202202240051

02/24/2022 11:16 AM Pages: 1 of 4 Fees: \$206.50 Skagit County Auditor

Return Address: Mary Lynne Barcott 2008 Tundra Loop Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX
ZOZZ. 487 FEB 24 2022

Amount Paid \$ - Skagit Co. Treasurer

	By U Do	eputy
A	FFIDAVIT (LACK OF I	PROBATE)
The undersigned affiant/grant	ee Mary Lynne Barcott Name of Affiant	, being first duly sworn
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	
,	Rela	utionship to decedent
of Robert Barcott		, who died on
Decedent/G at Mount Vernon	Skagit	Date Washington
City	County	State
REAL PROPERTY SUBJE	CT TO THE AFFIDAVIT	
AF#200510120048. BEIN SECTION 16, TOWNSH AF#200510120048. BEIN	IP 34 NORTH, RANGE 4 E NG A PORTION LOCATED IP 34 NORTH, RANGE 4 E	D IN THE SE1/4 OF NE1/4, EAST. RECORDED D IN THE SE1/4 OF NE1/4, EAST.
Assessor's Property Tax Pa (Attach full legal descriptio		3465
Decedent left no Last Will	and Testament.	
Decedent left a Last Will a	nd Testament which HAS NOT	been Probated or Revoked.
predeceased child or adopted o	ing spouse, children, adopted chehild, parents, brothers and siste birs at law of the decedent: (use	rs of the decedent. additional pages if
• .		(Page 1 of <u>5</u>)
REV 84 0017 (1/3/17)		

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Mary Lynne Barcott, spouse, age
2008 Tundra Loop, Mount Vernon, WA 9827:
Full name, age, relationship, address
Carrie Catherine Simpson, daughter, age
2008 Tundra Loop, Mount Vernon, WA 9827:
Full name, age, relationship, address
Janet Lynne Wilkins, daughter, age
Full name, age, relationship, address
Steven Llewellyn Barcott, son, age
Full name, age, relationship, address
David Michael Barcott, son, age
Full name, age, relationship, address
Full name, age, relationship, address
Full name, age, relationship, address
Full name, age, relationship, address

Dated: 2/14/22		1
Mary Lynne Barcott		
Affiant's full name		
Telephone number 2008 Tundra Loop		
Mount Vernon	Street WA	98273
City X May Symul	State	Zip Code
J		
State of Washington	County	of Skagit
I know or have satisfactory eviden	_{ce that} Mary Lynne Barco	tt
,		name of person)
is the person who appeared before affidavit and acknowledged it to be mentioned in Missaffidavit.		
Dated 2 NOTAL TO SEE AL OTRBLIC	Sign	hature of Notary Public
WASHING WILLIAM	• • • •	A Vanou, ust
******	Notary Public in and	d for the State of WANING For
		ires: 10 /26/24

