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09/29/2021 03:45 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

Timothy G. Krell Real Estate Law PLLC
805 Dupont Street Ste 1
Bellingham, WA 98225

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-4476
SEP 29 2021

Amount Paid \$ 10
Skagit Co. Treasurer
By LT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Shirley D. Ziegler, 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 Mother

Relationship to decedent

of Stephen C. Ziegler, who died on July 20, 2021

Decedent/Grantor

Date

at Brandon

Hillsborough

Florida

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lots 18 and 19, Dewey Beach Addition No. 4, according to the plat thereof,
recorded in Volume 7 of Plats, Page 50, records of Skagit County, Washington;

EXCEPT that portion of said Lot 19 lying Southeasterly of a line drawn parallel to
and 80 feet Northeasterly of the Southeasterly line of said Lot 19.

Situate in Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: 3904-000-018-0001/P65080
(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)

Carl William Ziegler, Jr.

Father

Full name, age, relationship, address

73 DOB April 12, 1948

18210 Dorman Road, Lithia, Florida 33547

Full name, age, relationship, address

Shirley Demmi Ziegler

Mother

Full name, age, relationship, address

70 DOB September 25, 1950

4851 W. Gandy Blvd. Blvd 1 Lot 14 Tampa

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 : September 8, 2021

Shirley D. Ziegler

Affiant's full name

(813) 450-1717

Telephone number

4851 W. Gandy Blvd, B1 L14

Street

Tampa, FL 33611

City

State

Zip Code

Shirley D Ziegler
Signature

September 8, 2021
Date

State of Florida County of Hillsborough

I know or have satisfactory evidence that Shirley D. Ziegler
(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: 9: 8 2021

S Jean Seaman
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: 6406 N. Central Ave
Tampa

Notary Public in and for the State of Florida

My appointment expires: 2-19-2025

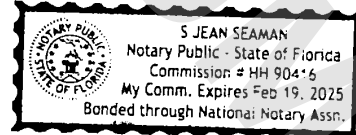


EXHIBIT A

LEGAL DESCRIPTION

Lots 18 and 19, Dewey Beach Addition No. 4, according to the plat thereof. recorded in Volume 7 of Plats, Page 50, records of Skagit County, Washington;

EXCEPT that portion of said Lot 19 lying Southeasterly of a line drawn parallel to and 80 feet Northeasterly of the Southeasterly line of said Lot 19.

Situate in Skagit County, Washington.

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2021134936

DATE ISSUED: JULY 26, 2021

DECEDENT INFORMATION

DATE FILED: JULY 22, 2021

NAME: STEPHEN CHRISTOPHER ZIEGLER

DATE OF DEATH: JULY 20, 2021

SEX: MALE

AGE: 047 YEARS

DATE OF BIRTH: [REDACTED]

SSN: [REDACTED]

BIRTHPLACE: TAMPA, FLORIDA, UNITED STATES

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: BRANDON REGIONAL HOSPITAL

LOCATION OF DEATH: BRANDON, HILLSBOROUGH COUNTY, 33511

RESIDENCE: 15173 DEWEY CREST LANE, ANACORTES, WASHINGTON 98221, UNITED STATES

COUNTY: SKAGIT

OCCUPATION, INDUSTRY: EMT/AMBULANCE DRIVE, MEDICAL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: NEVER-MARRIED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: CARL WILLIAM ZIEGLER JR

MOTHER'S/PARENT'S NAME: SHIRLEY LYNN [REDACTED]

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: SHIRLEY DEMMI ZIEGLER

RELATIONSHIP TO DECEDENT: MOTHER

INFORMANT'S ADDRESS: 4851 WEST GANDY BLVD, BLVD 1 LOT 14, TAMPA, FLORIDA 33611, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: RUSSELL T. LAVENDER, F083512

FUNERAL FACILITY: NEPTUNE SOCIETY-PALM HARBOR F064810

2560 TAMPA ROAD, PALM HARBOR, FLORIDA 34684

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SOUTHEASTERN CREMATORIES
CLEARWATER, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: ASSOCIATE MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 211306751

TIME OF DEATH (24 HOUR): 1738

DATE CERTIFIED: JULY 22, 2021

CERTIFIER'S NAME: AMANDA KRAUSERT

CERTIFIER'S LICENSE NUMBER: ME148957

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2022957920

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED