

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT (LACK OF PROBATE)**

GNW 20-7921

The undersigned affiant/grantee Tori White, being first duly sworn  
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is Spouse  
Relationship to decedent

of Matthew A White who died on 10/22/2019  
Decedent/Grantor Date

at Mount Vernon Skagit WA  
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: 222 S. 30th Pl Mount Vernon  
WA 98274

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assessor's Property Tax Parcel/Account Numbers: (List All) P83657

lot 48 Eastgate Addition Plat No 6

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:  
(See attached copy) or

Decedent left a Community Property agreement recorded in \_\_\_\_\_ County as  
Auditor's File No. \_\_\_\_\_ in favor of the surviving spouse or  
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in \_\_\_\_\_ County,  
State of Washington as Superior Court Cause No. \_\_\_\_\_.

\_\_\_\_\_

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Tori White 56 Spouse  
Full name, age and relationship

222 S. 30th Pl. Mount Vernon WA 98274  
Address City State Zip

Michelle Johnson 53 Sister  
Full name, age and relationship

Sammamish wa  
Address City State Zip

Judy Fjellman 77 Mother  
Full name, age and relationship

Ferndale WA 98248  
Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 355,000.00 of which approximately \$ 355,000.00 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (✓) OR those shown on an attachment (s) hereto ( ).

The Affiant further declares that the decedent had (✓) OR had never ( ) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 12 November 2020

Tori White 360.317.6745  
Affiant's full name Telephone number  
222 S. 30th Pl Mount Vernon WA 98274  
Street City State Zip Code

State of WASHINGTON County of UNDA COM

I know or have satisfactory evidence that TORI WHITE  
(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.

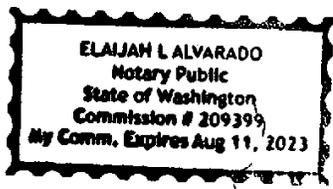
Dated: NOVEMBER 12, 2020 [Signature]  
Signature of Notary Public

(SEAL OR STAMP) Residing at SPAIN

Notary Public in and for the State of WASHINGTON

My appointment expires: AUGUST 11, 2023

(Based on REV 84 0017 (1/3/17))



**EXHIBIT A**

**LEGAL DESCRIPTION:** Real property in the County of Skagit, State of Washington, described as follows:

**Lot 48, EASTGATE ADDITION PLAT NO. 6, according to the plat thereof, recorded in Volume 14 of Plats, pages 82 and 83, records of Skagit County, Washington.**

UNOFFICIAL DOCUMENT

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

**CERTIFICATE OF DEATH**

CERTIFICATE NUMBER: 2019-046613

DATE ISSUED: 10/30/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MATTHEW ANTHONY  
LAST NAME(S): WHITE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 22, 2019  
HOUR OF DEATH: 11:17 AM  
SEX: MALE AGE: 55 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SAN JOSE, CA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: G TORI PLUMMER

OCCUPATION: FORKLIFT OPERATOR  
INDUSTRY: LUMBER INDUSTRY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: G TORI WHITE  
RELATIONSHIP: SPOUSE  
ADDRESS: 199 KLINE RD., BELLINGHAM WA 98226

CAUSE OF DEATH:  
A: CHRONIC LIVER FAILURE  
INTERVAL: YEARS  
B: ALCOHOLISM  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HEPATITIS C

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: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: MIRA VISTA CARE CENTER  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 222 SOUTH 30TH PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 MONTHS

FATHER: RONALD ANTHONY WHITE  
MOTHER: JUDITH L [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON  
DISPOSITION DATE: OCTOBER 27, 2019

FUNERAL FACILITY: WHATCOM CREMATION &amp; FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226  
FUNERAL DIRECTOR: TIM D. POWELL

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: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: OCTOBER 22, 2019

CASE REFERRED TO MEICORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: OCTOBER 24, 2019