

Return Address:

Harvey F. Harvey
19501 40th Ave West, #218
Lynnwood, WA 98036

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Harvey F. Harvey, 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 Shannon Gay ONeal, who died on June 22, 2018
Decedent/Grantor *Date*

at Anacortes, Skagit, WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 3, Sunrise Estates

See Attached Exhibit "A" For Full Legal Description

Assessor's Property Tax Parcel/Account Number: 4517-000-003-0005, P83704
(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 4)

Harvey Frederic Harvey, Age: 87, Spouse, 19501 40th Ave West, #218,
Lynnwood, WA 98036

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

Full name, age, relationship, address

Dated : May 12, 2021

Harvey F. Harvey

Affiant's full name

360-230-9373

Telephone number

19501 40th Ave West, #218

Street

Lynnwood, WA 98036

City

State

Zip Code

Harvey F. Harvey
Signature

May 12, 2021
Date

State of Washington County of Skagit

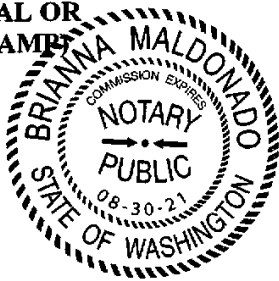
I know or have satisfactory evidence that Harvey F. Harvey
(name of person)

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: 05 12 2021

Brianna Maldonado
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mt Vernon WA 98273

Notary Public in and for the State of WA

My appointment expires: 08 / 30 / 2021

Escrow No.: 02-184409-OE

EXHIBIT "A"

LEGAL DESCRIPTION

Lot 3, "PLAT OF SUNRISE ESTATES," as per plat recorded in Volume 14 of Plats, pages 87 and 88, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
 DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-027923

DATE ISSUED: 08/09/2018
 FEE NUMBER:

FIRST AND MIDDLE NAME(S): SHANNON GAY
 LAST NAME(S): ONEAL

COUNTY OF DEATH: SKAGIT
 DATE OF DEATH: JUNE 22, 2018
 HOUR OF DEATH: 06:15 AM
 SEX: FEMALE AGE: 85 YEARS
 SOCIAL SECURITY NUMBER: !

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
 FACILITY OR ADDRESS: FIDALGO CARE CENTER
 CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 14360 GIBRALTER ROAD
 CITY, STATE, ZIP: ANACORTES, WA 98221
 INSIDE CITY LIMITS: NO COUNTY: SKAGIT
 TRIBAL RESERVATION: NOT APPLICABLE
 LENGTH OF TIME AT RESIDENCE: 21 YEARS

BIRTH DATE:
 BIRTHPLACE: VANCOUVER, WA

FATHER/PARENT: HAROLD E ONEAL
 MOTHER/PARENT:

MARITAL STATUS: MARRIED
 SPOUSE: HARVEY FREDERIC HARVEY

METHOD OF DISPOSITION: CREMATION
 PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: COURT SUPERVISOR
 INDUSTRY: CRIMINAL JUSTICE
 EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
 US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON
 DISPOSITION DATE: JUNE 25, 2018

INFORMANT: BRIAN L WIGEN
 RELATIONSHIP: SON
 ADDRESS: 3831 146TH PL SW, LYNNWOOD, WA 98087

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD
 ADDRESS: 4320 196TH ST SW - STE. C
 CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
 FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

CAUSE OF DEATH:
 A: ALZHEIMER'S DEMENTIA
 INTERVAL: YEARS

B:
 INTERVAL:

C:
 INTERVAL:

D:
 INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: OSTEOPOROSIS WITH
 PATHOLOGIC HIP FRACTURE

MANNER 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 RESPONSE

DATE OF INJURY:
 HOUR OF INJURY:
 INJURY AT WORK:
 PLACE OF INJURY:

CERTIFIER NAME: LESLIE A. ESTEP, MD
 TITLE: PHYSICIAN
 CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
 CITY, STATE, ZIP: MOUNT VERNON, WA 98273
 DATE SIGNED: JUNE 22, 2018

LOCATION OF INJURY:

CASE REFERRED TO ME/CORONER: YES
 FILE NUMBER: NJA
 ATTENDING PHYSICIAN: NOT APPLICABLE

CITY, STATE, ZIP:
 COUNTY:
 DESCRIBE HOW INJURY OCCURRED:

LOCAL DEPUTY REGISTRAR: DAWN M. KOENIG
 DATE RECEIVED: JUNE 26, 2018

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

