

WHEN RECORDED RETURN TO:

**Guardian Northwest Title
3202 Commercial Avenue
Anacortes, WA 98221**

DOCUMENT TITLE(S): XXXXXXXXXX LACK OF PROBATE AFFIDAVIT GNW 21-9735
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: Grantee: Public Grantor: Claire Lois Howard :
ABBREVIATED LEGAL DESCRIPTION: Section 5, Township 34 North, Range 2 East - SE SW (aka Lot A SP 17-83)
TAX PARCEL NUMBER(S): P20023/340205-3-009-0008

Return Address:

Guardian Northwest
3702 Commercial Ave
Anacortes, WA 98221

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Patty R. Donald
Claire L Howard, 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 daughter
Relationship to decedent
of Claire L Howard who died on 1-28-21
Decedent/Grantor Date
at Anacortes Skaist WA
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: SECTION 5, TOWNSHIP 34 NORTH,
RANGE 2 EAST - SE SW (aka lot A SP 17-83)

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

P 20023/ 340205-3-009-0008

(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 on the date of death the total value of the decedent's entire estate was approximately \$ 350,000 of which approximately \$ 175,000 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: 2/24/21
X Patty R. Donald 425-248-1233
Affiant's full name Telephone number

Street City State Zip Code

State of Washington County of Snohomish

I know or have satisfactory evidence that Patty R. Donald
(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: Feb 24, 2021 Kim Smith
Signature of Notary Public

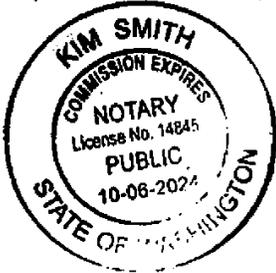
(SEAL OR STAMP)

Residing at MOUNT VERNON

Notary Public in and for the State of WA

My appointment expires: 10-6, 2024.

(Based on REV 84 0017 (1/3/17))



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):

Patty S. Donald. 72 daughter
Full name, age and relationship

15013 257th Ave SE Monroe WA 98272
Address City State Zip

Karl D. Rhoads. 69 son.
Full name, age and relationship

7413 Miller Rd, Anacortes WA 98221
Address City State Zip

Frank D. Rhoads. 71 son
Full name, age and relationship

7270 Oak Pine Lane Granite Bay, CA 95746
Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

(Attach more sheets if necessary)

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2021-006124	DATE ISSUED: 02/03/2021 FEE NUMBER:
FIRST AND MIDDLE NAME(S): CLAIRE LOIS LAST NAME(S): HOWARD	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: JANUARY 28, 2021 HOUR OF DEATH: 09:19 AM FOUND SEX: FEMALE AGE: 95 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: HOME FACILITY OR ADDRESS: 7413 MILLER ROAD CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 7413 MILLER ROAD CITY, STATE, ZIP: ANACORTES, WA 98221 INSIDE CITY LIMITS: NO COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 64 YEARS
BIRTH DATE: AUGUST 31, 1925 BIRTH PLACE: BIG LAKE, WA	FATHER: CARL IRVING SHAPLEY MOTHER: CAROLINE NAOMI [REDACTED]
MARITAL STATUS: MARRIED SURVIVING SPOUSE: GEORGE ARTHUR HOWARD	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY
OCCUPATION: SECRETARY INDUSTRY: ACCOUNTING EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE US ARMED FORCES: NO	CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: FEBRUARY 03, 2021
INFORMANT: PATTY DONALD RELATIONSHIP: DAUGHTER ADDRESS: 15013 - 257TH AVENUE SE, MONROE, WA 98272	FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC. ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 FUNERAL DIRECTOR: LEONARD J. WILLIAMS
CAUSE OF DEATH: A: CARDIAC ARREST INTERVAL: IMMEDIATE B: ACUTE MYOCARDIAL INFARCTION INTERVAL: 1 C: INTERVAL: D: INTERVAL:	MANNER OF DEATH: NATURAL AUTOPSY: NO WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN PREGNANCY STATUS IF FEMALE: NO RESPONSE
OTHER CONDITIONS CONTRIBUTING TO DEATH: NON-SMALL CELL LUNG CANCER	CERTIFIER NAME: HELEN YOUNG, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 812 32ND STREET, SUITE A CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 DATE SIGNED: FEBRUARY 02, 2021
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY: LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	CASE REFERRED TO ME/CORONER: YES FILE NUMBER: 210128-335 ATTENDING PHYSICIAN: HELEN YOUNG, MD LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL DATE RECEIVED: FEBRUARY 02, 2021
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	

EXHIBIT "A"
Property Description

Closing Date: February 24, 2021
Buyer(s): Karl D. Rhoads
Property Address: 7413 Miller Road, Anacortes, WA 98221

PROPERTY DESCRIPTION:

Lot A, SKAGIT COUNTY SHORT PLAT NO. 17-83, as approved June 16, 1983, and recorded June 17, 1983, in Volume 6 of Short Plats, page 69, under Auditor's File No. 8306170001, records of Skagit County, Washington; being a portion of the Southeast Quarter of the Southwest Quarter of Section 5, Township 34 North, Range 2 East of the Willamette Meridian.

Situated in Skagit County, Washington.