202101080134

01/08/2021 10:58 AM Pages: 1 of 6 Fees: \$108.50 Skagit County Auditor, WA

| Return Address: |
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| AFFIDAVIT (LACK OF PROBATE) |
| GNW 20-8987 |
| The undersigned affiant/grantee <u>Don't hy Roe Lov</u> , being first duly sworn |
| 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 Spanse Relationship to decedent |
| of 80964 L. LOVE who died on 4/1/2019 |
| at Arington Saghamish WA. |
| REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties) Abbreviated Legal Descriptions: |
| lots 36 & 37 block K Cape Horn on the Skagit Div 2 |
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| Assessor's Property Tax Parcel/Account Numbers: (List All) |
| |
| P63364 P63365 |
| (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):

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estate was approximately \$ Under 1 mil. of which approximately \$ was the separate property of the decedent. The Affianat 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. December 30,2021 State of Washington County of Snohami I know or have satisfactory evidence that s 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. (SEAL OR STAMP) Notary Public in and for the State of 4)A My appointment expire FIONA S. VASSAR STATE OF WASHINGTON (Based on REV 84 0017 (1/3/17)

NOTARY ----- PUBLIC My Commission Expires 03-19-2022

The Affiant declares that on the date of death the total value of the decedent's entire

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-016178

LOCAL FILE NUMBER: 1536

DATE ISSUED: 04/07/2017 FEE NUMBER: 310417

FIRST AND MIDDLE NAME(S): ROGER LAWRENCE

LAST NAME(S): LOVE

COUNTY OF DEATH: SNOHOMISH DATE OF DEATH: APRIL 01, 2017 HOUR OF DEATH: 10:30 AM

SEX: MALE SOCIAL SECURITY NUMBE GE: 80 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: COUPEVILLE, WASHINGTON

MARITAL STATUS: MARRIED SPOUSE: DOROTHY MULLEN

OCCUPATION: FOREMAN INDUSTRY: COUNTY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: DOROTHY LOVE RELATIONSHIP: WIFE

ADDRESS: 1007 EAST 4TH STREET ARLINGTON WA 98223

CAUSE OF DEATH:

A: RESPIRATORY ARREST SECONDARY TO SYSTEM INFLAMMATORY RESPONSE SYNDROME

INTERVAL: 1 DAY **B: HYPOTENSION** INTERVAL: 3 DAYS

C: MYOCARDIAL INFARCTION INTERVAL: 12 HOURS

D: LOWER RESPIRATORY INFECTION

INTERVAL: 3 DAYS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: CASCADE VALLEY HOSPITAL CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223

RESIDENCE STREET: 1007 EAST 4TH ST.

CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223 INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH

IRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER/PARENT: RAYMOND LOVE

MOTHER/PARENT: LORNA

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: APRIL 07, 2017

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY

ADDRESS: 1321 STATE AVE

CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270

FUNERAL DIRECTOR: GINA L. LANDERHOLM

MANNER OF BEATH, 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: TONY GEORGE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 330 S. STILLAGUAMISH AVE.