CERTIFICATION OF THE CONTROL OF THE

STATE OF ALASKA

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	-	11.17 H. J. +47	181 41	ida wi na na		4		
TYPEPRINT	O:HTH CENTIFICATE NUMBER	CERT	IFICATE	OF DEAT	H 150	06001776		
PERMANENT BLACK INK	RECORDER NO.		TAL STATISTICS -	'H'AND SOCIAL SERV 5441 COMMERCIAL E	ALVD.	ECGIVED		
	1, DECEDENT'S NAME (First, Middle, Lest)	<u> </u>	. JUNEAU, ALASK	CA 99801	12 SEX 3 DATE OF	JG 1 0 2006		
		Barcott	YA-W	THE NAME	1	22/2006		
1	4. SOCIAL SECURITY NUMBER T SE	AGE-Last Birthday 56 UNDER	TIYEAN SOUN	IDER I DAY	7.	BIRTHMACE		
	E. BYAYE OF DEATH	67 Months			} {	BIRTHPLACE State or Foreign Country) California		
≟ ποιεύν ма~~-	4.1.4.04.4	<u></u>		Check Only one: see Instructions				
	12.0101	Inpetient		Ruraing Home Residence	Ciner (Specify)			
1	Petersburg Medical Center Petersburg							
	10, MARITAL STATUS	History History	T1	Mary Lynno L	meldes name).			
<u> </u>	NEVER MARRIED X MARRIED 12a DECEDENT'S USUAL OCCUPATION (GIA		TISP KIND OF BUSINESSAL			R IN U.S. ARMED FORCES?		
SEE INSTRUCTIONS ON OTHER BIDE	Fleet Manager		Seafood		VES 1 NO			
	lus a .	HE CITY TOWN ON LOCATION	yi.,	146. STREET AND NUMBER	R			
SK ON TO K	Washington 14d, INSIDE CITY LIMITS OR BETTLED COMMUNITY?	Mount Vernon	ENT OF HISPANIC ORIGIN?	T SA WACE CHAPLE !	a Loop Road	ECEDENT'S EQUICATION		
ŭ O	SETTLED COMMUNITY?	(Specify No or Mexican, Puer	Yes-if You specify Cuban; to Hean, sto.)	Manage William Blo		only highest grade completed)		
				: Caucasia		Condary (0-12) College (1-4 or 5+) 4		
PARENT',	18. FATHER'S NAME (First, Middle, Last)		19. A	Specify: ACTHER'S HAME (First, Missing,	Maiden Surnama)	- · · · · · · · · · · · · · · · · · · ·		
	Frank Lambert Barco			ylvia Jane	ele Zip Code)	20C RELATIONSHIP TO DECEDENT		
INFORMAN	Gregory R. Barcott	13723 61s	t. Ave. S.E.	. Everett. WA		Son		
~ 5P05F10N	21a, MÉTHOD OF DISPOSITION	21b, PLACE OF C	(6)*OBITION (Name of ceme	tery, crematory or other place)	21c LOCATION - City or To	own, State		
	Buries Cremetion LX Remo	over from State Grand	Viéw Cemeter	ÿ	Anacortes,	WA		
SEE DEFINITION ON OTHER SIDE	Opposion Other (%)	PECIFY) CENSEE ON PERSON ACTING AS SUCH	226 NAME AND AL	DORESS OF FACILITY	<u> </u>	··		
1	· Surficely	Ron Randall	Ketchik	an Mortuary B	ox 8181 Ketc	hikan, AK 99901		
PHON A NOMO		o the best of my knowledge, dratts occ	urred at the time, date, and pi	lece stated.		23b. DATE SIGNED (Month, Day, Year)		
	certifying physician is not. available at time of death to certify cause of death. Signs	itum and Title		1 4 1		1		
ITEMS 34-26 MUST BE COMPLETED BY	24. TIME OF DEATH 25. OA	TE PRONOUNCED DEAD (Month, Day,	Year)	28. W	AS CASE REFERRED TO MED	HCAL EXAMINER/CORONER?		
PERSON WHO PRONOUNCES	19:00 M J	uly 22, 2000			[X] _{ve} ,	□ Ng		
DEATH	27, PART J. Enter the diseases, Injunes, or do List only one owise on each fine.		not enter the mode of dying.	bilch as cardias or mapiretory a	mest, shock, or heart failure.	Approximate Interest Between Once: & Death		
AUS! SE	DAMEDIATE CAUSE (Final a disease or condition resulting in death)	Drowning DUE TO FOR AS A CONSEQUE	NCE OF):	7,2				
DEA 11	6_	Motor vehicle driv						
201 EC	Sequentially list conditions, if	DUE TO JOR AS A CONSCOU	INCE OF):					
SEE INSTRUCTION	any, leading to immediate cause. Enter UNDERLYING CAUSE c — (disease or injury that initiated events resulting in destry LAST	DUE TO (OR AS A CONSEQUE	NGE OF:		 			
N CO	i a							
40	Cardiac Disease	contributing to death but not resulting	in the underlying cause give	n in Part t. 28	NAS AN AUTOPSY PERFORMED?	280 WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO		
	Cardiac Discase			耳.	□ vas 1€0 No	COMPLETION OF CAUSE OF DEATH?		
	29& CERTIFIER CERT	TIFYING PHYSICIAN (Physician cettity)	ng cause of death when and	ther official has prosounced use		No Die		
	(Check only one) To the	e best of my knowledge, Seath occurre NOUNCING AND CERTIFYING PHYSIC	His to the cause(s) and mar	nhe as stated				
	To the	e best of my knowledge, death occurred	st the time, date, and place,	and due to the causa(s) and ma	ner en alated.			
SEE DEFINITION	On th	ICAL EXAMINERICORONER to bests of examination and/or investign	ilian jn my opinian, easth oc	courned all the lime, date, and pla	ce, and due to the cause(s) an	d manner as alated.		
ON OTHER SIDE	290 DIGNATURE AND TITLE OF CERTIFIER	OF CAUSE OF DEATH			29c. (DATE SKINED (Monin, Day, Year)		
	280 MANE AND ADDRESS OF CERTIFIER W	Fallico MD	EM 27) (Type/Print name of c	entitien : 2	LICENSE NUMBER	8-02-06		
fri Fit Fit	Franc G. Fallico, M.D., Chief Me	• •			1349			
	30. MANNER OF DEATH 31. IF	MANNER OF DEATH"	E OTHER THAN	"NATURAL", ITEMS	Sta - SIF MUST E	E COMPLETED.		
, \	Natural Pending 31s DATE (0F INJURY 316 TIME OF INJURY 17:55	31C INJURY AT WORK?		rove car into h			
\	Lauf Suffride determined later FLACE	QF INURY—AL ROME, SUMME CENTRALS			and Number of Rural Route N			
	Momietes Outo	doors		Middle I	larbor dock, Pe	etersburg, Alaska		
<u>Proving</u>	32. RECORDER'S SIGNATURE		** ***	S1-RECORDING DISTRICT	34.00	TE FILED MONUL Day, Year		
Form VS-101 REV. 1-92	L		·					
1157, PB2		ORIGINA	l - State Co)ba				

001777272

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

FEBRUARY 22, 2022

DATE ISSUED_

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.





State Registrar