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03/10/2022 09:33 AM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor


FILED FOR RECORD AT REQUEST OF:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2022.923
MAR 10 2022

WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

Amount Paid \$ 0
Skagit Co. Treasurer
By  Deputy

LACK OF PROBATE AFFIDAVIT

GRANTOR: DONNA M. SCHLEGMAN
GRANTEE: MARIAH PHILLIPS
LEGAL DESCRIPTION: NW ¼, NW ¼, 32, 33N, 4E (Full legal found on page 2)
PARCEL NUMBER: P17579
REFERENCE NUMBERS: 200106270090 (Previous deed)

STATE OF ARIZONA)
) ss.
COUNTY OF MARICOPA)

I, MARIAH PHILLIPS, being first duly sworn on oath, depose and say:

THAT I am the surviving child of DONNA M. SCHLEGMAN, who died testate on the 12th day of October, 2021, in Glendale, Maricopa County, State of Arizona, and who is a resident of Glendale, Maricopa County, State of Arizona, with a certified copy of said death certificate attached hereto as Exhibit A;

THAT said DONNA M. SCHLEGMAN was a single woman with one (1) adult child, namely, MARIAH PHILLIPS; there were no other children born of DONNA M. SCHLEGMAN who are now deceased leaving issue surviving, nor had she ever adopted any children;

THAT DONNA M. SCHLEGMAN executed her Last Will and Testament on the 23rd day of August, 1993, which Will has been filed with the Skagit County Clerk, under Skagit County Cause No. 22-4-00122-29, with a conformed copy attached hereto as Exhibit B.

THAT pursuant to the above referenced documentation and pursuant to the operation of law, I am the sole and rightful heir to the real property described herein below. My name, age, relationship and address is as follows:

MARIAH PHILLIPS, Daughter
11275 North 99th Avenue, Lot 76
Peoria, AZ 85345

THAT the expenses of the last illness and funeral and burial of the decedent have been paid, as evidenced by receipts in my possession, or provisions have been made for full payment of any and all future and currently unknown expenses connected therewith;

THAT the decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance;

THAT there is no State of Washington Inheritance Tax due as a result of the decedent's death;

THAT there is no Federal Estate Tax due as a result of the decedent's death;

THAT no probate of the Estate of DONNA M. SCHLEGMAN has been instituted, nor is such probate contemplated;

THAT all of the real property owned by the decedent at the time of her death, or in which she had an interest was separate property and situated in Skagit County, Washington and is more particularly described as follows:

THAT PART OF THE NORTHWEST QUARTER OF THE
NORTHWEST QUARTER OF SECTION 32, TOWNSHIP 33
NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF THE NORTH
HALF OF THE NORTHWEST QUARTER OF THE
NORTHWEST QUARTER OF SAID SECTION; THENCE
NORTH 416 FEET; THENCE WEST 208 FEET; THENCE SOUTH
416 FEET; THENCE EAST 208 FEET TO THE POINT OF
BEGINNING; EXCEPT COUNTY ROAD KNOWN AT THE
FRANKLIN ROAD ALONG THE EAST LINE THEREOF.

Parcel No.: 330432-2-002-0107/P17579

UNOFFICIAL DOCUMENT

THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant(s) agree(s) to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance.

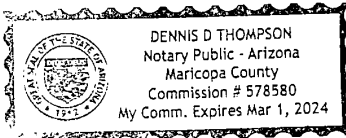
Dated this 11 day of January, 2022.

Mariah Phillips
MARIAH PHILLIPS

I certify that I know or have satisfactory evidence that MARIAH PHILLIPS signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 11 day of JAN, 2022.

[Signature]
(Signature)



Dennis Thompson
(Printed Name)

Notary Public in and for the
State of Arizona

Residing in Phoenix
My commission expires 03/01/2024

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

100037

09:33 PM

State File Number
102-2021-061176

ORIGINAL
STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) DONNA, MAE, SCHLEGMAN		2. AKA'S (IF ANY)		3. DATE OF DEATH 10/12/2021	
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER [REDACTED]	6. DATE OF BIRTH [REDACTED]	7. AGE 79 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH GLENDALE, MARICOPA, 85308					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) RESIDENCE - 7168 W LONE CACTUS DRIVE					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILLINOIS		11. MARITAL STATUS DIVORCED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) NOT LISTED	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 7168 W LONE CACTUS DRIVE, GLENDALE, MARICOPA, AZ, 85308					
14. DECEDENT'S HISPANIC ORIGIN(S) NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S) WHITE		16. EVER IN ARMED FORCES NO	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) JULIUS, LOUIS, SCHLEGMAN		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) BEATRICE, [REDACTED]			
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) MARIAH, A., PHILLIPS				21. RELATIONSHIP DAUGHTER	
22. INFORMANT'S MAILING ADDRESS 11275 N 99TH AVENUE #76, PEORIA, AZ, 85345					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON MENKE FUNERAL & CREMATION CENTER 12420 N 103RD AVENUE, SUN CITY, AZ, 85351		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON ROBERT, ZIMMERMAN		25. LICENSE NUMBER FDL-001176	
26. METHOD(S) OF DISPOSITION CREMATION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY DECA CREMATION SERVICES, INC., PHOENIX, AZ, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29. A. IMMEDIATE CAUSE OF DEATH CEREBROVASCULAR DISEASE				30. APPROXIMATE INTERVAL MONTHS	
31. B. DUE TO OR AS A CONSEQUENCE OF: HYPERTENSION				32. APPROXIMATE INTERVAL UNKNOWN	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: HYPERLIPIDEMIA, DIABETES MELLITUS		38. INJURY? NO		39. INJURY AT WORK? NO	
		41. TIME OF DEATH 08:00 AM		40. MANNER OF DEATH NATURAL DEATH	
		42. WAS AN AUTOPSY PERFORMED? NO		43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER CERTIFICATION					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH ANNE, GILBERTSON		45. DATE CERTIFIED 10/14/2021	
46. CERTIFIER'S ADDRESS 110 W MUHAMMAD ALI WAY #1ST FLOOR, PHOENIX, AZ, 85013					

Date Registered: 10/15/2021

Date Issued: 10/22/2021

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

Krystal Colburn
KRISTAL COLBURN
ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT
OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE