



202202150111

02/15/2022 02:48 PM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor

Return Address:

LARRY B NOYES
2538 SE SPRUCE ST,
Hillsboro, OR 97123

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022.560

FEB 15 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By LT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee LARRY B NOYES, 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 Spouse
Relationship to decedent
of CAROL A NOYES, who died on Aug. 3, 2021
Decedent/Grantor Date
at Portland Washington OR
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 1A Cascade River Park #2

Assessor's Property Tax Parcel/Account Number: P63819
(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 3)

Larry Burton Noyes, 85, husband

2538 SE Spruce St. Hillsboro OR 97123

Full name, age, relationship, address

Michael William Noyes, 59, Son

2859 SE Cedar Dr Hillsboro OR 97123

Full name, age, relationship, address

Mitchell Lee Noyes, 56, Son

155 NW Jackson St., #2 Hillsboro OR 97124

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: Feb 2, 2022LARRY BURTON NOYES

Affiant's full name

Landline: 503.648.7473

Telephone number

cell: 503.467.63622538 SE Spruce St.Hillsboro

City

OR

State

97123

Zip Code

[Signature]

Signature

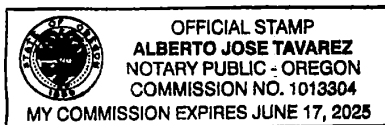
Feb. 2, 2022

Date

State of OregonCounty of WashingtonI know or have satisfactory evidence that Larry Noyes

(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: 2/2 / 22(SEAL OR
STAMP)Residing at: Columbia BankNotary Public in and for the State of OregonMy appointment expires: 6 / 25

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

972365

I.D. TAG NO.

STATE FILE NUMBER

7442379

1. Legal Name First: Carol Middle: Ann Last: Noyes Suffix:		2. Death Date August 03, 2021	
3. Sex Female	4. Age 79 years	5. Social Security Number	
6. County of Death Washington		7. Decedent's Education Some college	
8. Birthplace Palo Alto, California		9. Was Decedent Ever in U.S. Armed Forces? No	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	
12. Residence: Number and Street 2538 SE Spruce Street		13. City/Town Hillsboro	
14. Residence County Washington		15. State or Foreign Country Oregon	
16. Zip Code + 4 97123		17. Inside City Limits? Yes	
18. Marital Status at Time of Death Married		19. Spouse's Name Prior to First Marriage Larry Noyes	
20. Usual Occupation Bank Teller		21. Kind of Business/Industry Financial	
22. Father's Name John William Bolte		23. Mother's Name Joan Francis	
24. Informant's Name Larry Noyes		25. Relationship to Decedent Spouse	
26. Telephone Number Not Available		27. Mailing Address 2538 SE Spruce Street, Hillsboro, OR 97123	
28. Place of Death Hospital-Inpatient		29. Facility Name Providence St. Vincent Medical Center	
30. Location of Death 9205 SW Barnes Road		31. City/Town or Location of Death Portland	
32. State Oregon		33. Zip Code + 4 97225	
34. Method of Disposition Burial		35. Place of Disposition Willamette National Cemetery	
36. Name and Complete Address of Funeral Facility Crown Memorial Center, Cremation & Burial - Tualatin 8970 SW Tualatin-Sherwood Road, Tualatin, Oregon 97062		37. Date of Disposition August 19, 2021	
38. Funeral Director's Signature Enika-Lyn Morris		39. OR License Number CO-3962	
40. Registrar's Signature Kathleen J. Lasada		41. Date Received SEP 03 2021	
42. Local File Number 21-0786		43. Amendment	
44. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
45. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
46. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
47. Time of Death 1422			
48. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			
Final disease or condition resulting in death →		Approximate Interval: Onset to Death	
a. brain herniation		hours	
Due to (or as a consequence of) →		hours	
b. nontraumatic intraparenchymal hemorrhage			
Due to (or as a consequence of) →			
c.			
Due to (or as a consequence of) →			
d.			
49. Other significant conditions contributing to death, but not resulting in the underlying cause given above:			
50. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		51. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death: <input type="checkbox"/> Pregnant at time of death: <input type="checkbox"/> Unknown if pregnant within the past year: <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death	
52. Date of Injury (month/day/year)		53. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
54. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)		55. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
56. Describe how injury occurred		57. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
58. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		59. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Tomoko Sampson, 9135 SW Barnes Rd, Ste 401, Portland OR 97225	
60. Name and Title of Attending Physician (if other than Certifier)		61. License Number MD100125	
62. Title of Certifier MD		63. Date Signed (month/day/year) AUG 23 2021	
64. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Amolokshy m		65. Medical Examiner - 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.	
66. Amendment			

45-2DP (01/06)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

SEP 03 2021

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

