

Return Address:

1301 RIVERSIDE DR
MT. VERNON, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Kaylee Oudman
DATE 08/22/2022

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Barbara J. Martin, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is Spouse
Relationship to decedent

of James A. Martin who died on January 9, 2005
Decedent/Grantor Date

at Seattle King Washington
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: _____

Current Legal Description Abbreviation Definitions
LOT 41, HILLTOP HAVEN, AS PER PLAT RECORDED IN VOLUME 12 OF PLATS, PAGES 47, 48 AND 49, RECORDS OF SKAGIT COUNTY,

Assessor's Property Tax Parcel/Account Numbers: (List All)

781317

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Barbara J. Mastin, 79, SPOUSE
 Full name, age and relationship

4020 CREEK PLACE, MOUNT VERNON, WA 98273
 Address City State Zip

Randall S. Mastin, 64, SON
 Full name, age and relationship

UNKNOWN
 Address City State Zip

ROCHELLE HOUSE, 62, DAUGHTER
 Full name, age and relationship

2915 RAINIER AVE. S, APT 415, Seattle WA 98144
 Address City State Zip

CHRISTINA Cathleen ^{MASTIN}, 60, DAUGHTER
 Full name, age and relationship

684 W. Olympic Place, APT 2, Seattle WA 98119
 Address City State Zip

JOHN DAVID MASTIN, 58, SON
 Full name, age and relationship

8226 STEAMBOAT Island Rd, NW, Olympia, WA 98502
 Address City State Zip

CYNTHIA AMES MASTIN, 57, DAUGHTER
 Full name, age and relationship

13714 26th Ave, NE Seattle WA 98125
 Address City State Zip

JESSICA FAITH MASTIN, 43, DAUGHTER
 Full name, age and relationship

4020 CREEK PLACE, MOUNT VERNON, WA 98273
 Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ _____ of which approximately \$ 000,00 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (✓) OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never (✓) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 8-27-22

[Signature]
Affiant's full name Telephone number

Street City State Zip Code

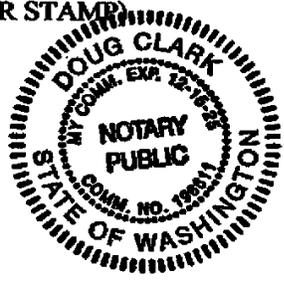
State of Washington County of Skagit

I know or have satisfactory evidence that Barbara J Mastin
(Name of Person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/hier) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: July 27, 2022 [Signature]
Signature of Notary Public

(SEAL OR STAMP) Residing at Sedro Woolley, WA



Notary Public in and for the State of WA.

My appointment expires: December 15 2025

(Based on REV 84 0017 (1/3/17))

STATE OF WASHINGTON DEPARTMENT OF HEALTH
 DEPARTMENT OF HEALTH
CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 00231		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) James Seth MASTIN			2. Death Date 1/9/2005		
3. Sex (M/F) Male	4a. Age - Last Birthday 73	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death King
7. Birthdate [Redacted]		8a. Birthplace (City, Town, or County) Hammonton	8b. (State or Foreign Country) OK	9. Decedent's Education Master's Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 6 th St.) (Include Apt. No.) 4020 Creek Place			13b. City or Town Mt. Vernon		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WA	13f. Zip Code + 4 98273	13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence 8 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to (s); marriage) Barbara J. Lurie	
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED.) Teacher/Coach			18. Kind of Business/Industry (Do not use Company Name) Education		
19. Father's Name (First, Middle, Last, Suffix) Fred Mastin			20. Mother's Name Before First Marriage (First, Middle, Last) Leona Omega		
21. Informant's Name Barbara J. Mastin		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town, State, Zip 4020 Creek Place, Mt. Vernon, WA 98273	
24. Place of Death, if Death Occurred in a Hospital: In Patient					
25. Facility Name (If not a facility, give number & street or location) Virginia Mason Hospital			26a. City, Town, or Location of Death Seattle	26b. State WA	27. Zip Code 98101
28. Method of Disposition Cremation			29. Place of Final Disposition (Name of cemetery, crematory, other place) Bonney-Watson Crematory		30. Location-City/Town, and State Seattle, Washington
31. Name and Complete Address of Funeral Facility Bonney-Watson, 1732 Broadway, Seattle, Washington, 98122				32. Date of Disposition 1/13/05	
33. Funeral Director Signature <i>William A. Helwick</i>					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → STROKE FOLLOWING SURGERY Interval between Onset & Death SIMULTANEOUS Due to (or as a consequence of): a. AORTIC DISSECTATION Interval between Onset & Death HOURS Due to (or as a consequence of): c. ATHEROSCLEROSIS Interval between Onset & Death YEARS Due to (or as a consequence of): d.					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street			Apt. No.		
City or Town			County		State
46. Describe how injury occurred			47. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician - In the best of my judgment, death occurred on the day and at the place specified on this certificate. <i>Daniel L. Paull, M.D.</i>			48b. Medical Examiner/Coroner - On the basis of examination, medical investigation, or any reports, check occurrence of the (a-c), (d-f), (g-h), (i-j), and (k-l) for the condition listed in paragraph 34.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Daniel L. Paull, 1201 Terry Ave, 3rd Fl., Seattle, WA 98111			50. Hour of Death (24hrs) 19:40		51. Date Signed (mm/yyyy) 1/12/05
53. Title of Certifier Doctor			54. License Number 32879	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature <i>Nelson James</i>			58. Date Received (mm/yyyy) JAN 13 2005		
59. Amendments					

Attachment for Correction

Document Number: 202208220065
Date: 08/22/2022

Case Number: Date:

Case Name:

Case Address:

Case City:

Case State:

Case Zip:

Case Description:

Case Status:

Case Priority:

Case Category:

Case Submitter:

Case Submitter Address:

Case Submitter City:

Case Submitter State:

Case Submitter Zip:

Case Attachments:

Attachment Name	Attachment Type	Attachment Size	Attachment Date
Attachment 1	Attachment 1 Type	Attachment 1 Size	Attachment 1 Date
Attachment 2	Attachment 2 Type	Attachment 2 Size	Attachment 2 Date

1. The purpose of this form is to provide a standardized method for reporting and tracking cases. The information provided on this form will be used to generate reports and to track the progress of cases. The information provided on this form will also be used to generate reports and to track the progress of cases.

2. The information provided on this form will be used to generate reports and to track the progress of cases. The information provided on this form will also be used to generate reports and to track the progress of cases.

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Seattle - King County
Department of Public Health
Alison L. Pugh, PhD, MPH
Director of Public Health

MM00273950