

After recording, return to:  
Joyce E Vanzile  
2610 E Section St #45  
Mount Vernon, WA 98274

CHICAGO TITLE

020051381

Grantor (Name of Decedent): Melvin Lee Van Zile  
Grantee (Heirs): Joyce E Van Zile  
Abbreviated Legal Description: LT 1, BRICKYARD CREEK DIV  
Tax Parcel No.(s): P102045 / 4587-000-001-0000

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 05/27/2022

**INHERITANCE LACK OF PROBATE AFFIDAVIT****(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**STATE OF WashingtonCOUNTY OF Skagit  
Denise Caswell, by POA for

The undersigned, Joyce E Van Zile, executes this affidavit relating to the estate of Melvin Lee Van Zile (herein "Decedent"), who died on January 4<sup>th</sup> 1999, in the County of Imperial, State of California, then being a resident of the City of Santa Valley, 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**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
 (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: Joyce E VanZile - Wife  
 Name and relationship: Denise A Caswell - Daughter  
 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.

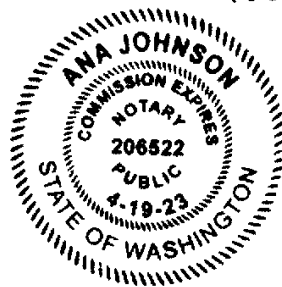
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Joyce E VanZile, by Denise A. Caswell,  
her Attorney in Fact  
 Signature  
Joyce E VanZile, by Denise A. Caswell,  
her Attorney in Fact  
 Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 05/27/2022 by Joyce E VanZile by  
Denise A Caswell her Attorney in Fact (name of person making statement).



Name: Ana Johnson  
 Notary Public in and for the State of Washington,  
 Residing at: Stamwood  
 My appointment expires: 4/19/2023

**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P102045 / 4587-000-001-0000**

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LOT 1, PLAT OF BRICKYARD CREEK DIVISION, ACCORDING TO THE PLAT THEREOF  
RECORDED IN VOLUME 15 OF PLATS, PAGE(S) 48 THROUGH 50, RECORDS OF SKAGIT  
COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

## CERTIFICATION OF VITAL RECORD

DEPARTMENT OF PUBLIC HEALTH  
**COUNTY OF IMPERIAL**  
 EL CENTRO, CALIFORNIA

## CERTIFICATE OF DEATH

3 1999 13 000012

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VB-11 (REV. 7/97)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>MELVIN</b>		2. MIDDLE <b>LEE</b>		3. LAST (FAMILY) <b>VAN ZILE</b>	
4. DATE OF BIRTH M/M/DD/C/YY <b>01/04/1939</b>		5. AGE YRS. <b>60</b>		6. SEX <b>M</b>	
7. DATE OF DEATH M/M/DD/C/YY <b>01/04/1999</b>		8. HOUR <b>1909</b>			
9. STATE OF BIRTH <b>NY</b>		10. SOCIAL SECURITY NO. <b>[REDACTED]</b>		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>MRD</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>			
14. RACE <b>Caucasian</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>International Machinists Union</b>	
17. OCCUPATION <b>Business Agent</b>		18. KIND OF BUSINESS <b>Machinist Union</b>		19. YEARS IN OCCUPATION <b>23</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>515 Sapp Rd.</b>					
21. CITY <b>Sedro-Woolley</b>		22. COUNTY <b>Skagit</b>		23. ZIP CODE <b>98284</b>	
24. YRS IN COUNTY <b>04</b>		25. STATE OR FOREIGN COUNTRY <b>WA</b>			
26. NAME, RELATIONSHIP <b>Joyce Van Zile, wife</b>					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>515 Sapp Rd. - Sedro-Woolley, WA 98284</b>					
28. NAME OF SURVIVING SPOUSE—FIRST <b>Joyce</b>		29. MIDDLE <b>Elaine</b>		30. LAST (MAIDEN NAME) <b>Dickman</b>	
31. NAME OF FATHER—FIRST <b>Clifford</b>		32. MIDDLE <b>-</b>		33. LAST <b>Van Zile</b>	
34. BIRTH STATE <b>NY</b>		35. NAME OF MOTHER—FIRST <b>Frances</b>		36. MIDDLE <b>-</b>	
37. LAST (MAIDEN) <b>[REDACTED]</b>		38. BIRTH STATE <b>NY</b>			
39. DATE M/M/DD/C/YY <b>01/18/1999</b>		40. PLACE OF FINAL DISPOSITION <b>Pri. Res. 515 Sapp Rd. Sedro-Woolley, WA 98284</b>			
41. TYPE OF DISPOSITION <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		43. LICENSE NO. <b>-</b>	
44. NAME OF FUNERAL DIRECTOR <b>Hens Brothers Mortuary</b>		45. LICENSE NO. <b>FD1025</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>Benjamin Lehr</b>	
47. DATE M/M/DD/C/YY <b>01/08/1999</b>					
101. PLACE OF DEATH <b>Trailer Park Residence</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input checked="" type="checkbox"/> OTHER	
104. COUNTY <b>Imperial</b>		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>Hwy. 8, Sp. 216</b>			
106. CITY <b>Winterhaven</b>					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) CARDIOPULMONARY ARREST</b>		TIME INTERVAL BETWEEN ONSET AND DEATH <b>MNS</b>		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>R-99-004</b>	
DUE TO (B) <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		YRS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>DIABETES</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE M/M/DD/C/YY <b>M/M/DD/C/YY</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>[Signature]</b>		116. LICENSE NO. <b>-</b>	
117. DATE M/M/DD/C/YY <b>01/08/1999</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>-</b>			
119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/C/YY <b>01/08/1999</b>	
122. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <b>-</b>		123. HOUR <b>-</b>		124. PLACE OF INJURY <b>-</b>	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) <b>-</b>		126. SIGNATURE OF CORONER OR DEPUTY CORONER <b>[Signature]</b>		127. DATE M/M/DD/C/YY <b>01/08/1999</b>	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER <b>Ralph L. Smith, Dep. Coroner</b>		129. FAX AUTH. # <b>-</b>		130. CENSUS TRACT <b>3-0008696</b>	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA, COUNTY OF IMPERIAL

I DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT  
 COPY OF THE ORIGINAL RECORD AS FILED IN THIS OFFICE.

DATE ISSUED **JAN 08 1999**

**Benjamin Lehr**  
 BENJAMIN LEHR, M.D.  
 LOCAL REGISTRAR  
 IMPERIAL COUNTY, CALIFORNIA

This copy is not valid unless prepared on engraved border, displaying the date and signature of the Local Registrar.