

Return Address:

Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233
207510-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 10/21/2022

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Walter Wenrick, being first duly sworn deposes and states as follows:
Name of Affiant

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

surviving spouse of Pauline Wenrick,
Relationship to decedent *Decedent/Grantor*

who died on October 12, 2014 at
Date

Concrete Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lots 11 & 12, Blk 7, Grassmere

Assessor's Property Tax Parcel/Account Number: 4065-007-012-0005/P70953
(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)

Kindle RAE Young / 62 / Daughter / 12116 58th Pl. SE
Snohomish, WA. 98290
Full name, age, relationship, address

Walter Willard Wenrick / 85 / Spouse / 800 10th St
Snohomish, WA. 98290
Full name, age, relationship, address

Kraig Phillip Wenrick / 60 / Concrete, WA. 98237 / son
Full name, age, relationship, address

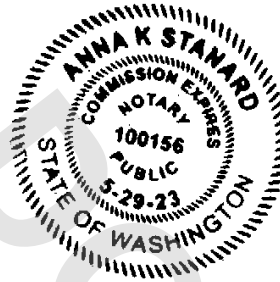
Full name, age, relationship, address

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 10/18/22Walter Wenrick
Affiant's full name_____
Telephone number_____
Street_____
City_____
State_____
Zip CodeKindle Rae Young Attorney-in-fact
Signature10/18/22
DateSTATE OF WASHINGTON
COUNTY OF ~~SKAGIT~~ InchomishSigned and sworn to (or affirmed) before me on this 18 day of October, 2022 by Kindle Rae Young as attorney in fact for Walter Wenrick.Anna K Stanard
SignatureNotary
TitleMy appointment expires: May 29, 2023

Legal Description

Lots 11 and 12, Block 7, "GRASSMERE," as per plat recorded in Volume 3 of Plats, page 67, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

002210240014

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-023267

DATE ISSUED: 10/15/2014

FEE NUMBER: 000000029

GIVEN NAMES: PAULINE ANNE
LAST NAME: WENRICK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 12, 2014
HOUR OF DEATH: 02:15 A.M.
SEX: FEMALE
AGE: 76 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE:
BIRTHPLACE: CONCRETE, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: WALTER W. WENRICK

OCCUPATION: FISHERIES TECHNICIAN
INDUSTRY: FISHERIES MANAGEMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: KINDLE RAE YOUNG
RELATIONSHIP: DAUGHTER
ADDRESS: 12116 58TH PLACE S.E., SNOHOMISH, WA, 98290

CAUSE OF DEATH:
A. PLASMA CELL LEUKEMIA
INTERVAL: 1 MONTH

B. INTERVAL:
C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ANEMIA, THROMBOCYTOPENIA

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 45159 CEDAR STREET
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 45159 CEDAR STREET
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 9 YEARS

FATHER: PHILLIP EDWARD TAYLOR
MOTHER:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMA
CITY, STATE: FERNDALE, WA
DISPOSITION DATE: OCTOBER 17, 2014

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL
ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM WA 98226
FUNERAL DIRECTOR: TIM D. POWELL

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEMAN DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: OCTOBER 14, 2014

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 631
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: OCTOBER 15, 2014

DOH 01-003 (1/14)

OF

Skagit County Public Health Department

AA00220874