202010290130
10/29/2020 03:29 PM Pages: 1 of 5 Fees: $107.50
Skagit County Auditor

Return Address:
Debra Sue Yansen
17394 Soundview Lane
Mt Vernon WA 98274

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20204520
OCT 29 2020
Amount Paid $0
Skagit Co. Treasurer
By MG Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Debra S Yansen (*Name of Affiant*), being first duly sworn 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 Spouse (*Relationship to decedent*) of David E.J. Yansen (*Decedent/Grantor*), who died on 6-27-20 (*Date*) at Egegik (*City*) Lake + Peninsula (*County*) Alaska (*State*)

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Ptn Lots 32+33, All Lots 34-37, Memorial Hwy Tracts, Skagit County

Assessor's Property Tax Parcel/Account Number: 3955-000-033-0109
(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)

Debra S Yansen, 67, spouse , 17394 Soundview Rd Mt Vernon WA 98274

Full name, age, relationship, address

Jakob Yansen, son, 26, 17394 Soundview Rd Mt. Vernon WA 98274

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

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 10-25-2020

Debra Sue Yansen
Affiant's full name

360-848-7773
Telephone number

17394 SOUNDVIEW RD
Street

MOUNT VERNON | WA | 98274
City | *State* | *Zip Code*

Signature | *Date*

State of WA County of SNOHOMISH

I know or have satisfactory evidence that Debra S Yansen
(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: 10/25/20

Signature of Notary Public

(SEAL OR STAMP)

DAWN M BARRY
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
5-29-23
90830

Residing at: Snohomish

Notary Public in and for the State of WA

My appointment expires: 5/29/23

REV 84 0017 (1/3/17)

EXHIBIT A

LEGAL DESCRIPTION:

The South 170.57 feet of Lots 32 and 33, and all of Lots 34, 35, 36 and 37, "MEMORIAL HIGHWAY TRACTS," as per plat recorded in Volume 5 of Plats, page 35, records of Skagit County, Washington.

TOGETHER WITH that portion of Lot 27 in said plat lying East of the following described line:

Begin at the Southeast corner of said Lot 27;
thence North 89°43'11" West along the South line thereof, a distance of 6.72 feet to the initial point of this line description;
thence North 01°12'50" West, a distance of 155.62 feet to a point on the North line of said Lot 27 which lies North 89°43'11" West, a distance of 10.23 feet from the Northeast corner of said Lot 27 being the terminal point of this line description,

EXCEPT that portion of Lots 34 and 35, described as follows:

That portion of Lots 34 and 35, "MEMORIAL HIGHWAY TRACTS," as per plat recorded in Volume 5 of Plats, page 35, records of Skagit County, Washington, described as follows:

Begin at the Northwest corner of said Lot 34;
thence South along the West line thereof 140 feet;
thence East parallel with the South line of said Lots 34 and 35, a distance of 120 feet, more or less, to the East line of Lot 35;
thence North along said East line to the Northeast corner of Lot 35;
thence Northwest along the Northeasterly lines of Lots 34 and 35 to the point of beginning.

Situate in the County of Skagit, State of Washington.

STATE OF ALASKA

CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES - BUREAU OF VITAL STATISTICS
P.O. Box 110675, Juneau, AK 99811-0675

DATE FILED: 08/07/2020 — **CERTIFICATE OF DEATH** — STATE FILE NO. 2020002458

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): DAVID EDWARD JOHN YANSEN		2. SEX: MALE	3. SOCIAL SECURITY NUMBER: [redacted]
4a. AGE-Last Birthday (Years): 75	4b. UNDER 1 YEAR: Months / Days	4c. UNDER 1 DAY: Hours / Minutes	5. DATE OF BIRTH (MM/DD/YY): [redacted]
6. BIRTHPLACE (City and State or Foreign Country): SEATTLE, WASHINGTON			
7a. RESIDENCE-STATE: WASHINGTON	7b. COUNTY: SKAGIT	7c. CITY OR TOWN: MOUNT VERNON	
7d. STREET AND NUMBER: 17394 SOUNDVIEW ROAD	7e. APT No.	7f. ZIP CODE: 98274	7g. INSIDE CITY LIMITS? [X] Yes [ ] No
8. EVER IN US ARMED FORCES? [X] Yes [ ] No [ ] Unknown	9. MARITAL STATUS AT TIME OF DEATH: MARRIED	10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage): DEBRA SUE POPE	
11. FATHER'S NAME (First, Middle, Last): DON YANSEN		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle Last): GWENDOLYN [redacted]	
13a. INFORMANT'S NAME: DEBRA SUE YANSEN	13b. RELATIONSHIP TO DECEDEN: SPOUSE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 17394 SOUNDVIEW ROAD MOUNT VERNON, WASHINGTON 98274	

