

After recording, return to:

Camilla Trowbridge
6799 N. Sesame Lane
Tucson AZ 85704

Grantor (Name of Decedent): Alan J. Trowbridge

Grantee (Heirs): Camilla Trowbridge

Abbreviated Legal Description: Lot(s): 3, Block: B, Cape Horn on the Skagit

Tax Parcel No.(s): P62901 / 3868-002-003-0008 and P62900

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA

COUNTY OF Skagit

The undersigned, Camilla Trowbridge executes this affidavit relating to the estate of Alan J. Trowbridge (herein "Decedent"), who died on 5/26/2015, in the County of Pima, State of Arizona, then being a resident of the City of Tucson, County of Pima, State of Arizona.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
- other (identify): _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

Lot 3, Block B, CAPE HORN ON THE SKAGIT, according to the plat thereof recorded in Volume 8 of Plats, pages 92 through 97, records of Skagit County, Washington.

Situated in Skagit County, Washington.

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

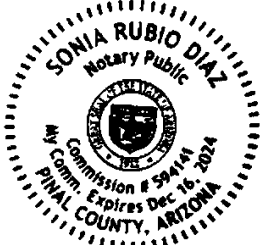
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Camilla Trowbridge
Signature

Camilla Trowbridge
Print Name

State of Washington ^{Sp} Arizona
County of Pima

Signed and sworn to (or affirmed) before me on July 21, 2021 by Camilla Trowbridge ^{Sp} 2021
(name of person making statement).



Name: Sonia
Notary Public in and for the State of Washington, Arizona
Residing at: Arizona
My appointment expires: 12/16/2024

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102- 2015-022106

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) ALAN JEFFREY TROWBRIDGE				2. AKA'S (IF ANY)		3. DATE OF DEATH 05/26/2015	
4. SEX MALE		5. SOCIAL SECURITY NUMBER		6. DATE OF BIRTH		7. AGE 63	
				8. MONTHS		9. DAYS	
				10. HOURS		11. MINUTES	
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL				13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 6749 N SESAME LN				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: TUCSON 85704		16. COUNTY OF DEATH: PIMA	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): SEATTLE, WASHINGTON				18. MARITAL STATUS AT TIME OF DEATH: MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): CAMILLA ESTHER CRANE	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 6749 N SESAME LN				21. CITY AND COUNTY: TUCSON, PIMA		22. STATE ARIZONA	
				23. ZIP CODE 85704		24. EVER IN THE ARMED FORCES YES	
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN			26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE			27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES. PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION: PROJECT MANAGER				29. FATHER'S NAME (FIRST, MIDDLE, LAST): NEWTON JOHNSON TROWBRIDGE			
				30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE): ALICE MARIE			
31. INFORMANT'S NAME: CAMILLA ESTHER TROWBRIDGE				32. RELATIONSHIP: SPOUSE		33. INFORMANT'S MAILING ADDRESS: 6749 N SESAME LN, TUCSON, ARIZONA 85704	
34. NAME AND ADDRESS OF FUNERAL FACILITY: UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE 1501 N CAMPBELL AVE, TUCSON, AZ				35. FUNERAL DIRECTOR: JARED ALVARADO, FUNERAL DIRECTOR		36. LICENSE NUMBER: F1433	
37. METHOD(S) OF DISPOSITION: DONATION/CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: U OF A COLLEGE OF MEDICINE, TUCSON, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: EL ENCANTO MEMORIAL CREMATORY - NORTHERN, TUCSON, ARIZONA			
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I							
IMMEDIATE CAUSE OF DEATH 40. A METASTATIC LUNG CANCER		41. APPROXIMATE INTERVAL: UNKNOWN					
DUE TO OR AS A CONSEQUENCE OF: 42. B		43. APPROXIMATE INTERVAL:					
DUE TO OR AS A CONSEQUENCE OF: 44. C		45. APPROXIMATE INTERVAL:					
DUE TO OR AS A CONSEQUENCE OF: 46. D		47. APPROXIMATE INTERVAL:					
CAUSE OF DEATH PART II							
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE: METASTASIS TO LIVER, BRAIN, ADRENALS				49. INJURY? NO		50. INJURY AT WORK? NO	
				51. MANNER OF DEATH: NATURAL DEATH		52. TIME OF DEATH: 2120	
				53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION							
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.				55. NAME OF PERSON COMPLETING CAUSE OF DEATH: JAMES PATRICK NICOLAI, M.D.		56. DATE CERTIFIED: 05/28/2015	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				58. NAME OF REGISTRAR: AUDREY ROGERS		59. DATE REGISTERED: 06/02/2015	
57. CERTIFIER'S ADDRESS: 13091 N. PIONEER WAY ORO VALLEY, AZ 85755							

DATE ISSUED: 07/14/2015

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA Revised 12/2012.

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

KHALEEL HUSSAINI
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT