

After recording, return to:
Steven T. Cobain
14763 Hoxie Lane
Anacortes, WA 98221

Grantor (Name of Decedent): Ruthann Cobain
Grantee (Heirs): Steven T Cobain
Abbreviated Legal Description: ^{E 1/2 OF LOT 3} LTS 1, 2 AND 3, BLK 248, "MAP OF THE CITY OF ANACORTES"
Tax Parcel No.(s): P56417/ 3772-248-003-0002 Chicago Title
620051239

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, Steven T Cobain, executes this affidavit relating to the estate of Ruthann Cobain (herein "Decedent"), who died on September 9, 2019 in the County of Greene, State of Missouri, then being a resident of the City of Chever, County of Christian, State of Missouri.

(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: Steven T Cobain, 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

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.

Steven T Cobain
Signature

Steven T Cobain
Print Name

State of Washington .
County of Skagit

Signed and sworn to (or affirmed) before me on April 26, 2022 by _____
Steven T Cobain (name of person making statement)

NOTARY PUBLIC
STATE OF WASHINGTON
ALYSIA HUDSON
License Number 183699
My Commission Expires 03-01-2024

Alysia Hudson
Name: Alysia Hudson
Notary Public in and for the State of Washington,
Residing at: arrington
My appointment expires: 03-01-2024

EXHIBIT "A"
LEGAL DESCRIPTION

Order No.: 620051239

For APN/Parcel ID(s): P56417/ 3772-248-003-0002

LOTS 1, 2 AND EAST HALF OF LOT 3, BLOCK 248, "MAP OF THE CITY OF ANACORTES", AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGES 4 THROUGH 7, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

MISSOURI

CERTIFICATION OF DEATH

DATE FILED: SEPTEMBER 16, 2019 STATE FILE NUMBER: 124-19-028359

DECEDENT NAME: RUTHANN COBAIN SEX: FEMALE

DATE OF DEATH: SEPTEMBER 9, 2019 COUNTY OF DEATH: GREENE

DATE OF BIRTH: [REDACTED] MARITAL STATUS: MARRIED EVER IN ARMED FORCES: NO

SOCIAL SECURITY NUMBER: [REDACTED] RESIDENCE ADDRESS: 305 PLEASANT HILL ROAD CLEVER, MISSOURI

SURVIVING SPOUSE: STEVEN T COBAIN

(IF WIFE MAIDEN NAME)

FUNERAL HOME: WALNUT LAWN FUNERAL HOME LTD MANNER: NATURAL


UNDERLYING CAUSE (ICD CODE)
METASTATIC COLON CANCER
LIVER CANCER
LUNG CANCER

ISSUED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES: GREENE

THIS IS A TRUE CERTIFICATION OF NAME AND DEATH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI

DATE ISSUED: SEPTEMBER 16, 2019

Kenneth J. Palermo
Kenneth J. Palermo
State Registrar



00199735KP

UNOFFICIAL DOCUMENT