202106230072

06/23/2021 12:02 PM Pages: 1 of 5 Fees: \$107.50

Skagit County Auditor, WA

Return	

Sondra Hibier

22906 SE 281st Place

Maple Valley, WA 98038

State of Washington

County of King

Land Title and Escrow LACK OF PROBATE AFFIDAVIT 200475-LT

BEFORE ME, this undersigned authority, on this day personally appeared Sondra Hibler Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

- 1. This affidavit is made pursuant to RCW 82.45.197.
- 2. The full name of the decedent is: Sharon E. Hibler
- 3. The decedent died on March 4, 2021 (date) at <u>Burlington</u> (City), <u>Skasit</u> (County), <u>WAShington</u> (State).
- 4. My/Our relationship to the decedent is as follows:

Child

- 5. I am / We are the rightful heirs to the property described nerein.
- 6. The property subject to this affidavit is described as (see Exhibit A attached hereto)

Abbreviated legal: Lot 61, Samish River Park, Div. 1.

Tax ID Number: 3990-000-061-0002/P68751

- The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to the recording.
- 8. The deceased is survived by the following heirs:

Full Name	Sondra Hibler	_, Age <u>48</u>	, Relationship Child
Full Name	Matthew J. Hibler	Age 45	Child , Relationship
Full Name	Robert J. Hibler, III	Age 50	Child Child Relationship
Full Name		_, Age	, Relationship
Full Name		, Age	, Relationship
Full Name		, Age	, Relationship
Full Name			, Relationship

du bue
Affiant's Signature
Sondra Hibler
Printed Name of Affiant
22906 SE 281St Place, Maple Valley, WA 98038
Address
State of: WA
County of: KING
I certify that I know or have satisfactory evidence that Sondra Hibler is the person who appeared before me, and said person acknowledged that (heishe) signed this instrument and acknowledged it to be (histher) free and voluntary act for the uses and purposes mentioned in the instrument.
Dated: 06/18/2021 Signature Zgandille
NOTARY
Title My appointment expires:! 2 /o 6 / 2024 Seal or Stamp

RYAN NCEL MILLER
Notary Public
State of Washington
Commission # 20119142
My Comm. Expires Dec 6, 2024

EXHIBIT "A" LEGAL DESCRIPTION

Lot 61, "SAMISH RIVER PARK, DIVISION NO. 1," as per plat recorded in Volume 9 of Plats, pages 43 and 44, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

File No. 1242143 Page 1 of 1



CERTIFICATE OF DEATH



DAT: ISSUED 03/10/2021 FEE NUMBER 18031021

CERTIFICATE NUIVBER: 2021-011498

FIRST AND MIDDLE NAME(S) SHARON ELAINE LAST NAME(S) HIBLER

COUNTY OF DEATH SKAGIT DATE OF DEATH MARCH 04, 2021 HOUR OF DEATH 09:44 AM SEX FEMALE

SOCIAL SECURITY NUMBER

HISPANIC ORIGIN NO, NOT SPANISH/HISPANIC/LATINO

AGE 78 YEARS

RACE. WHITE

BIRTH DATE

BIRTHPLACE BAKER, MT

MARITAL STATUS. **WIDOWED**SURVIVING SPOUSE NOT APPLICABLE

OCCUPATION CERTIFIED NURSING ASSISTANT
INDUSTRY HEALTHCARE
EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES NO

INFORMANT SONDRA E HIBLER
RÉLATIONSHIP DAUGHTER
AODRESS 22906 SE 281ST PLACE MAPLE VALLEY WA 98038

CAUSE OF DEATH
A RENAL CANCER

INTERVAL 3 MONTHS

D. Interval

C.

D٠

INTERVAL

A TODU

OTHER CONDITIONS CONTRIBUTING TO DEATH CORONARY ARTERY DISEASE, CEREBROVASCULAR DISEASE, DIABETES MELLITUS 2, MYPERTENSION, MYPERLIPIDEMIA

DATE OF INJURY HOUR OF INJURY INJURY AT WORK

PLACE OF INJURY
LOCATION OF INJURY:

简介 CITY, STATE, ZIP TG COUNTY

DESCRIBE HOW INJURY OCCURRED

PLACE OF DEATH. NURSING HOME/LONG TERM CARE FACILITY FACILITY OR ADDRESS: CEDAR GROVE ADULT FAMILY HOME CITY, STATE, ZIP. BURLINGTON, WASHINGTON 98233

RESIDENCE STREET 302 S SECTION STREET
CITY. STATE, ZIP BURLINGTON, WA 92:233
INSIDE CITY LIMITS YES COUNTY SKAGIT
TRIBAL RESERVATION. NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE 3 YEARS

FATHER JOHN SCHLECHT MOTHER

METHOD OF DISPOSITION CREMATION
PLACE OF DISPOSITION CHERRY GROVE CREMATORY

CITY, STATE POULSBO, WASHINGTON DISPOSITION DATE MARCH 11, 2021

FUNERAL FACILITY THE STONE CHAPEL AT POULSBO MORTUARY

ADDRESS: 22272 FOSS ROAD NE CITY, STATE, ZIP POULSBO, WASHINGTON 98370 FUNERAL DIRECTOR GLEN C. HENRICKSON

MAINTER OF DEATH NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DIO TOBACCO USE CONTRIBUTE TO DEATH NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME HEDWIN STICKLE, MD
TITLE PHYSICIAN
CERTIFIER ADDRESS. 1415 E. KINCAID STREET
CITY, STATE ZIP. MOUNT VERNON, WASHINGTON 98274
DATE SIGNED. MARCH 06, 2021

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

LOCAL DEPUTY REGISTRAR BELEN MARTINEZ
DATE RECEIVED MARCH 09, 2021

IF TRANSPORTATION INJURY SPECIFY NOT APPLICABLE

WHealth		Affidavit for Correction			Mail to Center for Health Statistics F.C. Box 47534
APFTCHITH way to the Angles design	This is a leg	al document. (complete in ink and c	do not alter.	Olympia, WA 995/04-7844 360-236-4360
State File Number		STATE	OFFICE USE ONLY	· · ·	
State Life Minimis	FRE NEW JOY		A track define	ं विश्वाद	Affidavit Number
	Require	information r	ust match corrent info	rmation on re-	cord
Record Type	Birth	Deato	Machage	Dissolution	on (Divorce)
1 Name on Record				0. Date of Ever	al 3 Place of Event
1 Name on Record 4 Faster Parent Full	Birth Name (Spouse Albert)	lavithiqa (M. Periki).	Da. D. J. C. S. Barrison (1884)	uli Birtin Name (Şş	notise 8 for Maritage or Dissolution)
G Street of Spence D	Jaquesting Contestes	·-·	سر دونو و معمله د		
i	sadmesen (6 / 15 milet (20))	Heigh. Pers	er faktorist i Frenk Major Let faktorist i Frenk Major	C Scardian C Eureral Dire	Cloren Specify:
T. Retern Mating Address.			The second secon	,	
Telephone Number			CAR Ware	_	
Use the sect	ion below for requestin	g any changes	on the record. The rec	ord is incorrec	ct or incomplete as follows:
	ie record currently shows	·			true fact is:
16,			1		
12					
I declare und 14a Signature.	der penalty of perjury a	nder the laws :	t the State of Washing		orgoing is true and correct.
Panted coase		Dete	File to place the		
	INSTI	RUCTIONS	- de la data de propio de propio	: durmation	
Regilmed about doogra e nta	don host iss submitted vego	the arrelace of the	化双氯化铂 化热点 化凝凝性	late Examples d	ssoot decumentation include:
 BritisMad age: Oragon; Cambrate of Naturasza 	reduct - Mittagram to	tain/a	🗼 - Not blike blankwings k	•	Scoral Security Numident Report
	ਬੋਰੰਸੇ • ਸੋਰspital-red ot use a Driver's iccense. ਹ		of the factor of the constitution of the constitution in the constitution of the const	Profices (U) . Shirth contitionts	Green Permanent Resident card (I-551)
Birth Certificates				- Control Certificate	as prost obcumentation.
i i umo a parentis) legnis	grundam of the cold is once.	a 16 , ur are esti-s	n actions saling in the ealthy	only change the	birth certificate
 The proof(s) must may Mac. Adm Due. 	ich the assenad fact(s) For	जिस्माद्दे हे हिस्स द	i par i komit na sotawa siwa i	⊜ sa Mary Ano D	ice, the proof musi show the name to be
	wat ha five or mobilityeses of	et e casa e son a salata a	Fr.,		
Fina efficient cannot be	used to add a panel to a p	itte værtislare ovi	n i sa tanggaran da sakala Pagan sakaban kansan gabah yang	district feeding DICNES of	120.1563
ताबाद सम्बन्धः स्थ			71.5 (\$1.5 for \$1.3 for \$1.5 f		ec act to sery.
	diide sendiad soon boomin		till i villet og til sedde til	as change bis or	
of Parenisge torul 188	rone year foliowing the 5 kg, Chame Yan be i bidge of coo	e to some paperial	cena espared		 Φ), three pieces of proof documentation a
	any cumboretica of the rest in			e accordiast baro	er's rosspelled, or month and/or day of his
	of its because the charge the country of the figure or consists the figure or consists the		et antheren 1 No. 5	हास्टर्म में जन्दि के	kumentalion are required
	ranatiga, see proof graphing Janatiga, see proof graphing			is from date seach	e of birth, or name, one proof documentation
	he child, one proof securica.		t digneral		
provided is required				-Desta are required	្សាស៊ី 365 , carent s. deratagou, sebmit a death
Death Certificates					er en

Death Certificates

- Only the informant tray change the non-measure encouraged in the contract the following discrete the contract of the non-measured encouraged in the contract of the contr

- Managerbissonition (bivorce) Certimicates

 1. Personal facts (miner spelling changes to rend. Alte or claim out that it is not in manager to see the proof documentation.

 2. To change the date or place of marriage or dissolution to a find set managers by the correspondent mest complete and submit the affidavit.

CERTIFIED

KITSAP PUBLIC HEALTH DISTRICT
345 6TH ST STE 300 BREMERTON, WA 98337

Health District Officer

untils the mit constitution and send of the Male of State of State of the State of