09/30/2021 02:23 PM Pages: 1 of 6 Fees: \$208.50

Skagit County Auditor, WA

Return Address:	
Land Title & Escrow	
3010 Commercial Avenue	
Anacortes, WA 98221	
Order No. 201831-LT	

AFFIDAVIT (LACK OF PROBATE)

	Fig. 7 Days		
The undersigned affiant/grantee	Name of A		st duly sworn
deposes and states as follows: The	•	-	w to the real
deposes and states as follows. If	iai tiley ale a rightioi m	cii as fisied off hells at fa	w, to the rear
property described below, and is	the Surviving Spouse		
property described seron, and is		Relationship to decedent	
of Karen Y. Bray		, who died on	August 28, 2018
Decedent/Gran	tor		Date
at Mount Vernon	Skagit	Was Was	hington
City	County		State
		_	
REAL PROPERTY SUBJECT			
Abbreviated Legal Description:		_ake McMurray Tract and P	tn NW 1/4 NW 1/4
	of Section 31, Township	33 N., Range 5 E. W.M.	
See Exhibit "A" attached hereto for			
		3861-000-012-0115 / P61	
Assessor's Property Tax Parc		330531-0-001-2905 / P18	345
(Attach full legal description of	of the property)		
Decedent left no Last Will and	d Testament.		
Decedent left a Last Will and	Testament which HAS	NOT been Probated or F	Revoked.
"Heirs at law" includes surviving predeceased child or adopted chi Affiant hereby identifies all heirs necessary)	ld, parents, brothers and	d sisters of the decedent.	
necessary j			(Page I of

REV 84 0017 (1/3/17)

Elmer T. Bray, Husband 65	
Full name, age, relationship, address 23191 State Route 9, Mount Vernon, WA 98274	_
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: 09/24/2021	
Elmer Theodore Bray	
Affiant's full name	
Telephone number 23191 State Route 9	
Mount Vernon, WA 98274	Street
City Sheet. Bod Signature	State Zip Code O9/24/202/ Date
State ofWashington	County of Skagit
I know or have satisfactory evidence the	that Elmer T. Bray (name of person)
is the person who appeared before me, affidavit and acknowledged it to be (himentioned in this affidavit.	, and said person acknowledged that (he/she) signed this is/her) free and voluntary act for the uses and purposes
Dated: 9,24,2021	Shill May Curt
(SEAL OR STAMP)	Residing at: <u>Bow</u>
SHELLEY L NEVITT Notary Public State of Washington Commission # 69061 My Comm. Expires Jun 19, 2023	Notary Public in and for the State of Washington My appointment expires: 6/19/2023

EXHIBIT "A"

LEGAL DESCRIPTION

Parcel Number: 3861-000-012-0115/P61941 & 330531-0-001-2905/P18345

PARCEL "A":

That portion of Lot 12, lying Easterly of a line parallel with and 175 feet West of the East line of said Lot 12, "ASSESSOR'S PLAT OF BERGMAN'S LAKE MCMURRAY TRACTS", according to the plat recorded in Volume 8 of Plats, Page 89, records of Skagit County, Washington, except the Easterly 75 feet thereof as measured parallel to and adjoining the West boundary line of Lot 13, extending from Washington State Highway No. 9 to the shore of Lake McMurray and also except the West 25 feet thereof, as measured at right angles to, and by lines drawn parallel with, the East line of said Tract 12.

Situate in the County of Skagit, State of Washington.

PARCEL "B":

That portion of the Burlington Northern Railroad Company right-of-way conveyed by deed recorded under Auditor's File No. 8702180078, records of Skagit County, Washington, lying between the Easterly and Westerly lines extended, of the following described property:

The Westerly 75 feet of that portion of Lot 12, lying Easterly of a line parallel with and 150 feet West of the East line of said Lot 12, "BERGMAN'S LAKE MCMURRAY TRACTS", as per plat recorded in Volume 8 of Plats, Page 89, records of Skagit County, Washington.

Situate In the County of Skagit, State of Washington.

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2018-037686

FIRST AND MIDDLE NAME(S). KAREN YVONNE LAST NAME(S): BRAY

COUNTY OF DEATH: SKAGIT DATE OF DEATH: AUGUST 28, 2018 HOUR OF DEATH: 04:30 AM

SEX: FEMALE AGE: 65 YEARS

SOCIAL SECURITY NUMBER:

HISPÁNIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

PURTH DATE:

BIRTHPLACE: WILLISTON, NO

MARITAL STATUS: MARRIED SPOUSE: ELMER THEODORE BRAY

OCCUPATION: REGISTERED NURSE INDUSTRY: NURSING EDUCATION: BACHELOR'S DEGREE.

US ARMED FORCES: NO

INFORMANT: TED BRAY RELATIONSHIP: HUSBAND ADDRESS: 23191 STATE ROUTE 9 MOUNT VERNON, WA 98274

CAUSE OF DEATH: A: GLIOBLASTOMA **MTERVAL: 8 MONTHS**

INTERVAL:

C:

INTERVAL

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP.

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME FACILITY OR ADDRESS: 23191 STATE ROUTE 9
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 23191 STATE ROUTE 9 CITY, STATE, ZIP: MOUNT VERNON, WA 98274 INSIDE CITY LIMITS: NO COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER/PARENT: HOWARD HERBERG MOTHER/PAREN

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON DISPOSITION DATE: AUGUST 29, 2018

FUNERAL FACILITY: GILBERTSON FUNERAL HOME

ADDRESS: 27001 88TH AVE NW/PO BOX 1569. CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292 FUNERAL DIRECTOR: DAVID BRANDT

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

CERTIFIER NAME: LESLIE A. ESTEP, MD-TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A CITY, STATE, ZIP: MOUNT VERNON, WA 98273 DATE SIGNED: AUGUST 29, 2018

CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: AUGUST 29, 2018

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CERTIFIED

SEP 0 5 2018

Skagit County Health Department Howard Leibrand M.D., Health Office 0 2 0 2 0 2 3 1

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