

AFTER RECORDING MAIL TO:

Name Lesley Keyes
Address 40037 Amberley Circle
City/State Temecula, CA 92591

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 09/20/2022

Document Title(s):

1. **Lack of Probate**

Reference Number(s) of Documents Assigned or released:

Grantor(s):

1. Pruner, Scott Allen
2. ☐ Additional information on page of document

Grantee(s):

1. The Public
2. ☐ Additional information on page of document

abbreviated legal:

Lot 29 Cascade River Park Div No 3 , Vol 9 , Page 22-24

Parcel Number:

P63902/3873-000-029-0005

Return Address:

Lesley Keyes
40037 Amberley Circle
Temecula, CA 92591

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Lesley Carole Keyes, 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 wife
Relationship to decedent
 of Scott Allen Pruher who died on Nov 13, 2021
Decedent/Grantor Date
 at Temecula Riverside CA
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: 63902 Diablo Place, Marblemount,
WA (Div III, Lot 29)

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

P63902 Diablo Place

(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*):

Lesley Carole Keyes, 57 yrs, wife
Full name, age and relationship
40037 Amberley Circle Temecula CA 92591
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

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

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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 \$ 1,250,000 - of which approximately \$ 0 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: 9/14/22
h Keyes 760 419 9965
Affiant's full name Telephone number
40037 Amberley Circle Temecula CA 92591
Street City State Zip Code

State of CALIFORNIA County of RIVERSIDE

I know or have satisfactory evidence that LESLEY CAROLE KEYES
(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/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: _____, 20____
Signature of Notary Public

(SEAL OR STAMP)

Residing at _____

Notary Public in and for the State of _____

SEE ATTACHMENT

My appointment expires: _____, 20____

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

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**CIVIL CODE § 1189**

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.

State of California)

County of Riverside)On 9/14/2022 before me, Jonathan Zelaya, Notary Public,

Date

Here Insert Name and Title of the Officer

personally appeared

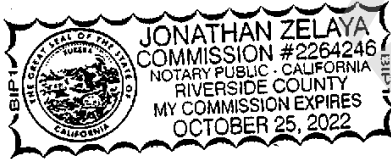
LESLEY CAROLE KEYES

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached DocumentTitle or Type of Document: AFFIDAVIT (LACK OF PROBATE)Document Date: 9/14/2022 Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052021287675

CERTIFICATE OF DEATH

3202133018959

STATE FILE NUMBER 3052021287675		LOCAL REGISTRATION NUMBER 3202133018959	
1. NAME OF DECEDENT - FIRST (Given) SCOTT		3. LAST (Family) PRUNER	
2. MIDDLE ALLEN		4. DATE OF BIRTH mm/dd/yyyy 65	
5. AGE Yrs. Mths. Ds. 65		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 11/13/2021		8. HOUR (24 Hour) 2130	
9. BIRTH STATE/FOREIGN COUNTRY OR		10. SOCIAL SECURITY NUMBER	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (as of time of death) MARRIED	
13. EDUCATION - Highest Level (Degree) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		16. YEARS IN OCCUPATION 40	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED DATA SPECIALIST		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AEROSPACE	
19. DECEDENT'S RESIDENCE (Street and number, or location) 40037 AMBERLEY CIRCLE			
20. CITY TEMECULA		21. COUNTY/PROVINCE RIVERSIDE	
22. ZIP CODE 92591		23. YEARS IN COUNTY 1	
24. STATE/FOREIGN COUNTRY CA		25. YEARS IN COUNTY 1	
26. INFORMANT'S NAME, RELATIONSHIP LESLEY CAROLE KEYES, WIFE			
27. INFORMANT'S HOME ADDRESS (Street and number, or rural route number, city or town, state and zip) 40037 AMBERLEY CIRCLE, TEMECULA, CA 92591			
28. NAME OF SURVIVING SPOUSE/SDP - FIRST LESLEY		29. MIDDLE CAROLE	
30. LAST (BIRTH NAME) KEYES		31. NAME OF FATHER/PARENT - FIRST JACK	
32. MIDDLE ALLEN		33. LAST PRUNER	
34. BIRTH STATE OR		35. NAME OF MOTHER/PARENT - FIRST I	
36. MIDDLE I		37. LAST (BIRTH NAME) IA	
38. DISPOSITION DATE mm/dd/yyyy 11/23/2021		39. PLACE OF FINAL DISPOSITION RESIDENCE OF LESLEY CAROLE KEYES 40037 AMBERLEY CIRCLE, TEMECULA, CA 92591	
40. TYPE OF DISPOSITIONS CREMATE/RESIDENCE		41. SIGNATURE OF EMBALMER NOT EMBALMED	
42. NAME OF FUNERAL ESTABLISHMENT MILLER JONES MORTUARY & CREMATORY		43. LICENSE NUMBER FD2184	
44. SIGNATURE OF LOCAL REGISTRAR GEOFFREY LEUNG, M.D., ED. M.		45. DATE mm/dd/yyyy 11/22/2021	
100. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> EVOP <input type="checkbox"/> DOA		101. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Other	
102. COUNTY RIVERSIDE		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 40037 AMBERLEY CIRCLE	
104. CITY TEMECULA		105. CAUSE OF DEATH ACUTE CARDIORESPIRATORY FAILURE	
106. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		107. DAYS 2021-11-756	
108. BIRTH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIRTH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Resided Since: 09/18/2017 Decedent Last Seen Alive: 08/04/2020			
115. SIGNATURE AND TITLE OF CERTIFIER DAVID ANTOINE BORECKY, MD			
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE LOAN T P DAO, MD 225 EAST 2ND AVENUE STE 101, ESCONDIDO, CA 92025			
117. LICENSE NUMBER G64341			
118. DATE 11/22/2021			
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 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"/> Could not be determined			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hour)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and state)			
126. SIGNATURE OF CORONER / DEPUTY CORONER			
127. DATE mm/dd/yyyy			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR			

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } SS
COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED **Dec 1, 2021**

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

Dr. Geoffrey Leung, M.D., Ed.M., County Health Officer
RIVERSIDE COUNTY, CALIFORNIA

* 002016408 *



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE