

Document Title:

Lack of Probate Affidavit

Reference Number :

Grantor(s):

additional grantor names on page ____.

1. Leon Leonovich

2.

Grantee(s):

additional grantee names on page ____.

1. Carroll Leonovich

2.

FULL legal description:

full legal on page(s) ____.

TRACT "A" OF REVISED SKAGIT COUNTY SHORT PLAT NO. 38-79, APPROVED JANUARY 15, 1980 AND RECORDED JANUARY 30, 1980, IN BOOK 4 OF SHORT PLATS, PAGE 29, UNDER AUDITOR'S FILE NO. 8001300016, BEING A PORTION OF THE NORTHEAST ¼ OF THE NORTHEAST ¼ OF SECTION 29, TOWNSHIP 35 NORTH, RANGE 6 EAST, W.M.

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

P41989

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 2022-938
Date 03/10/2022

**LACK OF PROBATE AFFIDAVIT
(SEPARATE PROPERTY)**

Carroll Leonovich, being first duly sworn, on oath deposes and says:

That Affiant is the lawful surviving spouse surviving child _____, other (identify) _____ of Leon P Leonovich who died at 2:55pm, on the 9th day of June, 2020, in Skagit County, State of Washington, then being a resident of Sedro-Woolley County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

That Affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to children, adopted children, and the issue of any predeceased child or adopted child (if decedent left no surviving children, then Affiant has listed below all of the surviving parents, brothers and sisters of decedent).

That the heirs at law of the decedent are (list all of the heirs at law, using the reverse side or attaching a list if necessary):

1. Nicholas Leonovich
Address: 38974 S. Skagit Hwy Sedro-Woolley WA 98584
2. _____
Address: _____

That Affiant knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of said decedent (including, but not limited to: all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary);

CHECK WHICH APPLIES:

- That the decedent left a Will, a copy of which is attached hereto.
- That the decedent left no Will.
- That the decedent's estate is not being probated.
- That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under No. _____
- That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
- That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge is attached hereto.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-026600

DATE ISSUED: 06/11/2020
FEE NUMBER:FIRST AND MIDDLE NAME(S): LEON PROKOFIEV
LAST NAME(S): LEONOVICHCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 09, 2020
HOUR OF DEATH: 03:00 PM
SEX: MALE AGE: 68 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SANTA MONICA, CAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: CARROLL CANNOCCUPATION: OWNER/OPERATOR
INDUSTRY: REAL ESTATE AGENCY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: CARROLL LEONOVICH
RELATIONSHIP: WIFE
ADDRESS: 31884 S SKAGIT HWY SEDRO-WOOLLEY, WA 98284CAUSE OF DEATH:
A: ESOPHAGEAL CANCER
INTERVAL: 1 YEARB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: PROBABLE ASPIRATION
PNEUMONIA, CIRRHOSIS OF LIVER, ANEMIA, HYPOALBUMINEMIA, MALIGNANT
PLEURAL EFFUSIONSDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 31884 S. SKAGIT HWY
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 31884 S. SKAGIT HWY
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 47 YEARSFATHER: ANAOTLE I LEONOVICH
MOTHER: MABEL [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JUNE 11, 2020

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: RICK B. LEMLEYMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JUNE 10, 2020CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ISABEL M. GARBALAJ
DATE RECEIVED: JUNE 11, 2020