

Return Address:

AFFIDAVIT (LACK OF PROBATE)

GNW 20-7812

The undersigned affiant/grantee David J Howson, 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 Husband

of Sharon F Howson who died on 1/5/2013
Relationship to decedent Decedent/Grantor Date

at MV Skagit WA
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: _____

2801 Club Ct #311
Mt. Vernon WA 98273

Assessor's Property Tax Parcel/Account Numbers: (List All) P81992

Unit 311 Northridge Estates Condominium

(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):

Jodi D Howson 54 daughter

Full name, age and relationship

2907 Habitat Pl MV WA 98273

Address

City

State

Zip

Jeff S Howson 51 son

Full name, age and relationship

21010 N Frontage W Quincey WA 98848

Address

City

State

Zip

Jake M Howson 48 son

Full name, age and relationship

4925 Windingbranch Rd Moseley Virginia 23120

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

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(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 \$ 140,000 of which approximately \$ 0 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 (X) 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: 1/25/2021

David J Howson by Jodi Howson as his Attorney IN Fact
Affiant's full name Telephone number
2907 Habitat Pl MV WA 98273
Street City State Zip Code

State of WA County of Skagit

I know or have satisfactory evidence that Jodi Howson
(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: January 25, 2021 Doug Clark
Signature of Notary Public

(SEAL OR STAMP) Residing at Sedro Woolley WA

Notary Public
State of Washington
Doug Clark
Commission No. 196611
Commission Expires 12-15-2021

Notary Public in and for the State of WA
My appointment expires: 12 15, 2021
(Based on REV 84 0017 (1/3/17))

EXHIBIT A
LEGAL DESCRIPTION

Property Address: 2801 Club Court, #311, Mount Vernon, WA 98273
Tax Parcel Number(s): P81992

Property Description:

Unit 311, Northridge Estates Condominiums, according to Restated Declaration thereof recorded under Auditor's File No. 200408050101, and any amendments thereto, and Survey Map and Plans thereof recorded in Volume 13, page 97 through 105, records of Skagit County, Washington; being a portion of Section 9, Township 34 North, Range 4 East of the Willamette Meridian.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2013-000224

DATE ISSUED: 12/23/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SHARON F
LAST NAME(S): HOWSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 05, 2013
HOUR OF DEATH: 12:18 PM
SEX: FEMALE AGE: 65 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BERKLEY, CA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DAVID HOWSON

OCCUPATION: STOCKMAN
INDUSTRY: ELECTRICAL UNION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: DAVID HOWSON
RELATIONSHIP: HUSBAND
ADDRESS: 2801 CLUB CT. APT. 311 MOUNT VERNON, WA 98273

CAUSE OF DEATH:

- A: SEPTIC SHOCK AND HYPOTENSION
INTERVAL: HOURS
B: PNEUMONIA
INTERVAL: DAYS
C: ACUTE MYOCARDIAL INFARCTION
INTERVAL: HOURS
D: EMPHYSEMA EXACERBATION
INTERVAL: DAYS

OTHER CONDITIONS CONTRIBUTING TO DEATH: MORBID OBESITY, SLEEP APNEA, SEVERE EMPHYSEMA, CORONARY ARTERY DISEASE, ACUTE RENAL FAILURE

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: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 2801 CLUB CT APT 311
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: LUCANS PARSONS
MOTHER: THELMA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 08, 2013

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: 1825 E. COLLEGE WAY
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: RANDAL RANDHAWA, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: JANUARY 08, 2013

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA# 12
ATTENDING PHYSICIAN: RANDALL RANDHAWA, MD

LOCAL DEPUTY REGISTRAR: MEL PEDROSA
DATE RECEIVED: JANUARY 08, 2013