

After recording, return to:  
The Estate of Lilia Radich  
11438 State Route 20  
Mt. Vernon, WA 98273

CHICAGO TITLE CO.  
U20050719

Grantor (Name of Decedent): Lilia Radich  
Grantee (Heirs): Jana Radich  
Abbreviated Legal Description: Ptn. SE SW, 32-36-4E, W.M.  
Tax Parcel No.(s): P50419 / 360432-0-001-0005

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF Washington

COUNTY OF Skagit

The undersigned, John Radich by Jana Radich POA executes this affidavit relating to the estate of Lilia Radich (herein "Decedent"), who died on May 7 2017, in the County of Williamson, State of Tennessee, then being a resident of the City of Spring Hill, County of Williamson, State of Tennessee.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

- 1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.
- other (identify): \_\_\_\_\_

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(continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: John Radich by Spouse

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

**PARCEL "A":** The North 75 feet of the South 335 feet of the following described tract:

That portion of the Southeast 1/4 of the Southwest 1/4 of Section 32, Township 36 North, Range 4 E.W.M., described as follows: Beginning at the intersection of the South line of the abandoned Fairhaven Southern Railway Company's right of way and the West line of the county road; thence South along the West line of the county road, 410 feet; thence West to the West line of the Southeast 1/4 of the Southwest 1/4; thence North along said West line to the South line of the abandoned Fairhaven Southern Railway Company's right of way; thence East along said South line of the right of way to the point of beginning.

Situated in Skagit County, Washington.

**PARCEL "B":** The North 150 feet of the South 260 feet of the following described tract:

That portion of the Southeast 1/4 of the Southwest 1/4 of Section 32, Township 36 North, Range 4 E.W.M., described as follows: Beginning at the intersection of the South line of the abandoned Fairhaven & Southern Railway Company's right of way and the West line of the county road; thence South along the West line of said road 410 feet; thence West to the West line of the Southeast 1/4 of the Southwest 1/4; thence North along said West line to the South line of the abandoned Fairhaven & Southern Railway Company's right of way; thence East along said South line of the right of way to the point of beginning.

Situated in Skagit County, Washington.

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

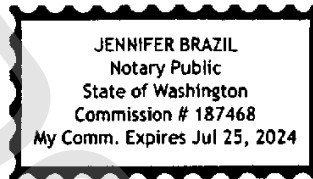
John Radich by Steven Radich  
his attorney in fact  
Signature

\_\_\_\_\_  
Print Name

State of Washington  
County of Skagit

Signed and sworn to (or affirmed) before me on March 10, 2022 by \_\_\_\_\_  
Steven Radich (name of person making statement).

Jennifer Brazil  
Name: Jennifer Brazil  
Notary Public in and for the State of Washington,  
Residing at: Skagit County  
My appointment expires: 7-25-2024



STATE OF TENNESSEE  
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED'S LEGAL NAME (First, Middle, Last, Suffix) <b>Life Radich</b>				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) May 7, 2017					
4. TIME OF DEATH (Approx.) 12:20 AM		5a. AGE - Last Birthday (Years) 73		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____					
6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country) Los Angeles, California									
8. PLACE OF DEATH (Check one only) <input type="checkbox"/> If death occurred in a hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> If death occurred somewhere other than a hospital: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify)											
9. FACILITY NAME (If not institution, give street and number) 2802 Tyler Ct.				10. CITY OR TOWN Spring Hill		11. COUNTY OF DEATH Williamson					
12. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married		13. SURVIVING SPOUSE (If wife, give name prior to last marriage) John Radich		14. DECEASED'S USUAL OCCUPATION Teacher		15. KIND OF BUSINESS/INDUSTRY Education					
16. SOCIAL SECURITY NUMBER		17. RESIDENCE-STATE OR FOREIGN COUNTRY Tennessee		18. COUNTY Williamson		19. CITY OR TOWN Spring Hill					
20. STREET AND NUMBER 2802 Tyler Ct.		21. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22. ZIP CODE 37174		23. WAS DECEASED EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
24. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, BS)				25. DECEASED OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)				26. DECEASED'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander (Specify)			
27. FATHER'S NAME (First, Middle, Last) Savino Porfido				28. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Valia							
29. INFORMANT'S NAME John Radich		30. RELATIONSHIP TO DECEASED Husband		31. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2802 Tyler Ct. Spring Hill Tennessee 37174							
32. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		33. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Spring Hill Mem. Park, FH & Cremation Services		34. LOCATION-City or Town and State Spring Hill, TN							
35. SIGNATURE OF FUNERAL DIRECTOR James A. Taylor		36. LICENSE NUMBER 4446		37. SIGNATURE OF EMERALGEM		38. LICENSE NUMBER					
39. NAME AND ADDRESS OF FUNERAL HOME Spring Hill Memorial Park Funeral Home and Cremation Services 5239 Main Street Spring Hill TN 37174				40. LICENSE NUMBER OF FUNERAL HOME 1098							
41. REGISTRAR'S SIGNATURE Diana J. Dreyzner		42. DATE FILED (Month, Day, Year) May 11, 2017		43. CERTIFIER (Check only one): <input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.							
44. SIGNATURE OF DEATH PRINTER Neva Dreyzner		45. LICENSE NUMBER 48448		46. DATE SIGNED (Month, Day, Year) 5/10/17							
47. NAME AND ADDRESS Neva Dreyzner MD 1718 Patterson St., Nashville, TN 37203		48. PART I. Enter the chain of events (disease, 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. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Colon Cancer Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____									
49. PART II. Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.						50. WAS AN AUTOPSY PERFORMED? No					
51. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		52. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		53. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year							
54. DATE OF INJURY (Month, Day, Year)		55. TIME OF INJURY		56. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)					
58. DESCRIBE HOW INJURY OCCURRED		59. LOCATION OF INJURY (Street and Number, City or Town, State)									

PH-1050 (Rev. 10/2011)

FDA 1399

09222965

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Lori B. Ferranti, PhD, MSN, MBA, RN  
State Registrar/Asst. Commissioner

John J. Dreyzner, MD, MPH, FACOEM  
COMMISSIONER




09222965  
Date Issued MAY 11 2017



CERTIFICATION OF VITAL RECORD

Lilia Kadich  
573-60-4824 A



  
Oletha J. Boyd, Local Registrar  
Williamson County