

After recording, return to:
Deanna L. Rode
8201 283rd Street Northwest
Stanwood, WA 98292

CHICAGO TITLE CO.
6200 45414

Grantor (Name of Decedent): Richard Frederick Rode
Grantee (Heirs): Deanna L. Rode
Abbreviated Legal Description: LOT 3, SEDRO WOOLLEY SHORT PLAT NO. 3406, BNG POR OF NE
1/4 OF NE 1/4 OF SEC 23, TWN 35N, RNG 4E, W.M.
Tax Parcel No.(s): P125908 / 350423-1-063-0300

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF Skagit

The undersigned, Deanna L. Rode, executes this affidavit relating to the estate of
Richard Frederick Rode (herein "Decedent"), who died on December 4, 2013,
in the County of Skagit, State of Washington, then being a resident of the
City of Mt. Vernon, County of Skagit, State of Washington.
(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

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 joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____
[mm/dd/yyyy], under Recording No. _____, in
_____ County, Washington.

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

☐ other (identify): _____

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: Deanna L. Rode spouse

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Description 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:

LOT 3, SEDRO WOOLLEY SHORT PLAT NO. 3406, RECORDED FEBRUARY 15, 2007,
 UNDER AUDITOR'S FILE NO. 200702150075, RECORDS OF SKAGIT COUNTY,
 WASHINGTON; AND BEING A PORTION OF THE NORTHEAST QUARTER OF THE
 NORTHEAST QUARTER OF SECTION 23, TOWNSHIP 35 NORTH, RANGE 4 EAST, OF THE
 WILLAMETTE MERIDIAN.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

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.

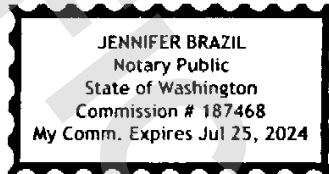
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Deanna L. Rode
 Signature

Deanna L. Rode
 Print Name

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

State of Washington

County of SkagitSigned and sworn to (or affirmed) before me on 12-17-2020 by _____
Deanna L. Bode (name of person making statement).

Jennifer Brazil
Name: Jennifer Brazil
Notary Public in and for the State of Washington,
Residing at: Skagit County
My appointment expires: 7-25-2024

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-023272

DATE ISSUED: 12/10/2013

FEE NUMBER: 0000000029

GIVEN NAMES: **RICHARD FREDERICK**
 LAST NAME: **RODE**

COUNTY OF DEATH: **SKAGIT**
 DATE OF DEATH: **DECEMBER 04, 2013**
 HOUR OF DEATH: **12:41 P.M.**

SEX: **MALE**AGE: **51 Years**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT HISPANIC**
 RACE: **WHITE**

BIRTHDATE: [REDACTED]
 BIRTHPLACE: **MONROE, SNOHOMISH CNTY, WASHINGTON**

MARITAL STATUS: **MARRIED**
 SPOUSE: **DEANNA LORRAINE ROUSU**

OCCUPATION: **GENERAL CONTRACTOR**
 INDUSTRY: **RESIDENTIAL CONSTRUCTION**
 EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**
 US ARMED FORCES? **NO**

INFORMANT: **DEANNA RODE**
 RELATIONSHIP: **WIFE**
 ADDRESS: **18304 SOUTH WESTVIEW ROAD, MOUNT VERNON, WA 98274**

PLACE OF DEATH: **EMERGENCY ROOM**
 FACILITY OR ADDRESS: **SKAGIT VALLEY HOSPITAL**
 CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

RESIDENCE STREET: **18304 SOUTH WESTVIEW ROAD**
 CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**
 INSIDE CITY LIMITS? **NO**
 COUNTY: **SKAGIT**
 TRIBAL RESERVATION: **NOT APPLICABLE**
 LENGTH OF TIME AT RESIDENCE: **7 YEARS**

FATHER: **ADOLPH RODE**
 MOTHER: **RUTH ELIZABETH**

METHOD OF DISPOSITION: **CREMATION**
 PLACE OF DISPOSITION: **MOUNT VERNON CREMATORY**
 CITY, STATE: **MOUNT VERNON, WA**
 DISPOSITION DATE: **DECEMBER 11, 2013**

FUNERAL FACILITY: **LEMLEY CHAPEL**
 ADDRESS: **1008 THIRD ST**
 CITY, STATE, ZIP: **SEDOO WOOLLEY WA 98284**
 FUNERAL DIRECTOR: **RICK B. LEMLEY**

CAUSE OF DEATH:

A. **COMPLETE CARDIOVASCULAR COLLAPSE**INTERVAL: **UNKNOWN**B. **CARDIOPULMONARY RESUSCITATION IN PROGRESS ON ARRIVAL IN EMERGENCY ROOM. NO PULSES AND ASYSTOLE**INTERVAL: **UNKNOWN**

C.

INTERVAL:

D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MEDICAL RECORDS INDICATE CORONARY DISEASE WITH PRIOR STENTS PLACED.

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK?

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: **NATURAL**AUTOPSY: **NO**AVAILABLE TO COMPLETE THE CAUSE OF DEATH? **NOT APPLICABLE**DID TOBACCO USE CONTRIBUTE TO DEATH? **UNKNOWN**PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**CERTIFIER NAME: **SHAWNA LAURSEN MD**TITLE: **PHYSICIAN**

CERTIFIER

ADDRESS: **1415 E. KINCAID**CITY, STATE, ZIP: **MOUNT VERNON WA 98273**DATE SIGNED: **DECEMBER 10, 2013**

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
 NOT APPLICABLE

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

0



CASE REFERRED TO ME/CORONER: **NO**
 FILE NUMBER: **CASE # 191-13**
 ATTENDING PHYSICIAN:
SHAWNA LAURSEN MD

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
 DATE RECEIVED: **DECEMBER 10, 2013**

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1997年12月28日
1998年1月1日

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group and the experimental group. The control group was divided into two subgroups: the control group and the control group. The experimental group was divided into two subgroups: the experimental group and the experimental group.

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group and the experimental group. The control group was divided into two subgroups: the control group and the control group. The experimental group was divided into two subgroups: the experimental group and the experimental group.

Solution of Example 1

100 **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** **11** **12** **13** **14** **15** **16** **17** **18** **19** **20** **21** **22** **23** **24** **25** **26** **27** **28** **29** **30** **31** **32** **33** **34** **35** **36** **37** **38** **39** **40** **41** **42** **43** **44** **45** **46** **47** **48** **49** **50** **51** **52** **53** **54** **55** **56** **57** **58** **59** **60** **61** **62** **63** **64** **65** **66** **67** **68** **69** **70** **71** **72** **73** **74** **75** **76** **77** **78** **79** **80** **81** **82** **83** **84** **85** **86** **87** **88** **89** **90** **91** **92** **93** **94** **95** **96** **97** **98** **99** **100**

The vote tall is:

[illegible]

and by the Attorney, from submitted to the official.

of approximately 2000 to 3000 ft. and an area of 1000 sq. ft.

Synonymy: $\frac{1}{n} \sum_{i=1}^n \max_{j \neq i} \text{sim}(v_i, v_j)$

DEC 10 2013

ZZ00025857