202102030038

02/03/2021 08:58 AM Pages: 1 of 5 Fees: \$107.50 Skagit County Auditor, WA

Catherine Slater			
3114 L Avenue			
Anacortes WA 98221	Skagit By_Ch	Estate Excise Tax Exempt County Treasurer telsea Stalcup vit No. 2021-476	
	Date <u>1</u>	02/03/2021	
AFFIDAVIT (LACK OF PROBATE)			
		GNW 20-6179	
The undersigned affiant/grantee C	atherine A Slater	, being first duly sworn	
denoces and states as follows: That	Nume of Affiant	isted on being at law, to the unal	
deposes and states as follows: That	they are a rightful heir as i	isted on heirs at law, to the real	
property described below, and is			
of John Shelby Slater	Rela	tionship to decedent	
of John Shelby Stater Decedent/Gramor			
	M/h ata a a		
at <u>Bellingham</u>	Whatcom County	WA State	
REAL PROPERTY SUBJECT T	O THE AFFIDAVIT:		
Abbreviated Legal Description: lots 11-14 block 3 J H Havekost Addition			
Assessor's Property Tax Parcel/ (Attach full legal description of t		9257	
Decedent left no Last Will and T	estament.		
Decedent left a Last Will and Te	stament 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)	
REV 84 0017 (1/3/17)			

CATHERINE A. SLATER 75 WIFE 3114 L. AVE ANACORTES WA 98221
Full name, age, relationship, address
JOHN SLATER 58, CHUI)
Full name, age, relationship, address 3114 L AVALUE ANALORIES, WA 98221
SILY LAVANCE ANAZORIES, WA 98221
Full name, age, relationship, address
JEFF SLATER 52, CHU
232 BRATTINY STREET MT. VACNOR WA 98274
Full name, age, relationship, address
CAROL ANNE LEE 48 CHILD
23206 SYTE AVE W EDM SWISS WA 98026
Full name, age, relationship, address
Full name, age, relationship, address
Full name, age, relationship, address
Full name, age, relationship, address

Affian's full name 360 293 7249 Telephone number 3114 L. AUE ANACORTES WA Street City State Zip Code Callerine Artes State County of Skayit I know or have satisfactory evidence that I know or have satisfactory evidence that County of Skayit I know or have satisfactory evidence that County of Skayit I know or have satisfactory evidence that County of Skayit I know or have satisfactory evidence that County of Skayit County of Skayit State of Meshapion Residing at: Maline of Notary Public Standing at: Maline Notary Public in and for the State of Washington Notary Public in and for the State of Washington	Dated: FEB 2 202	
Telephone number 3114 L. AUE ANACORTES WA Street City State State State Signature State of Washington County of Skayit I know or have satisfactory evidence that I know or have satisfactory evidence that (nome 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 / 2 (SEAL OR STAMP) Residing at: MALIENDON		EED SLATER
Telephone number 311 Y L. AUE ANACORTES WA Street City State Zip Code Catherine Alexan Slattory Signature Date State of Washing from County of Skapif I know or have satisfactory evidence that Catherine Slattory (name of person) is the person who appeared before me, and said person acknowledged that (heshe) signed this affidavit and acknowledged it to be (hisher) free and voluntary act for the uses and purposes, mentioned in this affidavit. Dated: 2 / 2 / 2 / 2 (SEAL OR STAMP) Residing at: WALLENDOTA		
State of Washington County of Skagit I know or have satisfactory evidence that Catherine Signature (nome 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 / 2 Signature of Notary Public (SEAL OR STAMP) Residing at: Mallownorm		<u> </u>
State of Signature Country of Skalfit Signature Date State of Signature Country of Skalfit Signature Date State of Signature Country of Skalfit Signature Date I know or have satisfactory evidence that Catherine Scaler (nonne of person) is the person who appeared before me, and said person acknowledged that (he shie) 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 / 2 Significant of Notary Public (SEAL OR STAMP) Residing at: Malling Management of Notary Public (SEAL OR STAMP) Residing at: Malling Management of Notary Public (SEAL OR STAMP)		
State of	3114 L. AUE	
State of	ANACORTES a	1A 98221
State of		State Zip Code
State of	Catherine Avleza	2-2-21
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STAMP) Residing at: W/L / LYNOTAL	Dated: <u>2 /2 /21</u>	Significance Official Published
Residing at: WIL (IN NOT)	(SEAL OR	Signature by rodally r world
	STAMP)	- in top Harrison
Notary Public in and for the State of Washington	WHITE M PANTING	
	A CHILLIAN CO.	Notary Public in and for the State of Washington
My appointment expires: 2/21/22		
Tory appointment expires: 27 de 1/22	S. Boulcas S	wy appointment expires.
TO TO ANY IN THE PARTY OF THE P	TUARY 2 TO	
WASHINGTON WASHINGTON	WASHINITH WASHINGTON	

REV 84 0017 (1/3/17)

CERTIFICATE OF DEATH



DATE ISSUED: 10/22/2019 FEE NUMBER:

CERTIFICATE NUMBER: 2019-040694

FIRST AND MIDDLE NAME(S): JOHN SHELBY LAST NAME(S): SLATER

COUNTY OF DEATH: WHATCOM DATE OF DEATH: SEPTEMBER 14, 2019 HOUR OF DEATH: 01:40 PM

SEX: MALE SOCIAL SECURITY NUMBER AGE: 78 YEARS

HISPANIC ORIGIN: NO, NOT SPANJSHIHISPANICILATINO

RACE; WHITE

BIRTH DATE

BIRTHPLACE: SAN ANTONIO, TX

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CATHERINE ARLEEN TURNER

OCCUPATION: OPERATOR INDUSTRY: OIL REFINERY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: CATHY SLATER RELATIONSHIP: WIFE

ADDRESS: 3114 - L AVENUE, ANACORTES, WA 98221

CAUSE OF DEATH:

A: SMALL BOWEL OBSTRUCTION RELATED TO ABDOMINAL ADHESIONS FROM PRIOR SURGERIES

INTERVAL: DAYS

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 OBSTRUCTION

CATE OF INJUSY: 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: MURSING HOME/LONG TERM CARE FACILITY FACILITY OR ADDRESS: WHATCOM HOSPICE HOUSE CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE 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 YEARS

FATHER/PARENT: TRAVIS GILBERT SLATER MOTHER/PARENT: BERTHA EDN

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: SEPTEMBER 17, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32NO STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: NATURAL AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DELTH: HO PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: THERESE A. LANDRY, ARNP TITLE: ARNP CERTIFIER ADDRESS: 2800 & 2806 DOUGLAS CITY, STATE, ZIP: BELLINGHAM, WA 98225 DATE SIGNED: SEPTEMBER 16, 2019

CASE REFERRED TO ME/CORONER: NO. FRE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: THERESE LANDRY

LOCAL DEPUTY REGISTRAR: LEAH DEVRIES DATE RECEIVED: SEPTEMBER 17, 2019

DOH 422-132 (8/18)

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.