11/25/2020 11:49 AM Pages: 1 of 4 Fees: \$106.50

Skagit County Auditor, WA

Return Address:

Land Title and Escrow 3010 Commercial Ave Anacortes, WA 98221

## LAND TITLE AND ESCROW 02-181644-0E AFFIDAVIT (LACK OF PROBATE)

The	undersigned affiant/grantee_	Haifa S. Aboujao		st duly sworn
depo	ses and states as follows: Tha	at they are a rightful ho	eir as listed on heirs at la	w, to the real
ргор	erty described below, and is	Spouse		
_			Relationship to decedent	
of _		m M. Aboujaoude	, who died on	March 31, 2019
	Deceilent/Grants			Date
at _	Las Crices	Dona Ar	<u>v N</u>	lew Mexico
	Chy	County		State
REA	AL PROPERTY SUBJECT	TO THE AFFIDAVI	T:	
Abb	reviated Legal Description:			
LO	ta, Fidalgo Ba	y told To	trauories t	99.)
(	ta, Fidalgo Ba Survey #9204	100040		
A ce	essor's Property Tax Parce	J/Account Number	3841-018-028-000	7: P60717
	ach full legal description of		0011 010 020 000	
<b>Q</b> D	ecedent left no Last Will and	Testament.		
X D	ecedent left a Last Will and I	estament which HAS	NOT been Probated or I	Revoked.
"Hei	irs at law" includes surviving	spouse, children, adop	oted children, issue of	
	eceased child or adopted child ant hereby identifies all heirs			
	ssary)	on an Va tile queblished	· / merriconni habba it	
	<b>▼</b> *			(Page 1 of 3_)

REV 84 0017 (1/3/17)

Haifa S.	Aboujaoude,	Spouse	<u>5708</u>	Via Estrella	Las Cruces	s. NM 88011
Full name	, age, relationship, address	3		_		
Full name	, age, relationship, address	_				
				_		
Full name	, age, relationship, address	î.			<u></u>	
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	3				

Dated: November 24, 2020		
Haifa S. Aboujaoude		
Affiant's full name 575-680-1564		
Telephone number 5708 Via Estrella,		
Las Cruces, NM 8801	Street	
City	State	Zip Code
Haleran a our of		November 24 2020
Signature		Date
		######################################
State of New Mexico		County of Dona Ana
		_
I know or have satisfactory evidence that	Haifa S.	Aboujacude (name of person)
is the person who appeared before me, an affidavit and acknowledged it to be (his/gmentioned in this affidavit.	d said persor e) free and	acknowledged that (he/she) signed this
Dated: 11 / 24 / 2020		12/h
(SEAL OR		Signature of Natury Public
STAMP)	Residing at	: 5839 Organ Peak Dr Las Cruces, NM 88012
Official Seal	Notary Pu	blic in and for the State of New Mexico
JENNIFER GORHAM Notary Public State of New Mexico My Commission Expires 52 184		tment expires: <u>03/18/2024</u>

202011250067

New Mexico Vital Records and Health Statistics State of New Mexico **United States of America** 

No. 4342625

DECEDENT'S LEGAL NAME	IF FEMALE,	MAIDEN NAME
10 At 1 William 1		
<< <salam aboujaoude="" mansour="">&gt;&gt;</salam>	<<<>>	>
IDATE OF DEATH	E OF DEATH SEX	SOCIAL SECURITY NUMBER
	AM X PM □	
	1:00 Male	The state of the s
MARITAL STATUS	IVIVING SPOUSE - If wife, malden name	
	< <haifa moujabber="">&gt;&gt; TH PLACE</haifa>	SERVED IN U.S. ARMED FORCES
ODATE OF BIRTH	·	
8	roummana Lahanan	Yes No 🛛
	roummana, Lebanon	HISPANIC
	ł	Yes No 🖂
9.White	<<<>>>	
DECEDENT'S RESIDENCE COUNTY	DECEDENT'S RESIDENCE STATE	
a Total	30 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
Dona Ana MOTHER'S FULL MAIDEN NAME	New Mexico	Same and the second of the sec
MOTHER'S FULL MAIDEN NAME	FATHER'S FULL NAME	
		ta a coda S S S
• << <zahia< td=""><td>&lt;<mansour abou<="" td=""><td>jaoude&gt;&gt;&gt;</td></mansour></td></zahia<>	< <mansour abou<="" td=""><td>jaoude&gt;&gt;&gt;</td></mansour>	jaoude>>>
METHOD OF DISPOSITION  Donation  Ref	noval from State	
<u>_</u>		amily Crematory
FUNERAL SERVICE FACILITY	COUNTY OF DEA	
ate and a second and a second at a second		
Getz Funeral Home	Dona Ana	
PLACE OF DEATH	TYPE OF PLACE INAME OF F	ERSON CERTIFYING CAUSE OF DEATH
	\<< <td>/ Guido A. Leon MD&gt;&gt;&gt;</td>	/ Guido A. Leon MD>>>
Memorial Medical Center - Las Cruces	Hospital-Inpatient	
OMANNER OF Matural Ac	cident	□ Undetermined □ Pending
OMANNER OF Natural Ac	CIDEIL HOIMOID	hvestigation
CAUSE OF DEATH		
PART I. Events such as diseases, injuries, or complications	that directly caused the death.	
70		
ر Ventricular Fibrillation		
A sub-laterial Managedial Inform	7	
	ction	. )
Note the property of the prope		
Native Coronary Arreity Diseas	e	
H		3000
O. Maria Maria		
PART II. Other significant conditions contributing to death.		
<<<>>>	and the second s	The state of the s
0040.004580	Marie San Anna Marie	
File Number: 2019-004560	Renee Valencia, State Regist	rar star
File Date: April 05, 2019	out!!	
Order Number: 20190401022	CERTIFIED COPY OF VITAL REC	ORD

WARNING: IT IS ILLEGAL TO ALTER, COPY OR COUNTERFEIT THIS CERTIFICATE. ADVERTENCIA: ES ILEGAL ATERAR, COPIAR O FALSIIFICAR ESTE CERTIFICADO.

REV (8.18)

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