

Return Address:

Gail G Ballow  
401 E Park Drive  
Anacortes WA 98221

**AFFIDAVIT (LACK OF PROBATE)**

GNW M 10390

The undersigned affiant/grantee Gail G. Ballow, 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 / spouse  
*Relationship to decedent*  
of Richard Allen Ballow, who died on 12-22-2015  
*Decedent/Grantor* *Date*  
at Seattle, King WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: TRB of the Plat of the Orchards  
PUD rec in Skagit Co. Auditor's office under  
AFN 200601190126

Assessor's Property Tax Parcel/Account Number: P124045  
(Attach full legal description of the property) 4882-000-999-0100

- 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)

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Full name, age, relationship, address

Diana GAIL BALLOW Keuss 5-6-68 daughter  
14623-36<sup>th</sup> Ave SE MillCreek WA 98012

Full name, age, relationship, address

Brett Richard BALLOW 6-1-69 SON  
690 Shoreland Dr SE Bellevue WA 98004

Full name, age, relationship, address

Gilbert John BALLOW 3-10-75 SON  
6509 LADERA BRISA SAN Clemente CA 92673

Full name, age, relationship, address

Adrian Elizabeth BALLOW KRAFT 11-15-79 daughter  
12532 Holmes Pt. Dr. NE Kirkland WA 98034

Full name, age, relationship, address

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Full name, age, relationship, address

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Full name, age, relationship, address

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Full name, age, relationship, address

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Dated: 10-22-2020

Gail G. Ballow  
Affiant's full name

Telephone number

Street

City State Zip Code

Gail G. Ballow 10-22-2020  
Signature Date

State of Washington County of Snohomish

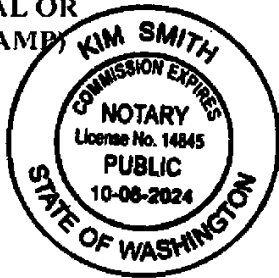
I know or have satisfactory evidence that Gail G. Ballow  
(name of person)

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 22 2020

Kim Smith  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: MOLLY VERONA

Notary Public in and for the State of WA

My appointment expires: 10-6-2024

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-037622

DATE ISSUED: 12/23/2015

FEE NUMBER: 0001706091

GIVEN NAMES: RICHARD ALLEN  
LAST NAME: BALLOW

COUNTY OF DEATH: KING  
DATE OF DEATH: DECEMBER 22, 2015  
HOUR OF DEATH: 04:34 A.M.  
SEX: MALE  
AGE: 74 YEARS

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: VIRGINIA MASON HOSPITAL  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 401 EAST PARK DRIVE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 19 YEARS

HISPANIC ORIGIN: NO; NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: FRESNO, FRESNO CNTY, CALIFORNIA

FATHER/PARENT: HORACE BALLOW  
MOTHER/PARENT: RUTH [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: GAIL GILBERT

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICES  
CITY, STATE: KENT, WA  
DISPOSITION DATE: DECEMBER 23, 2015

OCCUPATION: REACTOR  
INDUSTRY: REAL ESTATE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

FUNERAL FACILITY: THE CO-OP FUNERAL HOME OF PEOPLE'S MEMORIAL  
ADDRESS: 1801 7ETH AVENUE STE. A  
CITY, STATE, ZIP: SEATTLE, WA 98122  
FUNERAL DIRECTOR: CHRISTOPHER J. E. RONK

INFORMANT: BRETT BALLOW  
RELATIONSHIP: SON  
ADDRESS: 16674 SE 57TH PL, BELLEVUE, WASHINGTON 98006

- CAUSE OF DEATH:
- A. SEPTIC SHOCK  
INTERVAL: 2 DAYS
  - B. HYPERTENSION, BRADYCARDIA  
INTERVAL: MINUTES - HOURS
  - C. PNEUMONIA, ADULT RESPIRATORY DISTRESS SYNDROME, HEART FAILURE  
INTERVAL: HOURS - 1 DAY
  - D. [REDACTED]  
INTERVAL: [REDACTED]

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
MULTI ORGAN FAILURE

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

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

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

CERTIFIER NAME: JEFFREY BARTSCH PAC  
TITLE: PHYSICIAN'S ASSISTANT  
CERTIFIER  
ADDRESS: 1100 9TH AVENUE  
CITY, STATE, ZIP: SEATTLE, WA 98101  
DATE SIGNED: DECEMBER 22, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE  
NUMBER(S): NONE  
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:  
DIANE BOGAN  
DATE RECEIVED: DECEMBER 23, 2015

