship identified in that certain deed recorded on | - |
| [mm/dd/yyyy], under Recording No. | in |
| County, Washington. | |
| □ other (identify:) | |
| Affidavit (I ack of Prohate) | |

WA0000080.doc / Updated: 04.28.20

Printed: 08.19.20 @ 10:42 AM by EG WA-CT-FNRV-02150.629019-620043463

INHERITANCE LACK OF PROBATE AFFIDAVIT (To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership) (continued)

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: Marnery J. Marty Spouse |
| | Name and relationship: |
| | Name and relationship: |
| | Name and relationship: |
| <u>De</u> | scription 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: SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF |
| 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. |
| IN | WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below. |
| L Pri | Margay Jo Granly Signature ARCIOR 4 J. MARCY Int Name TO STATE |
| Sta | ite of Washington |
| Co | unty of PICCC |
| Sig | Notary Public State of Washington KIM NFLSON LICENSE # 159034 MY COMMISSION EXPIRES MAY 12, 2021 |

Affidavri (Lack of Probate) WA0000080.doc / Updated: 04.28.20

Printed: 08.19.20 @ 10:42 AM by EG WA-CT-FNRV-02150.620018-620043463

EXHIBIT "A"Legal Description

For APN/Parcel ID(s): P66513 / 3938-001-033-0000

Tract 1, SKAGIT COUNTY SHORT PLAT NO. 29-75, approved August 1, 1975, and recorded September 4, 1975, in Volume 1 of Short Plats, page 58, under Auditor's File No. 823009, records of Skagit County, Washington, being a portion of Lots 32 and 33, Block 1, Lake Cavanaugh Subdivision No. 2, recorded in Volume 5, page 49, records of Skagit County, Washington.

Affidavit (Lack of Probate) WADDDDDB0.doc / Updated: 04,28,20

Printed. 08.19.20 @ 10.42 AM by EG WA-CT-FNRV-02150.620019-620043463

CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

12129

Health
CERTIFICATE OF DEATH

146

STATE FILE NER

| LUCAL CONTRACTOR | FILE NUMBER | | | CENTIFI | VAIE | OF DEATH | • | | ` |) A | NUMBER |
|--|--------------------------------------|------------------------------------|------------|-----------------------------|----------------|---|-----------------------------|-----------------------|-----------------------------|------------------------|---|
| 1. NAME | First | | Middl | le · | Last | | 2. SEX (M / I | F) | 3. DEATH | | Day, Yrj |
| | Juliu | | | gust | Mar | | M | | 12-10 | | |
| 4. AGE LAST BIRTH- DAY [Yrs] 63 | 5. UNDER 1 YEAR MOS DAYS | 6. UNDER | MINS | 7. BIFTHDATE (Mo, Day, Y | (City, St | LACE Me or Foreign Country) 1aw, WA | 9. WAS IN U.S (Yes./ | NO YE | | King | • |
| 11. CITY, TOWN OR L | OCATION OF DEATH | | | 12. PLACE OF DEATH — (| BOX FOR PLA | CE THEN GIVE ADDRESS OR IERG, RMYOUT PTN 4. 1 HOSP. | INSTITUTION I | AME | ER PLACE | | 13. SMOKING IN LAST 15 YEARS? (Yes / I |
| Burien | | | | 16449 13th | | | | | | | No |
| 14. MARITAL STATUS Never married, Wi | — Married, | 15. SUPMIVING | SPOUSE | (If wife, give maiden name) | | 16. SOCIAL SECURITY N | 10. | 17. DE | CEDENT'S E | DUCATION | d completed) |
| Divorced (Specify) Married | | Marger | y We | eston | | | | | ary/Seconda | | College (1-4 or 5+) |
| 16. USUAL OCCUPATE during most of wor | ION (Give kind of wor | k done 1 | 9. KIND | OF BUSINESS OR INDUSTRY | - | 20. Was Decedent of Hispani Yes or No. If Yes, specify | ic origin or deed | | etry) (Specif | / 21. R | ACE (Specify) |
| Insurance | | E METIMELA | Inst | irance | | (Yes / No) Specify: | | n, Puerto 1 | recent, euc.) | Whi | te |
| 22. RESIDENCE N | JMBER AND STREE | T | 23. | CITY/TOWN, OR LOCATION | LIMITS? | 25A. COUNTY | 258. LEI RE | NGTTH OF S. NN CO. | 26. STATE | | 27. ZIP CODE |
| 16449 13t | h Ave. S | W | Bı | ırien | Yes (No) | King | 63 y | rs. | WA | İ | 98166 |
| 28. FATHER'S NAME | — FIRST, MIDDLE, L | AST | | | 29 | MOTHER'S NAME — FIRST, | MIDDLE, MAID | EN SURN | AME | | |
| August M. | Marty | | | | | da L. | | | | | |
| 30. INFORMANT — N | AME | | | 31. MAILING ADDI | RESS S | TREET OR AFD NO. | CITY OF | TOWN | | STA | TE ZIP |
| Margery N | Marty | Mo, Day, Yr) | 1 64 | 16449 13 | | . SW, Burien | | | TY/TOWN, S | TATE | |
| 32. BURIAL CREMAT REMOVAL, OTHER (S) | 8 1 10 1 | | 1 | | | | | _ | | IAIE | |
| Cremation 16. FUNERAL DIRECT | ^# | | | nney Watson | Cremat | ory | Seat 38. ADDRE | SS OF FA | CHITY OF | אר פנ | 1 146th St |
| XVIII. | Druge | | В | onney Watson | Parke | r Chapel | | | | | n, WA 981 |
| 7/1 | TO BE COMPLET | ED ONLY BY CO | | Q PITYSICIAN | | | LETED ONLY B | Y MEDIC | | | |
| 39. TOUTHE ASSE AND WAS LE P SIGNUTURE NO TITI | | BÓGE , DEATH (TED. | OCCURP | RED AT THE TIME, DATE AND | | 43. ON THE BASIS OF EXAM THE TIME, DATE AND PLU SIGNATURE AND TITLE | NATION AND/C NCE AND WAS | OR INVEST DUE TO T | TIGATION, IN THE CAUSE(S | MY OPINI 6) STATED. | ON DEATH OCCURRED |
| MU | | | | 11. HOUR OF DEATH (24 HW) | | X | | | | ., | |
| 40 BATE STORED (M | o, uay, rij | | | | ' A | 44. DATE SIGNED (Mo, Day, Y | m | | | 45. H | IOUR OF DEATH (24 Hrs) |
| 42. NAME AND TITLE | OF ATTENDING PH | rSICIAN IF OTH | | O800 hrs. | | 46. PRONOUNCED DEAD (MA | o, Dev. Ye | | | 47. 14 | IOUR PRONOUNCED DE |
| | | | | | | | | | | | 4 Hrs) |
| 48. NAME AND ADDR | ESS OF CERTIFIER | - PHYSICIAN, I | MEDICAL | EXAMINER OR CORONER (T | Type or Print) | | | - | | 49. N | IE/CORONER FILE NUME |
| Dr. Star | iley W. S | Sherry- | 1443 | 34 Ambaum B1 | vd. SW | #3, Burien, | WA 98 | 166 | | NJA | A# 4850-01 |
| 50. ENTER THE DIS | SEASES, INJURIE | S, OR COMPL | ICATION | IS WHICH CAUSED THE | DEATH: | | | | | | |
| IMMEDIATE CAUSE (First condition resulting in deal | | 10 | // > | | | | | | | SWITER DGATH | VAL BETWEEN ONSET A |
| DO NOT ENTER THE MO | . A. | ETO, ORASA | <u>A 7</u> |) | | | | | / | 16 | Y17 |
| DYING, SUCH AS CARDU RESPIRATORY ARREST, | ACOR SUODY DO | E IO, URASA | CONSEGR | DENCE OF: | | | | | | DEATH | VAL BETWEEN ONSET A |
| HEART FAILUPE, LIST OF CAUSE ON EACH LINE. Sequentially list conditions | ALY ONE DU | E TO, OR AS A | CONSEQ | UENCE OF: | | | | | | INTERN | VAL BETWEEN ONSET A |
| leading to immediate case UNDERLYING CAUSE (Di injury which initiated even | sease or DU | ETO, ORASA | CONSEQU | UENCE OF: | | <u> </u> | | + | | I INTERN DEATH | VAL BETWEEN ONSET A |
| in death) LAST. 51. OTHER SIGNIFICA | D. NT CONDITIONS — | CONDITIONS C | ONTRIBUT | TING TO DEATH BUTCHOOK | SULTINGIN TH | MINDERWING CAUSE GIVEN | ABOME T SO | АНТОРЯ | v2 1 5 | 1 WAS C | ASE REFERRED TO |
| Almelhi | milledi | 190 | Re, | Leal Bles | | w Keen | No | (Yes / No | 1 | MEDIC | AL EXAMINER OR VER? (Yes / No) |
| 54. ACC. SUICIDE, HO OR PENDING INM | MALUMDET I 56 | INJURY DATE | Mo, Day, | Yr) 58. MOUR OF | FY /57 10 | DRIBE HOW INJURY OCCUR | RED: | | | | |
| | | # . # * . | | | | | | | | | |
| 58. INJURY AT WORK (Yes / No) | | E OF MAURY — L., ETC. (Specify) | AT HOME | PARIN STREET, FACTOR CO. | FFICE / | AND HE STOR AND N | O., CITY/TOWN | 4, STATE | | | |
| 61. RECORD AMENDI | MENT (Registrar Jaco OCUMENTARY F | only) EVIEWED BY | 7/2 | ATE SIGNATURE | | | | | | 63. DA | JE RECEIVED (Mo, Day, |
| | EVIDENCE | | | X X | 1889 | | 1 | | K 🖫 | L. | |

