

Return Address:

GUARDIAN NORTHWEST TITLE COMPANY
1301-B RIVERSIDE DRIVE
P.O. BOX 1667
MOUNT VERNON, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 12/05/2022

GNW 22-17213

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kathy Moore, being first duly sworn
Name of Affiant

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 Daughter
Relationship to decedent

of Clarence Edward Davis, who died on July 16, 2006
Decedent/Grantor Date

at Sedrowacley Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: (5.0400 ac) inc m/h parcel 71 (60624) Lot 27 of

Survey AF #800321 Loc in the ^{FOT} FOT PTW NE 1/4, Section 31

Township 36 North, Range 5 East, W.M., DAFBAT NE C SD SUB TH

N 87-20-58 W 1645.0 FT TPB THS 1-08-36 W 680 FT TH W 87-20-58

W 323 FT TH 1-08-36 E FT TH N 87-20-58 W 323 FT TH N 1-08-36 E 680 FT TH
387-20-58 E 325 FT TPB

Assessor's Property Tax Parcel/Account Number: P51155/360531-1-002-0309

(Attach full legal description of the property)

Section 31, Township 36 North, Range 5 East - NW NE

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)

(Page 1 of _____)

Georgia Inez Davis, 85 wife

Full name, age, relationship, address

Kathy Roseann Moena, 51, Daughter
825 32nd Ave, Apt 28, Longview WA 98632

Full name, age, relationship, address

James Edward Davis, Son
3238 Whitney Drive, Clark Harbor, WA 98277

Full name, age, relationship, address

Terri Elaine Fann, Daughter
1211 29th St, Anacortes, WA 98221

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : _____

Affiant's full name _____

Telephone number _____

Street _____

City _____

State _____

Zip Code _____

Kathy muena
Signature

12-1-22
Date

State of Washington County of Cowlitz

I know or have satisfactory evidence that Kathy muena
(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: 12 / 01 / 22

Marisela
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Longview, WA

Notary Public in and for the State of Washington

My appointment expires: 12 / 2025

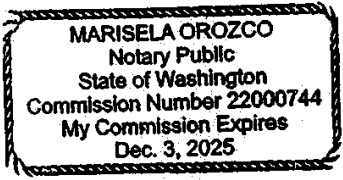


EXHIBIT "A"
Property Description

Closing Date: November 11, 2022
Buyer(s): TK Restorations LLC
Property Address: 24623 Ranch Road, Sedro-Woolley, WA 98284

PROPERTY DESCRIPTION:

That portion of the Northeast 1/4 of Section 31, Township 36 North, Range 5 East, W.M., described as follows:

Beginning at the Northeast corner of said subdivision;
thence North 87°20'58" West along the North line of said subdivision, a distance of 1,645.0 feet to the true point of beginning;
thence South 1°08'36" West, a distance of 680.0 feet;
thence North 87°20'58" West, a distance of 323.00 feet;
thence North 1°08'36" East, a distance of 680.00 feet to an intersection with said North line of Section 31;
thence South 87°20'58" East along said North line, 323.00 feet to the true point of beginning.
(Also known as Tract 27 of HILL AND DALE RANCHETTE as recorded under Auditor's File No. 800321, records of Skagit County.)

TOGETHER WITH an easement for ingress and egress and utilities 60 feet in width, the centerline of which is described as follows:

Beginning at the existing monument at the Southwest corner of the Northeast 1/4 of Section 31, Township 36 North, Range 5 East, W.M.;
thence South 88°01'15" East along the South line of said Northeast 1/4, a distance of 1,314.37 feet to the
Southwest corner of the Southeast 1/4 of said Northeast 1/4;
thence continue South 88°01'15" East along said South line, a distance of 8.44 feet;
thence North 11°44'52" East 20.29 feet to the true point of beginning, said point being on the North margin of the County road (Fruitdale Road);
thence continue North 11°44'52" East along said centerline, a distance of 1,572.80 feet;
thence North 87°20'58" West, a distance of 309.03 feet to a point to be hereinafter referred to as "Point X";
thence North 89°20'00" West along said centerline, a distance of 1,009.93 feet, said point being the terminal point for the centerline of this easement.

Beginning at before mentioned "Point X";
thence North 01°08'36" East along said centerline, a distance of 340.00 feet to a point hereinafter

referred to as "Point Y";
thence continue North 01°08'36" East along said centerline, a distance of 350.00 feet, said point being the terminal point for the centerline of this easement.
Beginning at before mentioned "Point Y";
thence North 87°20'58" West along said centerline, a distance of 969.00 feet, said point being the terminal point for the centerline of this easement,

EXCEPT that portion of said easement which lies within the above described main tract.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

File Number: 594-06 State File Number

1. Legal Name (Last, First, Middle Initial): CLARENCE EDWARD DAVIS

2. Death Date: July 16, 2006

3. Sex: Male

4. Age: 71

5. Social Security Number: [REDACTED]

6. County of Death: Skagit

7a. Birthdate: [REDACTED]

7b. Birthplace (City, Town, or County): Depott

7c. State or Foreign Country: Texas

8. Decedent's Education: High School Graduate

9. Was Decedent of Hispanic Origin? (Yes or No) If Yes, specify: No

10. Decedent's Race(s): Caucasian

11. Was Decedent ever in U.S. Armed Forces? Yes

12. Residence: Number and Street (e.g., 604 SE 9th St) (Include Apt. No.): 24623 Ranch Road

13a. City or Town: Sedro-Woolley

13b. Residence: County: Skagit

13c. Tribal Reservation Name (if applicable):

13d. State or Foreign Country: Washington

13e. Zip Code + 4: 98284

13f. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: 31 years

15. Marital Status at Time of Death: Married

16. Surviving Spouse's Name (Give name prior to first marriage): Georgia Bell

17. Usual Occupation (Indicate type of work done during most of working life. Do not use acronym): Career Military - Navy

18. Kind of Business/Industry (Do not use Company Name): U.S. Armed Services

19. Father's Name (First, Middle, Last, Suffix): William Oscar Davis

20. Mother's Name Before First Marriage (First, Middle, Last): [REDACTED]

21. Informant's Name: Georgia Davis

22. Relationship to Decedent: Wife

23. Mailing Address: Number and Street: 24623 Ranch Road

23a. City or Town: Sedro-Woolley

23b. State: WA

23c. Zip: 98284

24. Place of Death, if Death Occurred in a Hospital: Long Term Care Facility

25. Facility Name (if not a facility, give number & street or location): Life Care Center of Skagit Valley

26a. City, Town, or Location of Death: Sedro-Woolley

26b. State: WA

26c. Zip Code: 98284

27. Method of Disposition: Burial

28. Place of Final Disposition (Name of cemetery, crematory, other place): Union Cemetery

29. Location - City, Town, and State: Sedro-Woolley, Washington

30. Name and Complete Address of Funeral Facility: Lenley Chapel, 1008 Third Street, Sedro-Woolley, WA 98284

31. Date of Disposition: July 20, 2006

32. Funeral Director's Signature: Rich Lenley

33. Cause of Death (See instructions and examples):

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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death): Lung Cancer

35. Sequentially list conditions, if any, leading to the cause listed on line 34. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death). LAST

36. Other significant conditions contributing to death but not resulting in the underlying cause given above: CAD, COPD, hyperlipidemia, exposure to asbestos

37. Autopsy? Yes No

38. Were autopsy findings available to complete the Cause of Death? Yes No

39. Manner of Death: Natural Homicide Accidental Undetermined Suicide Poisoning

40. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

41. Date of Injury (if applicable):

42. Hour of Injury (24 hrs):

43. Place of Injury (e.g., Decedent's home, occupation site, restaurant, wooded area):

44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: City or Town: State: Describe how injury occurred:

46. Certifying Physician (To the best of my knowledge, except occurred at the time, date, and place and due to the cause(s) stated above): [Signature]

47. Medical Examiner/Coroner: On the basis of examination, and investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated:

48. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Stevan Luther, MD, 830 Ball Street, Sedro-Woolley, WA 98284

49. Name and Title of Attending Physician (if other than Certifier (Type or Print):

50. Hour of Death (24 hrs): 0200 hrs

51. Date Signed (mm/yyyy): July 17, 2006

52. Title of Certifier: Physician

53. License Number: MD00013149

54. MEX/Coroner File Number:

55. Was case referred to MEX/Coroner? Yes No

56. Registrar Signature: [Signature]

57. Date Received (mm/yyyy): JUL 19 2006

58. Remarks:



DOH-CHS 602 Rev. 8/2004

DOM-01-003 (6/98)

Health **Affidavit for Correction** Center for Health Statistics
P.O. Box 5708
Orlando, FL 32817-4708
(800) 231-1870

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

STATE OFFICE USE ONLY

State File Number: _____ Fee Number: _____ Initials: _____ Date: _____ Affidavit Number: _____

Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event (City or County): _____

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is incorrect or incomplete as follows:

6. The Record now shows: _____ 7. The True fact is: _____

8. _____ 9. _____

10. _____ 11. _____

12. _____ 13. _____

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit.

Examples of documentary proof:

- Hospital Records
- Medical Record
- School Record
- Insurance Records
- Marriage Records (DD-214)
- Voters Registration Card (if it bears an effective date)
- Birth Record
- Passport
- Marriage/Divorce Records
- Alien Registration Card (front and back)

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be live (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one-time-only change. Subsequent changes will require a certified copy of a court-ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court-ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021).

Death Certificates:

- Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

JUL 19 2006

Howard E. Brand
Skagit County Health Department
Howard E. Brand, M.D., Health Officer

NN00932863