

Return Address:

Catherine Slater3114 L AvenueAnacortes WA 98221

Real Estate Excise Tax

Exempt

Skagit County Treasurer

By Chelsea StalcupAffidavit No. 2021-476Date 02/03/2021**AFFIDAVIT (LACK OF PROBATE)**

GNW 20-6179

The undersigned affiant/grantee Catherine A Slater, being first duly sworn
Name of Affiant

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

property described below, and is spouse*Relationship to decedent*of John Shelby Slater*Decedent/Grantor*, who died on 9/14/2019*Date*at Bellingham*City*Whatcom*County*WA*State***REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**Abbreviated Legal Description: lots 11-14 block 3 J H Havekost AdditionAssessor's Property Tax Parcel/Account Number: P119257

(Attach full legal description of the property)

☐ Decedent left no Last Will and Testament.☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked."Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)(Page 1 of)

CATHERINE A. SLATER 75 WIFE
3114 L. AVE ANACORTES WA 98221
Full name, age, relationship, address

JOHN SLATER 58, (CHILD)
Full name, age, relationship, address

3114 L AVENUE ANACORTES, WA 98221

Full name, age, relationship, address

JEFF SLATER 52, (CHILD)
232 BRATTON STREET MT. VERNON WA 98274
Full name, age, relationship, address

Full name, age, relationship, address

CAROL ANNE LEE 48 (CHILD)
23206 84TH AVE W EDMONDS WA 98026
Full name, age, relationship, address

Full name, age, relationship, address

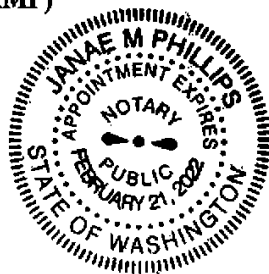
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: FEB 2 2021CATHERINE ARLEEN SLATER
Affiant's full name360 293 7249
Telephone number3114 L. AVEANACORTES WA 98221
City State Zip CodeCatherine Arleen Slater 2-2-21
Signature DateState of Washington County of SkagitI know or have satisfactory evidence that Catherine Slater
(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: 2/2/21[Signature]
Signature of Notary Public(SEAL OR
STAMP)Residing at: ML VernotNotary Public in and for the State of WashingtonMy appointment expires: 2/21/22

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-040694

DATE ISSUED: 10/22/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN SHELBY
LAST NAME(S): SLATERCOUNTY OF DEATH: WHATCOM
DATE OF DEATH: SEPTEMBER 14, 2019
HOUR OF DEATH: 01:40 PM
SEX: MALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTH PLACE: SAN ANTONIO, TXMARITAL STATUS: MARRIED
SURVIVING SPOUSE: CATHERINE ARLEEN TURNEROCCUPATION: OPERATOR
INDUSTRY: OIL REFINERY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YESINFORMANT: CATHY SLATER
RELATIONSHIP: WIFE
ADDRESS: 3114 - L AVENUE, ANACORTES, WA 98221CAUSE OF DEATH:
A: SMALL BOWEL OBSTRUCTION RELATED TO ABDOMINAL ADHESIONS FROM PRIOR SURGERIES
INTERVAL: DAYS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: SEVERE CORONARY ARTERY
DISEASE AND RECURRENT MYOCARDIAL INFARCTIONS WITH STENT
PLACEMENTS THAT PRECLUDED FURTHER EVALUATION TREATMENT OF
BOWEL OBSTRUCTIONDATE 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: WHATCOM HOSPICE HOUSE
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225RESIDENCE STREET: 3114 - L AVENUE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARSFATHER/PARENT: TRAVIS GILBERT SLATER
MOTHER/PARENT: BERTHA EDN [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: SEPTEMBER 17, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMSMANNER 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 RESPONSECERTIFIER NAME: THERESE A. LANDRY, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 2800 & 2806 DOUGLAS
CITY, STATE, ZIP: BELLINGHAM, WA 98225
DATE SIGNED: SEPTEMBER 16, 2019CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: THERESE LANDRYLOCAL DEPUTY REGISTRAR: LEAH DEVRIES
DATE RECEIVED: SEPTEMBER 17, 2019

Exhibit "A"
Property Description

Lots 11, 12, 13 and 14, Block 3, J. H. Havekost Addition to the City of Anacortes, Skagit County, Washington, as recorded in Volume 1 of Plats, page 23, records of Skagit County, Washington.