

AFTER RECORDING MAIL TO:
AMROCK, LLC
662 WOODWARD AVE.,
DETROIT MI 48226

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20236572
Date 05/19/2023

Parcel ID: P74828

ABBREVIATED LEGAL: LT 5, BK10, "PLAT OF CLEAR LAKE, SKAGIT COUNTY, WASHINGTON,

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No.: _____, County: _____
B098825-9530604

STATE OF Washington)

COUNTY OF Skagit) SS:

The undersigned, Sandra Rose, executes this affidavit relating to the estate of John Rose (herein "Decedent"), who died on 4-26-2022 in the County of Skagit, State of Washington, then being a resident of the City of Clear Lake, County of Skagit, State of Washington (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Surviving child of the Decedent
- Registered domestic partner of the Decedent
- One 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): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); **and**
3. **all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:**

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Sandra Rose Spouse
 Address: PO Box 368 Clear Lake (23606 Jackson st) WA 98235
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- Community property
 Separate property
 Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
 - married to Sandra Rose
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - married to Sandra Rose
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
3. That the decedent left a Will, a copy of which is attached hereto.
 That the decedent left no Will.
 That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. (if unrecorded, attach a copy)
4. That the decedent's estate is not being probated.
 That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____
5. That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
 That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
 That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. That the decedent has not received assistance from the State of Washington for medical care.
 That the decedent has received assistance from the State of Washington for medical care.
 That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 118,000.00, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ same, and including the value of Decedent's separate property, if any, of approximately \$ same, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ same.

This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: 4-21, 2023

Sandra Rose
(Signature)

Sandra Rose
(Print or type full name)

23606 Jackson St PO Box 368
(Full address and telephone number)

Clear Lake WA 98235 3606303407

SUBSCRIBED and SWORN TO before me this 21 day of April, 2023

[Signature]
Notary Public in and for the State of WA
Washington, residing at Skegitt



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-022139

DATE ISSUED: 04/29/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN LUTHER
LAST NAME(S): ROSE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 26, 2022
HOUR OF DEATH: 09:35 PM
SEX: MALE AGE: 68 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 23606 JACKSON STREET
CITY, STATE, ZIP: CLEAR LAKE, WA 98235
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 19 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: COVINGTON, KY

FATHER: JOHN WILLES ROSE
MOTHER: [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SANDRA LEE SEESE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN CREMATION, LLC

OCCUPATION: TRUCK DRIVER
INDUSTRY: TRANSPORTATION
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

CITY, STATE: OAK HARBOR, WASHINGTON
DISPOSITION DATE: APRIL 29, 2022

INFORMANT: SANDRA LEE ROSE
RELATIONSHIP: WIFE
ADDRESS: P. O. BOX 368, CLEARLAKE, WA 98235

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: TOBI G. STIDMAN

CAUSE OF DEATH:

- A: ACUTE RESPIRATORY FAILURE WITH HYPOXIA AND HYPERCAPNIA
INTERVAL: 2 DAYS
B: ANASARCA
INTERVAL: DAYS
C: ACUTE RENAL FAILURE
INTERVAL: DAYS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: OBSTRUCTIVE SLEEP APNEA,
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNCONTROLLED TYPE 2
DIABETES, TOBACCO USE

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: DOUGLAS HAYES, DO
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: APRIL 28, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: APRIL 28, 2022