

After recording, return to:
Jodi Paine
989 S Main Street Ste A476
Cottonwood, AZ 86326

Chicago Title Company
620050828

Grantor (Name of Decedent): Robert Joseph Jaap
Grantee (Heirs): Jodi Lynn Paine
Abbreviated Legal Description: LT 115, "PLAT OF WOODSIDE PUD DIVISIONS 1 AND 2"
Tax Parcel No.(s): P133308 \ 6038-000-115-0000

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, Jodi L. Paine, executes this affidavit relating to the estate of Robert J. Jaap (herein "Decedent"), who died on 1/10/22, in the County of Yavapai, State of Arizona, then being a resident of the City of Mount Vernon, County of Skagit, State of Washington.
(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): _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
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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: Jodi L. Paine, 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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

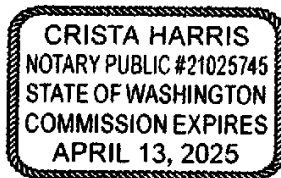
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Jodi L. Paine
 Signature
Jodi L. Paine
 Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on March 10, 2022 by Jodi L. Paine
 (name of person making statement).



Crista Harris
 Name: Crista Harris
 Notary Public in and for the State of Washington,
 Residing at: UPS Store 5499
 My appointment expires: 04-13-2025

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P133308 \ 6038-000-115-0000

LOT 115, "PLAT OF WOODSIDE PUD DIVISIONS 1 AND 2", RECORDED JULY 27, 2016, UNDER
SKAGIT COUNTY AUDITOR'S FILE NO.201607270025.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

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

State File Number
102-2022-001534

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) ROBERT, JOSEPH, JAAP		2. AKA'S (IF ANY)		3. DATE OF DEATH 01/10/2022	
4. SEX MALE	5. SOCIAL SECURITY NUMBER [REDACTED]	6. DATE OF BIRTH [REDACTED]	7. AGE 65 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH SEDONA, YAVAPAI, 86336					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) RESIDENCE - 148 QUAIL CIRCLE					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) GLASGOW, SCOTLAND		11. MARITAL STATUS MARRIED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) JODI, PAINE	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 148 QUAIL CIRCLE, SEDONA, YAVAPAI, AZ, 86336					
14. DECEDENT'S HISPANIC ORIGIN(S) NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S) WHITE		16. EVER IN ARMED FORCES NO	
17. OCCUPATION P.C.B. DESIGNER		18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) MAY, [REDACTED]			
19. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) ROBERT, JAAP		20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) JODI, PAINE		21. RELATIONSHIP SPOUSE	
22. INFORMANT'S MAILING ADDRESS 989 S MAIN ST STE A 476, COTTONWOOD, AZ, 86326					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON GREER'S MORTUARY OF SEDONA 2725 W HIGHWAY 89-A, SEDONA, AZ, 86336		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON ROYCE, GREER		25. LICENSE NUMBER FDL-000798	
26. METHOD(S) OF DISPOSITION CREMATION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY GREER'S CREMATORY OF SEDONA, SEDONA, AZ, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29. A. IMMEDIATE CAUSE OF DEATH HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE				30. APPROXIMATE INTERVAL UNKNOWN	
31. B. DUE TO OR AS A CONSEQUENCE OF:				32. APPROXIMATE INTERVAL	
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: FRONTOTEMPORAL DEMENTIA		38. INJURY? NO		39. INJURY AT WORK? NO	
40. MANNER OF DEATH NATURAL DEATH		41. TIME OF DEATH 17:39		42. WAS AN AUTOPSY PERFORMED? NO	
43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		44. NAME OF PERSON COMPLETING CAUSE OF DEATH JEFFREY, S. NINE			
45. DATE CERTIFIED 01/13/2022		46. CERTIFIER'S ADDRESS 7100 N.B. COUNTY FAIR TRAIL, PRESCOTT VALLEY, AZ, 86314			

Date Registered: 01/13/2022

Date Issued: 01/27/2022

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
KRYSTAL 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.