202111190115

11/19/2021 02:24 PM Pages: 1 of 5 Fees: \$207.50

Skagit County Auditor, WA

After recording, return to:
Marjorie Knokey / Alan Knokey POA
3550 Jackson Creek Rd
Bozeman, MT 59715

CHICAGO TITLE 620048629

Turan D. Kingles
Grantor (Name of Decedent):
Grantee (Heirs): Marjorit Envicey
Abbreviated Legal Description: Lot(s): 10 and Interest in A, Rancho San Juan Del Mar Div. 10
Tax Parcel No.(s): P68425 / 3981-000-010-0005
INTERPANCE LACK OF PRODUCE ACCIDANCE
INHERITANCE LACK OF PROBATE AFFIDAVIT (To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(10 be needed to Excise tax Amuatic diaming Exempt Transfer of Ownership)
STATE OF TYWN HOUNG
COUNTY OF GALLATIN POR FOR MOUSIVIE KNOWLY The undersigned, Alan Knowy 700 for executes this affidavit relating to the estate of the county o
The undersigned, Han Knake 1 1000, executes this affidavit relating to the estate of
Fusing R Knokey (herein "Decedent"), who died on August 22, 21
Eusena R Knokey (herein "Decedent"), who died on August 22, 21 in the County of Skasit, State of Washington, then being a resident of the
City of Anacortes, County of Skasit, State of Washington
(A copy of the death certificate is attached hereto.)
The undersigned, being first duly sworn, on oath deposes and says:
 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:)
1 Section of Designation

Affidavit (Lack of Probate)
WA0000080.doc / Updated: 04.28.20

Printed: 11.10.21 @ 02:26 PM by CM WA-CT-FNRV-02150.620019-620048629

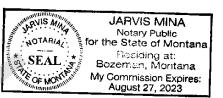
INHERITANCE LACK OF PROBATE AFFIDAVIT

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

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3.	Tha	ıt al	I the he	eirs at	law of the	e deceden	t that we	ere living	at the	time	decedent's	death	are

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: Marjarie Knokey, Spouse
	Name and relationship:
	Name and relationship:
	Name and relationship:
De	scription 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 10, PLAT OF RANCHO SAN JUAN DEL MAR, SUBDIVISION NO. 10, according to the plat thereof recorded in Volume 9 of Plats, pages 28 and 29, records of Skagit County, Washington.
	TOGETHER WITH an undivided interest in Tract A, PLAT OF RANCHO SAN JUAN DEL MAR, SUBDIVISION NO. 10, according to the plat thereof recorded in Volume 9 of Plats, pages 28 and 29, 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.
1N	WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.
	alm hilly
Ma	Signature rjorie Knokey, By Alan M Knokey
11-	A Manual Track

State of Vontana					
County of Ga	Matin				
I certify that I know or have satisfactory	evidence that _	Alan	n	Kockey	
is/are the person(s) who appeared befor this instrument, on oath stated that (he/s acknowledged it as the Attorney in Fact party for the uses and purposes mention	he/they) was a of Marjorie M I	authorized to exe (nokey to be the	ecute t	he instrument	and
Dated: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Mama	Jarry M	<u>უ</u>	Min	_
	Name:	in and for the S		Montan	
	Residing at:				
		ent expires:	08	127/2023	_'



CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-015379

DATE ISSUED: 09/18/2013

FEE NUMBER: 0000000029

GIVEN NAMES: EUGENE RAE LAST NAME: KNOKEY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 22,2013
HOUR OF DEATH: 05:00 A.M.

SEX: MALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC

RACE: WHITE

BIRTHDATE: BIRTHPLACE: ABERDEEN, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: MARJORIE PALMER

OCCUPATION: PLANT MANAGER

INDUSTRY: PLYWOOD & SAWMILLS

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES? NO

INFORMANT: MARJORIE KNOKEY

RELATIONSHIP: SPOUSE

ADDRESS: 11762 MCCORKLE PL ANACORTES WA 98221

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY

FACILITY OR ADDRESS: ASHLEY GAZDENS
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 11762 MCCORKLE PL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 982218518

INSIDE CITY LIMITS? NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: ERWIN W KNOKEY MOTHER: ANNA

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GRP. CREMATORY

CITY, STATE: SEATTLE, WA

DISPOSITION DATE: AUGUST 27,2013

FUNERAL FACILITY: NEPTUNE SOCIETY

ADDRESS: 19324 - 40TH AVE W, STE A CITY, STATE, ZIP: LYNNWOOD WA 98036 FUNERAL DIRECTOR: ED J. SUDDERTH

CAUSE OF DEATH:

A. HEPATOCELLULAR CARCINOMA METASTATIC

INTERVAL: 6 MONTHS

8. INTERVAL:

c.

INTERVAL: D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DIABETES MELLITUS TYPE 11, CORONARY ARTERY DISEASE, HYPERTENSION

DATE OF INJURY: HOUR OF INJURY:

INJURY AT WORK? PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL AUTOPSY: NO AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH? NO

CERTIFIER NAME: BRYAN H. MURRAY, MD

TITLE: PHYSICIAN

CERTIFIER

ADDRESS: 912 32ND STREET, SUITE A
CITY,STATE,ZIP: ANACORTES WA 98221
DAIE SIGNED: AUGUST 23,2013

PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

STATUS OF DECEMENT, IF A TRANSPORTATION INJURY: NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE DATE(S): NONE

CASE REFERRED TO ME/CORONER: NO FILE NUMBER: 475

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MEL PEDROSA DATE RECEIVED: AUGUST 27,2013

202111190115

This is a legal Document. Complete in ink and do not after. STATE OFFICE USE ONLY State Fish Institute Use the section below for requesting any changes on the record. Record type Birth Death Marriage Dissortation I. Name or record. Father's Full Name and each Absorbance of the Control of Event (City Control of Eve	18.		Affidavit f	for Correcti	on 11/19/20	21 02:24 PMc.Rage:5anfs5anstics	
State Pier Name State Stat	W Health	This is a los				Cl. 64.5 (MA 095C) 7211	
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Marriage Dissolution (Divorce) Certificates:			and an art are	and an end	and the state of t	t used by the consum	
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SEP 1 8 2013

Skagit County Health Department

YY00037279