CITY, STATE, ZIP: ARLINGTON, WA 98223

DATE SIGNED: APRIL 07, 2017

CASE REFERRED TO ME/CORONER: YES FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JULIE MARTIN

DATE RECEIVED: APRIL 07, 2017

202101080134

| Affidavit for Correction This is a legal document. Complete in ink and do not alter. Staff Eile Number Fee Numb | | | | | | |
|--|--|---|---|-------------------------|---------------------------|---------------------------------------|
| State file Number Fee Number Indias Dote Alfdowt Number | | | | | | P.O. Box 47814 |
| Required information must match current information (Divorce) Required information must match current information (Divorce) | 19 Health | This is a legal do | - | | do not alter. | |
| Report Type: Birth Death Marriage Dissolution (Divorce) | State File Number | Fee Number | STATE OFF | | Date | Affidavit Number |
| Name on Record Sirth Death Marriage Dissolution (Divarce) | Juste File Hulliper | | | | | <u> </u> |
| Summe on Record: Date of Event: Da | | | | | | |
| FatheriParent Full Legal Name (Spouse A for Marriage or Dissolution) S. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) | Record Type: | ∐ Birth | ath UN | larriage | | |
| Return Mailing Address: Sephone Number: | | | | | 1. | 2 30 |
| Relationship to Second Guardian Guar | 4. Father/Parent Full Legal | Name (Spouse A for Marria | age or Dissolution) | 5. Mother/Parent Fu | ull Birth Name (Spous | e B for Marriage or Dissolution) |
| Person on Record: Princetal Director Other (specify) Princetal Director Other (specify) Princetal Director Other (spe | 6. Name of Person Reques | sting Correction: | Relationship | to Self | Guardian | ☐ Informant ☐ Hospita |
| Light the section below for requesting any changes on the record. The record is incorrect or incomplete as follows: The true fact is: 9. 11. 13. 15. 15. 15. 16. 16. 17. 17. 18. | | | Person on Re | ecord: Parent(s) | Funeral Director | Other (specify) |
| Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows: The true fact is: 9. | Return Mailing Address: | | | <i>:</i> . | | · 4 |
| The true fact is: The true fact is: The true fact is: | | | | Email Address: | | |
| The true fact is: The true fact is: The true fact is: | lica the caction | holow for requesting as | y changes on th | e record. The re- | cord is incorrect o | r incomplete as follows: |
| I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct [65. Signature of 2°] parent (if required): Interference of the state of Washington that the forgoing is true and correct [65. Signature of 2°] parent (if required): Interference of the state of Washington that the forgoing is true and correct [65. Signature of 2°] parent (if required): Interference of the state of | | | ly changes on th | le record. The re- | | |
| I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct leb. Signature of 2 rd parent (if required): Interference Date: Printed name: Date: Printed name: Diste: Diste: Printed name: Diste: Diste: | | ocora now silons. | | 9. | 1110 0100 | |
| I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct life. Signature of 2° parent (if required): Instructions - go to www.doh.wa.gov for more information Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof equired documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include: BirthMarriage/Divorce record Military record (ID-214) School transcripts Social Security Numident Report Certificate of Naturalization Hospital/medical record Passport Green/Permanent Resident card (I-551) The proof(g) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must be five or more years old or established within five years of birth. Affident of the sex of the child, one documentary proof is required. Only the informant, the sex of the child, one documentary proof is required. Only the informant is required to change the last name To correct parent's information, one documentary proof is required. Only the informant is required to change the last name Only the informant is required to change the first or middle name Only the informant is required to change the instruction of the name of a child, signatures from both parents listed on the certificate (sue paternity is documentary proof are required. Only the informant is missing, three pleces of documentary proof are required. Only the informant is missing, three pleces of documentary proof are required. Only the informant is missing is requested to change the instruction of the name of a child, signatures from both parents listed on the certificate are required. One parent is deceased, submit a death certificate with request This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032) |), | | | 11. | | |
| I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct 3a. Signature: Disc | 2. | | | 13. | | |
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| inted name: Date: Printed name: Date: Printed name: Date: Printed name: Date: Printed name: Date: Printed name: Date: Printed name: Date: Printed name: Date: Printed name: Date: Printed name: Date: Printed name: Date: Printed name: Date: Printed name: Date: | I declare under | penalty of perjury unde | er the laws of the | State of Washin | gton that the forgo | oing is true and correct |
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| Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof lequided documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include: Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • Certificates Only a parent(s), legal quardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate. The proofisy must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe. Documentary proof must be five or more years old or established within five years of birth. Adult (18 years or older) If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardianship If legal guardian(s), include certified court order proving guardia | rinted name: | | Date: | Printed name: | | Date: |
| Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof equired documentary proof must be submitted with the affidavil and include full name and birth date. Examples of documentary proof include: Birth/Marriage/Divorce record | | INSTRUC | TIONS - go to www | / dob wa gov for mor | re information | |
| Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report Certificates (Naturalization • Hospital/medical record • Passport • Passpor | Driv | er's license, Social Securi | ty.card or hospital | decorative birth ce | ertificate cannot be u | sed as proof |
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Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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Exhibit "A" Property Description

Lots 36 and 37, Block K, "CAPE HORN ON THE SKAGIT DIVISION NO. 2", as per plat recorded in Volume 9 of Plats, pages 14 through 19, inclusive, records of Skagit County, Washington.