12/06/2021 09:17 AM Pages: 1 of 6 Fees: \$208.50

Skagit County Auditor, WA

Return Address: Old Republic Title 1604 Hewitt Avenue Everett, WA 98201 203321-LT

# AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Barbarie Joen C	بر برير . being first duly sworn deposes and states as follows:
That they are a rightful heir as listed on heirs at law, to the r	eal property described below, and is
<u>س</u> په	of Thomas G. Covino
Relationship to decedent	Decedent Grantor
who died on April 10, 2017	at
Sedro Weeller Sta	WA WA
City Cour	ry State
REAL PROPERTY SUBJECT TO THE AFFIDAVIT: Abbreviated Legal Description: Lot 1 SP 02-0085, AFN 200 being pt SW NE and SE NW Sec 20, T 36N, R 4 EWM	208210078 (Ptn Tract B SP 30-89 AFN 8908180002
Assessor's Property Tax Parcel/Account Number: <u>360420-2</u> (Attach full legal description of the property)	-009-0200/P119463
Decedent left no Last Will and Testament.	
Decedent left a Last Will and Testament which HAS N	OT been Probated or Revoked.
"Heirs at law" includes surviving spouse, children, adopte parents, brothers and sisters of the decedent. Affiant hereby pages if necessary)	d children, issue of predeceased child or adopted child, identifies all heirs at law of the decedent: (use additional

Page 1 of 3

Barbura Jon Courins wice.	
Full name, age, relationship, address	
Steven Courson - 500	
Full name, age, relationship. address	
Denise Alcantara. daughter	
Full name, age, relationship, address	
Linda Courion -daughter	
Full name, age, relationship, address	
Jeannelle hightfort - daughter	
Full name, oge. relationship, address	
Diane Jentins daughter	
Full name, age, relationship, address	
Full name, age, relationship, address	
Full name use relationship address	

Pated: 1120 12021	<del></del>	
Barbara Joan Cool.	٥٨	
ffiam's full name		_
360.630-5044	0	
elephone number		
	Street	
Burlington	wi A _	<b>ኆ</b> ሄጉኔ`ኔ
Cin	State	Zip Code
Barbara Joan Coreses		11/20/2021
Signature		Date
STATE OF WASHINGTON COUNTY OF SKAGIT  Signed and sworn to (or affirmed) before me on the state of the state o	31	R L BLUHM  Notary Public State of Washingtor Commission # 176026 Comm. Expires Sep 25, 2024
My appointment expires: \(\frac{\cappa()}{}\), 20\(\frac{\cappa}{}\)	1 1	~~~~~
My appointment expires: \(\(\frac{1}{3}\), \(\frac{1}{3}\)	et	

Page 3 of 3

### CERTIFICATE OF DEATH

DATE ISSUED: 04/17/2017 FEE NUMBER:

CERTIFICATE NUMBER: 2017-017384

FIRST AND MIDDLE NAME(S): THOMAS GARVIN LAST NAME(S): COUVION

COUNTY OF DEATH: SKAGIT DATE OF DEATH: APRIL 10, 2017 HOUR OF DEATH: 11:30 PM

SEX: MALE AGE: 91 YEARS

SOCIAL SECURITY NUMBER: 5

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: SAMAMISH LAKE, WASHINGTON

MARITAL STATUS: MARRIED SPOUSE: BARBARA O'MASTERS

OCCUPATION: MECHANICAL ENGINEER INDUSTRY: AEROSPACE EDUCATION: BACHELOR'S DEGREE

INFORMANT: BARBARA COUVION

RELATIONSHIP: WIFE

US ARMED FORCES: YES

ADDRESS: 3395 OLD HIGHWAY 99 BURLINGTON, WA 98233

CAUSE OF DEATH A: ALZHEIMER'S DEMENTIA

INTERVAL: YEARS

INTERVAL C:

INTERVAL

D: INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE, ATRIAL FIBRILLATION, DIABETES MELLITUS TYPE TWO

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

DATE RECEIVED. APRIL 14, 2017

PLACE OF DEATH. NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: LIFE CARE CENTER

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 3395 OLD HIGHWAY 99 CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233 INSIDE CITY LIMITS: NO COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER/PARENT: THOMAS A COUVION

MOTHER/PARENT: BERNICE

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION. GETHSEMANE CEMETERY

CITY, STATE: FEDERAL WAY, WASHINGTON DISPOSITION DATE: APRIL 19, 2017

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: KIRK S. DUFFY

MANNER OF DEATH: NATURAL

DATE SIGNED: APRIL 12, 2017

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE

CERTIFIER NAME: GILSON R. GIROTTO, DO

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100 CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

AUTOPSY: NO

TITLE: DO

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\*CERTIFIED\*

APR 1 7 2017

Skagit County Health Department

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# **EXHIBIT A**

# PARCEL "A":

Lot 1 of Skagit County Short Plat No. 02-0085, approved August 21, 2002, and recorded August 21, 2002, under Auditor's File No. 200208210078, records of Skagit County, Washington and being a portion of Tract B of Skagit County Short Plat No. 30-89, approved August 10, 1989, and recorded August 18, 1989, in Volume 8 of Short Plats, page 154, under Auditor's File No. 8908180002, records of Skagit County, Washington; being a portion of the Southwest 1/4 of the Northeast 1/4 and the Southeast 1/4 of the Northwest 1/4 of Section 20, Township 36 North, Range 4 East, W.M.

Situate in the County of Skagit, State of Washington.

PARCEL "B":

An ingress, egress and utilities over, under and across that certain private driveway as set forth in Declaration recorded August 21, 2002, under Auditor's File No. 200208210079, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

END OF EXHIBIT A