202008310105 AFFIDAVIT FOR CORRECTION 08/31/2020 10:13 AM Page 5 of 5

| | CATES FEE NUMBER | OID THIS CERTI | | ATE | AFFIDAVIT NUMBER |
|--|--|--|--|--|---|
| NOWDER OF CERTIFIC | CATES LE NOMBER | [| INTO E | A12 | ALL TOWNER |
| | STATE OFFICE | USE ONLY | | | STATE OFFICE USE ONLY |
| | Birth 🚨 | Marriage 📮 | | 1. STATE FILE NUMBER | |
| The record of | Death 🗅 | Dissolution 🗓 | with | 3. DATE OF EVENT | 4. PLACE OF EVENT (City and County) |
| Z. INAIVIE | | | | 3. DATE OF EVENT | 4. PEAGE OF EVENT (City and County) |
| 5. FATHER'S FULL NA | ME (If Birth), HUSBAND (If I | Marriage/Dissolution) | | 6. MOTHER'S FULL MAI | DEN NAME (If Birth), WIFE (If Marriage/Dissolution) |
| THE RECORD IS | S INCORRECT OR IN | COMPLETE AS F | OLLOWS: | THE TRUE FACT IS: | |
| 7, | | · | | 8. | |
| 9. | | | | 10. | |
| 11. | | | | 12. | |
| 13. | | | | 14. | |
| DESCENT 711 | | | | IC) SPECIEY 115. | |
| HEPHESENT TH | E PERSON AS (E.G. S | SELF, PARENT, GU | JARDIAN, ET | (C.) SPECIFY 10. | |
| PHONE NUMBER | | | | | |
| DECLARE UNDER PE 16. SIGNATURE | NALTY OF PERJURY UND | | STATE OF WAS | | OING IS TAUE AND CORRECT. |
| IO. SIGNATURE | | | | | |
| | | | DAIL | 18. ADDRESS | |
| OCH 110-007 (Rev. 3/9 | 9) | | | 18. ADDRESS | |
| dl vital records are | registered as received. | . Changes must be m | nade by affida | vit. An item may be cha | nged by affidavit only once. Subsequent changes must be |
| dl vital records are nade by court order | registered as received. | . Changes must be m | nade by affida | vit. An item may be cha | nged by affidavit only once. Subsequent changes must be ive a replacement copy free of charge. |
| dl vital records are nade by court order sirth Certificates | registered as received. This certificate must b | . Changes must be m be returned within on | nade by affida ne year of the | vit. An item may be chadate it was issued to rece | ive a replacement copy free of charge. |
| all vital records are nade by court order firth Certificates . All change | registered as received. This certificate must be smust be established | Changes must be more returned within on | nade by affida ne year of the | vit. An item may be chadate it was issued to rece | ive a replacement copy free of charge. |
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Attn: Corrections
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P.O. Box 9709
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