14. DECEDENT'S EDUCATION: 4. COLLEGE, BUT NO DEGREE

15. DECEDENT OF HISPANIC ORIGIN?
- [X] No, not Spanish/Hispanic/Latino(a)
- [ ] Yes, Mexican, Mexican American, Chicano(a)
- [ ] Yes, Puerto Rican
- [ ] Yes, Cuban
- [ ] Yes, other Spanish/Hispanic/Latino(a)

16. DECEDENT'S RACE
- [X] White
- [ ] Black or African American
- [ ] American Indian or Alaskan Native
  (Name of the enrolled or principal tribe): _____
- [ ] Asian Indian
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Korean
- [ ] Vietnamese
- [ ] Other Asian (Specify): _____
- [ ] Native Hawaiian
- [ ] Guamanian or Chamorro(a)
- [ ] Samoan
- [ ] Other Pacific Islander (Specify): _____
- [ ] Other (Specify): _____

17. DECEDENT'S USUAL OCCUPATION: SHIPS MASTER

18. KIND OF BUSINESS OR INDUSTRY: FISHING/ MARITIME

19. PLACE OF DEATH: EMERGENCY ROOM/OUTPATIENT

20. FACILITY NAME (If not institution, give street & number): EGEGIK CLINIC	21. CITY OR TOWN, STATE AND ZIP CODE: EGEGIK, ALASKA 99579	22. COUNTY OF DEATH: LAKE AND PENINSULA

23. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)

24. PLACE OF DISPOSITION: CREMATION SOCIETY OF ALASKA

25. LOCATION - CITY, TOWN AND STATE: ANCHORAGE, AK	26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: CREMATION SOCIETY OF ALASKA 1306 E 74TH AVENUE ANCHORAGE, ALASKA 99518

27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (ELECTRONICALLY SIGNED): AMANDA K. HASARA	28. LICENSE NUMBER (Of Licensee): 385

29. DATE PRONOUNCED DEAD (MM/DD/YY): 06/27/2020	30. TIME PRONOUNCED DEAD: 18:55	
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)	32. LICENSE NUMBER	33. DATE SIGNED (MM/DD/YY)
34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YY): 06/27/2020	35. ACTUAL OR PRESUMED TIME OF DEATH: 18:55	36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? [X] Yes [ ] No

37. PART I. CAUSE OF DEATH

		Approximate Interval: Onset to death
a.	PROBABLE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE	UNKNOWN
	Due to (or as a consequence of):	
b.		
	Due to (or as a consequence of):	
c.		
	Due to (or as a consequence of):	
d.		

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause

38. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No

39. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLET THE CAUSE OF DEATH? [ ] Yes [ ] No

40. DID TOBACCO USE CONTRIBUTE TO DEATH? U	41. IF FEMALE (PREGNANCY STATUS) 8. NOT APPLICABLE.	42. MANNER OF DEATH: NATURAL CAUSES
43. DATE OF INJURY (MM/DD/YY)	44. TIME OF INJURY	45. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)

47. LOCATION OF INJURY: (Street & Number, Apt. No., City or Town, State, Zipcode)

46. INJURY AT WORK? [ ] Yes [ ] No

48. DESCRIBE HOW INJURY OCCURRED:

49. IF TRANSPORTATION INJURY, SPECIFY:
- [ ] Driver/Operator
- [ ] Passenger
- [ ] Pedestrian
- [ ] Unknown
- [ ] Other (Specify)

50a. CERTIFIER: MEDICAL EXAMINER/CORONER

50b. NAME OF CERTIFIER (ELECTRONICALLY SIGNED): KENNETH GALLAGHER

51. ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: 5455 DR. MARTIN LUTHER KING JR. AVENUE ANCHORAGE AK 99507

00168236

52. LICENSE NUMBER: 7959

53. DATE CERTIFIED (MM/DD/YY): 08/06/2020

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED: August 7, 2020

Clint J. Farr
State Registrar

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.

THE SEAL OF THE STATE OF ALASKA

SEAL OF THE STATE REGISTRAR OF VITAL STATISTICS OF ALASKA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE