

Return Address:

515 Saint John St.
Pleasanton Ca.
94566

GNW 20-9088

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Carol S. Williams 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 Wife

of Richard D. Williams, who died on 2/15/2018
Decedent/Grantor Date

at Pleasanton, Ca - Alameda California
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: 818 Overlook Lane, Burlington, Wa. 98233

P117117

Assessor's Property Tax Parcel/Account Number: Lot 82, PLAT OF TINAS COMA
(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 _____)

Scott D. Williams - 49 yrs. son

Full name, age, relationship, address

P.O. Box 247, La Conner, Wa. 98257

Full name, age, relationship, address

Full name, age, relationship, address

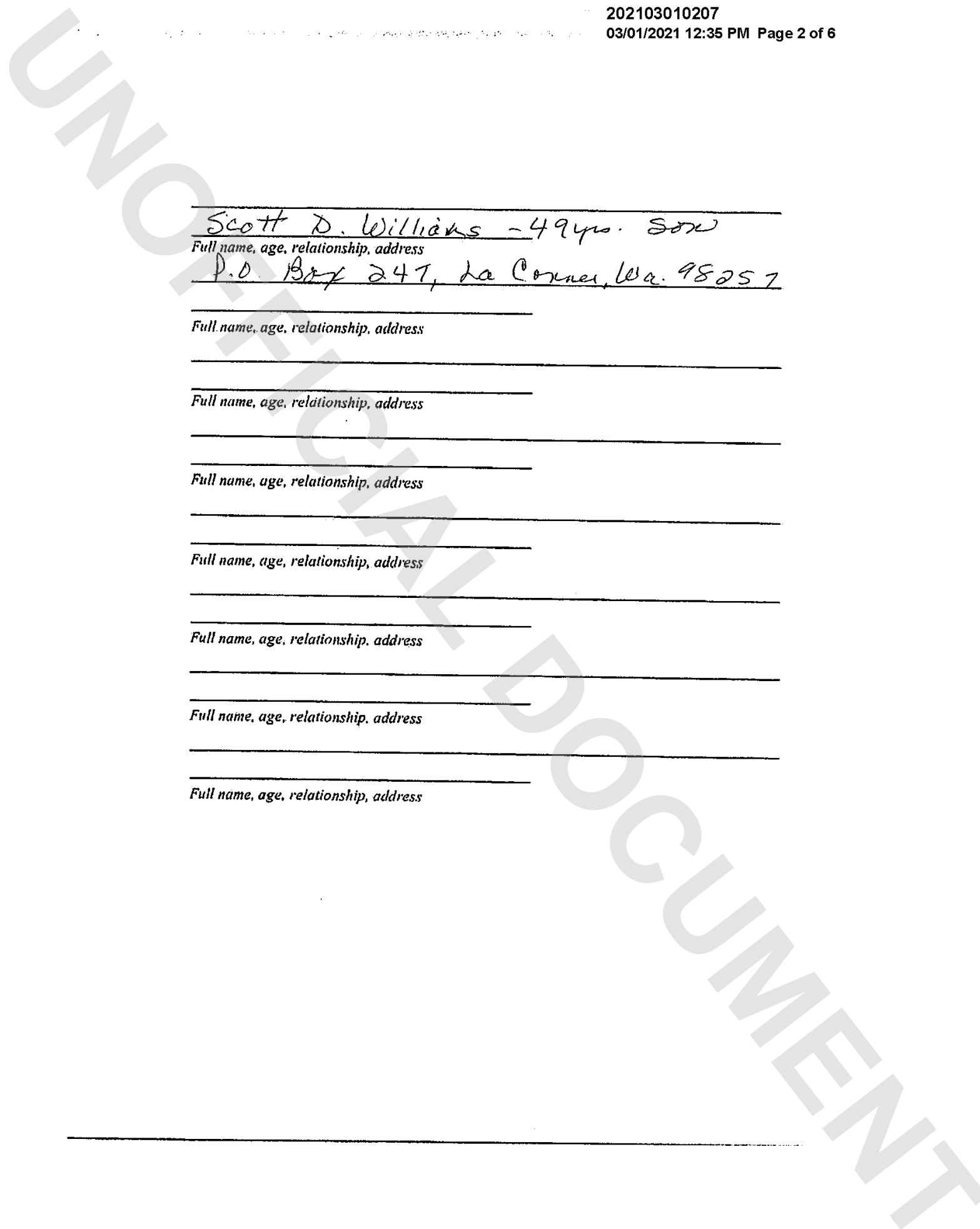
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address



Dated: 2/24/2021

Carol S. Williams
Affiant's full name

510/402-7169
Telephone number

515 Saint John St.

Pleasanton Ca. 94566
City State Zip Code

Carol S. Williams 2/24/2021
Signature Date

State of _____ County of _____

I know or have satisfactory evidence that _____
(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: ____ / ____ / ____

Signature of Notary Public

(SEAL OR
STAMP)

Residing at: _____

Notary Public in and for the State of _____

My appointment expires: ____ / ____ / ____

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Alameda

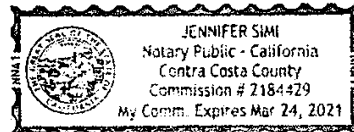
On 2/24/2021 before me, Jennifer Simi, Notary Public
(insert name and title of the officer)

personally appeared Carol Swiliam,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Jennifer Simi (Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

3052018037075

CERTIFICATE OF DEATH

3201801001266

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
RICHARD		D.		WILLIAMS	
4. DATE OF BIRTH (month/day/yr)					
5. AGE Yrs. <input type="checkbox"/> Months <input type="checkbox"/> Days					
6. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female					
9. BIRTH STATE/FORIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
IL		[REDACTED]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
13. EDUCATION - Highest Level/Degree (See instructions on back)		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		15. DECEDENT'S ETHNICITY	
MASTER'S		CAUCASIAN		[REDACTED]	
17. USUAL OCCUPATION - Type of work for most of life. (DO NOT USE RETIRED)		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
PASTOR - FAMILY COUNSELOR		MINISTRY		50	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
515 SAINT JOHN STREET					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
PLEASANTON		ALAMEDA		94566	
24. YEARS IN COUNTY		25. STATE/FORIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
43		CA		CAROL WILLIAMS, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and ZIP)					
515 SAINT JOHN STREET, PLEASANTON, CA 94566					
28. NAME OF SURVIVING SPOUSE/SPOUSE-IF FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
CAROL		S.		VLIETSTRA	
31. NAME OF FATHER-IN-LAW - FIRST		32. MIDDLE		33. LAST	
CLYDALE		-		WILLIAMS	
34. BIRTH STATE		35. NAME OF MOTHER-IN-LAW - FIRST		36. MIDDLE	
IL		VIRGINIA		-	
37. LAST (BIRTH NAME)		38. BIRTH STATE		39. DISPOSITION DATE (month/day/yr)	
-		IL		02/21/2018	
40. PLACE OF FINAL DISPOSITION (RESIDENCE OF CAROL S. WILLIAMS)					
515 SAINT JOHN STREET, PLEASANTON, CA 94566					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		NOT EMBALMED		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
GRAHAM-HITCH MORTUARY		FD429		MUNTU DAVIS, M.D.	
47. DATE (month/day/yr)		48. SIGNATURE OF LOCAL REGISTRAR		49. DATE (month/day/yr)	
02/20/2018		[Signature]		02/20/2018	
101. PLACE OF DEATH					
OWN RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. COUNTY	
<input type="checkbox"/> P <input type="checkbox"/> ENT <input type="checkbox"/> DOW <input type="checkbox"/> HOSPITAL		<input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> OTHER		ALAMEDA	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY		107. CAUSE OF DEATH	
515 SAINT JOHN STREET		PLEASANTON		Enter the chain of events -- debility, illness, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, an embolus, or aneurysm. Indicate all strokes by checking the category. DO NOT abbreviate.	
108. IMMEDIATE CAUSE (Final disease or condition resulting in death)		109. DAYS		110. DEATH REPORTED TO CORONER?	
ASPIRATION PNEUMONIA		[REDACTED]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. SUBSEQUENTLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		112. DAYS		113. AUTOPSY PERFORMED?	
DYSPHAGIA		[REDACTED]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ALZHEIMER'S DEMENTIA		[REDACTED]		114. AUTOPSY PERFORMED?	
[REDACTED]		[REDACTED]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
115. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
CORONARY ARTERY DISEASE, HYPERTENSION, ATRIAL FIBRILLATION					
116. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 115? If yes, list type of operation and date:					
NO					
117. IF FEMALE, PREGNANT (LAST YEAR)		118. IF FEMALE, PREVIOUS (LAST YEAR)		119. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		120. SIGNATURE AND TITLE OF CORONER	
[REDACTED]		[REDACTED]		MICHAEL ABDEL-MALEK, MD	
121. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		122. LICENSE NUMBER		123. DATE (month/day/yr)	
MICHAEL ABDEL-MALEK, MD		A72463		02/20/2018	
124. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
2300 CLAYTON ROAD #220, CONCORD, CA 94520					
125. CERTIFY THAT IF BY OTHER TEAM OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED:					
126. NUMBER OF DEATH		127. MANNER OF DEATH		128. RELATED AT WORK?	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Poisoning <input type="checkbox"/> Other		<input type="checkbox"/> Not Determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
129. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
130. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
131. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
132. SIGNATURE OF CORONER / DEPUTY CORONER		133. DATE (month/day/yr)		134. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
[Signature]		02/20/2018		MICHAEL ABDEL-MALEK, MD	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
[REDACTED]		[REDACTED]		[REDACTED]	

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CALAMEDD3



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED **FEB 22 2018**



001175967

[Signature]
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA



This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"
Property Description

Closing Date: March 1, 2021
Buyer(s): Hanson Family Investments, LLC
Property Address: 818 Overlook Lane, Burlington, WA 98233

PROPERTY DESCRIPTION:

Lot 82, PLAT OF TINAS COMA, according to the plat thereof recorded on August 11, 2000, under Auditor's File No. 20000811004, records of Skagit County, Washington.

Situated in Skagit County, Washington