202211100073

11/10/2022 03:40 PM Pages: 1 of 7 Fees: \$209.50

Skagit County Auditor, WA

After recording, return to:
Teressa Davis
315 E. Orange Ave
Buy lington, WA 98233

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20224581
Date 11/10/2022

CHICAGO TITLE

Lucasi D. Donde
Grantor (Name of Decedent): Larry D. Davis
Grantee (Heirs): Alan W. Drwis, Texessa Davis, Jossica Fraley
Abbreviated Legal Description: PTN OF GOVT LT 3 OF 17-35-7
ax Parcel No.(s): P42883 / 350717-0-030-0007
INHERITANCE LACK OF PROBATE AFFIDAVIT (To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
STATE OF
COUNTY OF Buile
The undersigned, ALAN W. DANS, executes this affidavit relating to the estate of LARY DANS (herein "Decedent"), who died on 07/19/2-27.
the County of <u>wighten</u> , State of <u>washing a</u> , then being a resident of the City of Sedvo Wholley, County of Skright, State of Unshington.
A copy of the death certificate is attached hereto.)
he undersigned, being first duly sworn, on oath deposes and says:
. 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
. 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:)
Mark 1991 - 1 America 19

Affidavit (Lack of Probate) WA0000080.doc / Updated: 04.28.20 Printed: 09.16.22 @ 10:15 AM by KB WA-CT-FNRV-02150.620019-620052564

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: TERESSA DAUS Daughter
Name and relationship: Jessica Fraley Doughter
Name and relationship: Alanw, Davis 50h
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 tocated in the County of Skagit, State of Washington, and described as follows: SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
 5. 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.
Dated: November 1,2022
Matter Comments of the Comment
Signature
ALAN W DAVIS
Print Name
State of
County of
This record was acknowledged before me on by
(Signature of notary public) Notary Public in and for the State of
My commission expires:
Affidavit (Lack of Probate)
WA0000080.doc / Updated: 04.28.20 Printed: 09.16.22 @ 10:15 AM by KB WA-CT-FNRV-02150.620019-620052564

California Jurat Certificate

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 Sulle	s.s.
Subscribed and sworn to (or affirmed) before me on	this 1 ST day of N N
20 72 by Alam Danis	and and
Name of Signer (0)	_, proved to me on the basis of
satisfactory evidence to be the person(s) who appear	red before me.
Signature of Notary Public Lywide	d provent fraudulent removal and realtachment of ons relying on the attached document Additional Information
The certificate is attached to a document titled/for the purpose of	Method of Affiant Identification Proved to me on the basis of satisfactory evidence: form(s) of identification credible witness(es) Notarial event is detailed in notary journal on: Page # Entry # Notary contact:
containing pages, and dated	Other Affiant(s) Thumbprint(s) Describe:
LYNNE T. COLES Notary Public - California Sutter County Commission # 2325845 My Comm. Expires Mar 30, 2024	

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership) (continued)

State of () County of EXECUTIONIS (Signature of notary public) Notary Public in and for the State of My commission expires: This resord was acknowledged before me on igvee206522 SUBLIC SU (Signature of notary public) Notary Public in and for the State of V

My commission expires:

EXHIBIT "A"

Legal Description

For APN/Parcel ID(s): P42883 / 350717-0-030-0007

THE EAST 75 FEET OF THE FOLLOWING DESCRIBED TRACT:

THAT PORTION OF GOVERNMENT LOT 3, SECTION 17, TOWNSHIP 35 NORTH, RANGE 7 EAST, W.M., DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT 330 FEET EAST OF THE NORTHWEST CORNER OF SAID GOVERNMENT LOT 3:

THENCE SOUTH 00°30' EAST, PARALLEL WITH THE WEST LINE OF SAID LOT A DISTANCE OF 1,303 FEET TO THE TRUE POINT OF BEGINNING:

THENCE EAST, 175 FEET;

THENCE SOUTH 00°30' EAST, 21 FEET;

THENCE WEST 175 FEET:

THENCE NORTH 00°30' WEST, 21 FEET TO THE POINT OF BEGINNING.

TOGETHER WITH THAT PORTION OF GOVERNMENT LOT 3, SECTION 17, TOWNSHIP 35 NORTH, RANGE 7 EAST, W.M., DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT 330 FEET EAST OF THE NORTHWEST CORNER OF SAID LOT 3; THENCE SOUTH 00°30' EAST PARALLEL WITH THE WEST LINE OF SAID LOT A DISTANCE OF 1.324 FEET:

THENCE EAST 100 FEET TO A TRUE POINT OF BEGINNING:

THENCE EAST 90 FEET:

THENCE SOUTH 00°30' EAST, 242.4 FEET;

THENCE WESTERLY ALONG THE NORTH BANK OF THE SKAGIT RIVER, 90 FEET, MORE OR LESS, TO A POINT SOUTH 00°30' EAST TO THE TRUE POINT OF BEGINNING;

THENCE NORTH 00°30' WEST TO THE TRUE POINT OF BEGINNING;

EXCEPT THAT PORTION THEREOF LYING WITHIN THE FOLLOWING DESCRIBED TRACT OF LAND:

BEGINNING AT A POINT 330 FEET EAST OF THE NORTHWEST CORNER OF SAID LOT 3; THENCE SOUTH 00°30' EAST PARALLEL WITH THE WEST LINE OF SAID LOT A DISTANCE OF 1,324 FEET;

THENCE EAST 175 FEET TO THE TRUE POINT OF BEGINNING:

THENCE EAST 15 FEET:

THENCE SOUTH 00°30' EAST, 242.4 FEET;

THENCE WESTERLY ALONG THE NORTH BANK OF THE SKAGIT RIVER, 15 FEET TO A POINT SOUTH 00°30' EAST TO THE POINT OF BEGINNING;

THENCE NORTH 00°30' WEST, 242 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Affidavil (Lack of Probate) WA0000080.doc / Updated: 04.28.20 Printed: 09.16.22 @ 10:15 AM by KB WA-CT-FNRV-02150.620019-620052564

FACILITY OR ADDRESS: DIABLO LAKE OVERLOOK (48.7093, -121.09786)

STATE OF WASHINGTON DEPARTMENT OF HEA

CERTIFICATE OF DEATH

PLACE OF DEATH: OTHER

INSIDE CITY LIMITS: NO

FATHER: ROBERT L DAVIS

MOTHER:

CITY, STATE, ZIP: DIABLO, WASHINGTON 98283

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-7787

PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

RESIDENCE STREET: 37331 CAPE HORN RD

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

METHOD OF DISPOSITION: CREMATION

CITY, STATE: BLAINE, WASHINGTON

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225 FUNERAL DIRECTOR: BRADLEY W. BYTNAR

DISPOSITION DATE: JULY 29, 2022

DATE ISSUED: 07/28/2022 FEE NUMBER: 37

COUNTY: SKAGIT

CERTIFICATE NUMBER: 2022-038018

FIRST AND MIDDLE NAME(S): LARRY DALLIS

LAST NAME(S): DAVIS

COUNTY OF DEATH: WHATCOM DATE OF DEATH: JULY 19, 2022 HOUR OF DEATH: 12:28 PM

SEX: MALE SOCIAL SECURITY NUMBER: AGE: 80 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: ANDERSON, IN

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: ELECTRONICS TECHNICIAN

INDUSTRY: COMPUTER TECH **EDUCATION: ASSOCIATE DEGREE**

US ARMED FORCES: NO

INFORMANT: TERRESA DAVIS RELATIONSHIP: DAUGHTER

ADDRESS: 315 E ORANGE AVE BURLINGTON, WA 98233

CAUSE OF DEATH:

A: MULTIPLE BLUNT FORCE INJURIES

INTERVAL: SECONDS

R٠

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: JULY 19, 2022 HOUR OF INJURY: 12:28 PM INJURY AT WORK: NO

PLACE OF INJURY: WOODED AREA

LOCATION OF INJURY: 48.70968, -121.09734

CITY, STATE, ZIP: DIABLO, WASHINGTON 98267

COUNTY: WHATCOM

DESCRIBE HOW INJURY OCCURRED: WITNESSED JUMP FROM OVERLOOK

MANNER OF DEATH: SUICIDE

AUTOPSY: YES

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: YES

DID TOBACCO USE CONTRIBUTE TO DEATH: NO PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ALLISON HUNT, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1500 NORTH STATE STREET #200 CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

DATE SIGNED: JULY 26, 2022

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 220720-74

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE LOCAL DEPUTY REGISTRAR: DEBBIE L. HOLDEN

DATE RECEIVED: JULY 27, 2022

DOH 422-132 (8/18)

WHealth OOH 422-034 August 2019

Affidavit for Correction

11/10/2022 03:40 Pole Page after fix tistics
P.O. Box 47814
Olympia. WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

Require	Record Type: Birth 1. Name on Record:		ormation must n	natch cu					
	Name on Record:	☐ Dea		totali de	rrent into	rmation on record	1		
	Name on Record:		eth 🗌 N	larriage		Dissolution (Divorce)			
	Mike da		+1°			2. Date of Event:	3. Place	of Event:	
	4. Father/Parent Full Birth Name (S	5. Mothe	r/Parent Fu	ull Birth Name (Spous	e B for Marriage	or Dissolution)			
	great Byen, te	-	awa Kwa Istoji	Life.		1 -		sur disable	
- 100	6. Name of Person Requesting Cor	rection:	Relationship Person on Re		Self Parent(s)	☐ Guardian☐ Funeral Director	☐ Informant ☐ Other (specif	☐ Hospital y)	
. Re	eturn Mailing Address:						Alway.	ja.	
elep	phone Number:			Email Ac	ldress:		10004	6 B	
	Use the section below for	r requesting an	y changes on th	e record	I. The rec	ord is incorrect o	r incomplete a	s follows:	
	The record curi	ently shows:				The true	fact is:		
ī.				9.					
0.				11,					
2.				13.					
	I declare under penalty	of perjury under	r the laws of the	State of	Washing	ton that the forgo	ing is true and	d correct.	
4a.	Signature:					nd parent (if required):			
rinte	ed name:		Date:	Printed r	name:	*******************************		Date:	
		INSTRUCT	FIONS - go to www	doh wa d	ov for more	information			
. O . TI . M . TI . Thild	You cannot use a Drive Certificates inly a parent(s), legal guardian (if the proof(s) must match the assert lary Ann Doe. roof documentation must be five or his affidavit cannot be used to add a under 18 If legal guardian(s), include certified Up to age one or up to one year follof Parentage form, last name can be on certificate (can be any combination thereafter, a court order is required to No proof is required to change the fit of correct parent's information, one to correct the sex of the child, one provider is required. **To change any part of the name of a chicertificate with request.	e child is under 18) ed fact(s). For examore years old or a parent to a birth of court order proving the filing of an a changed once to so on of the first, midd ochange the last rest or middle name proof documentation order the former to order the first order of documentation order fact.	o, or the named indimple, if the affidavit established within ficertificate (use Acknog guardianship in Acknowledgement in the parents' name le or last names); name.	vidual (if 1 says the ve years of owledgme Adult (1 only of the requirement of the same of	8 or older) name shou of birth, ent of Parer 8 years or i the adult of first or mic ired, first, middl correct, two orrect paren quired.	may change the birth Id be Mary Ann Doe, Intage form DOH 422- Intage form DOH 422- Intage his or her Idle name is missing, It and/or last name is It pieces of proof docur It's birth date, place of	the proof must state proof must state proof must state at 159). birth certificate, three pieces of properties of properties of properties at the proof of the pr	now the name to be roof documentation are onth and/or day of birth uired. The proof documentation are proof documentation	
:. #arri	h Certificates Only the informant may change the member may change the non-mediadult child or stepchild. Marital state. The medical information (cause of ciage/Dissolution (Divorce) Certific ersonal facts (minor spelling change or change the date or place of marries.)	cal information with us requires a certificath) may be char cates as in name, date or	n proof documentati ed court order if so nged only by the ce place of birth, or re	on. Family meone oth rtifying ph esidence)	members ner than the ysician or t may be cha	are spouse or registe informant is requesti he coroner/medical ex anged by the person v	red domestic par ing the change. xaminer. with one piece of	tner, parent, sibling, or proof documentation.	



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Thompson, Health Officer.





