

COPY

202302130042

02/13/2023 12:56 PM Pages: 1 of 7 Fees: \$45.00

Skagit County Auditor, WA

WHEN RECORDED RETURN TO:

Rosemary M. Hansen
2600 East Skyline Drive # 17
Tucson, AZ 85718

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 02/13/2023

208327-LT, Land Title and Escrow

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF ARIZONA

GRANTEE:
JAMES ROBERT HANSEN

ABBREVIATED LEGAL DESCRIPTION:
Unit 12, Bldg. 6, The Ridge Condominium, Phases 1 & 2

TAX PARCEL NUMBER(S):
4678-000-012-0000/P109089

LPB 01-05

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

State File Number
102-2022-030743

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) JAMES, ROBERT, HANSEN		2. AKA'S (IF ANY)		3. DATE OF DEATH [REDACTED]	
4. SEX MALE	5. SOCIAL SECURITY NUMBER		6. DATE OF BIRTH		7. AGE 69 YEARS
8. CITY/TOWN, COUNTY AND ZIP CODE, LOCATION OF DEATH TUCSON, PIMA, AZ 85718					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME (ADDRESS)) RESIDENCE - 2600 E SKYLINE DRIVE #17					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) PORTLAND, OREGON		11. MARITAL STATUS MARRIED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) ROSEMARY, MORTLAND	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 2600 E SKYLINE DRIVE #17, TUCSON, PIMA, AZ, 85718					
14. DECEDENT'S HISPANIC ORIGIN(S) NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S) WHITE		16. EVER IN ARMED FORCES YES	
17. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) RAYMOND, CHARLES, HANSEN		18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) ROSEMARY, HANSEN			
19. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) ROSEMARY, HANSEN		20. RELATIONSHIP SPOUSE			
21. INFORMANT'S MAILING ADDRESS 2600 E SKYLINE DRIVE #17, TUCSON, AZ, 85718					
22. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON AVENIDAS CREMATION AND BURIAL 1376 W ST. MARY'S ROAD, TUCSON, AZ, 85745		23. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON ERICA, HICKEY		24. LICENSE NUMBER FDL-001566	
25. METHOD(S) OF DISPOSITION CREMATION		26. NAME AND LOCATION OF 1ST DISPOSITION FACILITY AVENIDAS MORTUARY SERVICES, TUCSON, AZ, US		27. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
28. A. IMMEDIATE CAUSE OF DEATH CEREBRAL INFARCTION		29. APPROXIMATE INTERVAL WEEKS		30. APPROXIMATE INTERVAL	
31. B. DUE TO OR AS A CONSEQUENCE OF		32. APPROXIMATE INTERVAL		33. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF		34. APPROXIMATE INTERVAL		35. APPROXIMATE INTERVAL	
36. D. DUE TO OR AS A CONSEQUENCE OF		37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1		38. INJURY? NO	
39. INJURY AT WORK?		40. MANNER OF DEATH NATURAL DEATH		41. TIME OF DEATH 11:10 AM	
42. WAS AN AUTOPSY PERFORMED? NO		43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
44. NAME OF PERSON COMPLETING CAUSE OF DEATH IVAN, ALONSO, BORBON		45. DATE CERTIFIED 05/23/2022			
46. CERTIFIER'S ADDRESS 101 W. IRVINGTON ROAD #BUILDING 10, TUCSON, AZ, 85714					

Date Registered: 05/26/2022

Date Issued: 05/26/2022

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT
OF HEALTH SERVICES

This is not valid unless prepared on a form displaying the State Seal and Impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

UNOFFICIAL DOCUMENT

Return Address:
Rosemary M. Hansen
2600 E. Skyline Drive, Unit 17
Tucson, AZ 85718
208327-LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Rosemary M. Hansen, 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 James R. Hansen,
Relationship to decedent *Decedent/Grantor*

who died on May 20, 2022 at
Date

Tucson Pima Arizona
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Unit 12, Bldg. 6, The Ridge Condominium, Phases 1 & 2

Assessor's Property Tax Parcel/Account Number: 4678-000-012-0000/P109089
(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)

Rosemary M. Hansen, surviving spouse, Age: 85

2600 E Skyline Drive Unit 17, Tucson AZ 85718

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

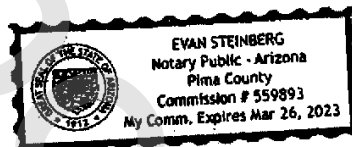
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 2/9/2023Rosemary M. Hansen
Affiant's full name520 529 4712
Telephone number2600 E Skyline Dr. Unit 17
Street
Tucson AZ 85718
City State Zip CodeRosemary M. Hansen 2/9/2023
Signature DateSTATE OF AZ
COUNTY OF PimaSigned and sworn to (or affirmed) before me on this 9 day of Feb, 2023 by Rosemary M. Hansen.[Signature]
SignatureNotary Public
TitleMy appointment expires: 3/26, 2023

Legal Description

Unit 12, Building 6, "THE RIDGE CONDOMINIUM PHASES 1 AND 2, a condominium," according to Declaration thereof recorded under Auditor's File No. 9607170029, as amended by Supplemental Declarations and Survey Map and Plans thereof recorded in Volume 16 of Plats, pages 111 through 114, under Auditor's File No. 9607170028, as amended, records Skagit County, Washington.

Situate in the County of Skagit, State of Washington.