

Return Address:

Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233
 205978-LT

REVIEWED BY
 SKAGIT COUNTY TREASURER
 DEPUTY Lena Thompson
 DATE 07/25/2022

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Christopher M. Ybarra & Trisha C. Timms, being first duly sworn deposes and states as follows:

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Son & Daughter of Frank Ybarra who died on 8/6/2020
Relationship to decedent *Decedent/Grantor*
 at CYPRESS ORANGE COUNTY CALIFORNIA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: ptn Lots 9 & 10, Blk 22, West Add., Clear Lake, WA

Assessor's Property Tax Parcel/Account Number: 4144-022-010-0118/P75076
 (Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Christopher
~~Christopher~~ M. Ybarra, Son, 1900 N. Cloud, Crest Circle, Anaheim CA 92807
Full name, age, relationship, address

Trisha C. Timms, Daughter
~~Daughter~~, 555 E. Cabrillo, Placentia CA 92870
Full name, age, relationship, address

Dated: July 19, 2022Christopher
Christopher M. Ybarra, 714-329-0749, 1900 N. Cloud, Crest Circle, Anaheim CA 92807cm ybarra
Signature7/19/22
Date

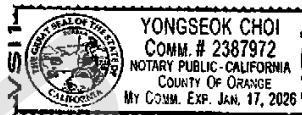
Trisha C. Timms, 661-874-9608, 555 E. Cabrillo, Placentia CA 92870

Trisha C. Timms
Signature7/19/22
DateSTATE OF CaliforniaCOUNTY OF Orange

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Signed and sworn to (or affirmed) before me on this 19 day of July, 2022 by Christopher M. Ybarra and Trisha C. Timms, as Heirs of Frank Ybarra.Yongseok Choi
Signature

Stamp/Seal:

Notary Public
TitleMy appointment expires: Jan-17, 2026

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

3052020177613

CERTIFICATE OF DEATH

3202030013556

1. NAME OF DECEDENT - FIRST (Name) FRANK		2. MIDDLE RAPHAEL		3. LAST (Name) YBARRA	
4. DATE OF BIRTH (month/day/year) 64					
5. AGE Yrs 64					
6. SEX M					
7. BIRTH STATE/FOREIGN COUNTRY CA		8. SOCIAL SECURITY NUMBER XXXXXXXXXX		9. MARRIAGE STATUS MARRIED	
10. EDUCATION - Highest Level Completed ASSOCIATE		11. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. DATE OF DEATH (month/day/year) 08/06/2020	
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MEDICAL ENGINEER		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, restaurant, employment agency, etc.) HEALTHCARE		15. YEARS IN OCCUPATION 35	
16. DECEDENT'S RESIDENCE (Street and number, or location) 4751 GRACE AVENUE					
17. CITY CYPRESS		18. COUNTY/PROVINCE ORANGE		19. ZIP CODE 90630	
20. YEARS IN COUNTRY 47		21. STATE/FOREIGN COUNTRY CA		22. MARITAL STATUS (Name, relationship, date) REBECCA ANN YBARRA, WIFE	
23. NAME OF SURVIVING SPOUSE (Name) REBECCA		24. MIDDLE ANN		25. LAST (Name) MARANVILLE	
26. NAME OF FATHER (Name) FRANCISCO		27. MIDDLE YBARRA		28. LAST (Name) YBARRA	
29. NAME OF MOTHER (Name) ARLENE		30. MIDDLE WENDELL		31. LAST (Name) WENDELL	
32. DEPOSITION DATE (month/day/year) 08/12/2020		33. PLACE OF FINAL DEPOSITION FOREST LAWN MEMORIAL PARK			
34. TYPE OF DEPOSITION CR/BU		35. SIGNATURE OF LOCAL REGISTRAR CLAYTON CHAU, MD, PHD			
36. NAME OF FUNERAL ESTABLISHMENT ACCORD CREMATION & BURIAL SERVICES		37. LICENSE NUMBER FD1591		38. DATE (month/day/year) 08/11/2020	
39. PLACE OF DEATH RESIDENCE					
40. CITY ORANGE		41. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 4751 GRACE AVENUE		42. CITY CYPRESS	
43. CAUSE OF DEATH 1. MYOCARDIAL INFARCTION					
44. HYPERTENSIVE CARDIOVASCULAR DISEASE					
45. HYPERTENSION					
46. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 43 DIABETES TYPE II					
47. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 43? (Yes, list type of operation and date) NO					
48. SIGNATURE AND TITLE OF CERTIFIER DENNIS JAMES SANCHEZ M.D.		49. LICENSE NUMBER G48388		50. DATE (month/day/year) 08/10/2020	
51. CERTIFY THIS DEATH OCCURRED AT THE HOUR, DATE, PLACE, AND MANNER AS STATED 02/11/2019		52. CERTIFY THIS DEATH OCCURRED AT THE HOUR, DATE, PLACE, AND MANNER AS STATED 11/02/2019			
53. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Criminal <input type="checkbox"/> Undetermined					
54. PLACE OF DEATH (e.g., home, construction site, wooded area, etc.)					
55. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
56. LOCATION OF INJURY (Street and number, or location, apt. no., and apt. no.)					
57. SIGNATURE OF CORONER / DEPUTY CORONER					
58. DATE (month/day/year)					
59. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
60. STATE REGISTRAR					
61. FAX AUTH.					
62. CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ORANGE

DATE ISSUED **August 18, 2020**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY

ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

