202305220055 05/22/2023 12:34 PM Pages: 1 of 6 Fees: \$208.50 Skagit County Auditor, WA

REVIEWED BY SKAGIT COUNTY TREASURER DEPUTY Lena Thompson DATE 05/22/2023

# AFFIDAVIT (LACK OF PROBATE)

Accommodation Only M22644 The undersigned affiant/grantee Helen Pivoutek, 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

ргор	erty described	below, and is	SULVIVIN	19 STOUS	·
of	Allen	Joseph	PIVOLICE	ationship to decedent , who died on	4/6/2023
· -	Anaco	Decodent/Grantor	SKAG	iit	WA
	City	<u>- p</u>	County	• <u>†</u>	State

# REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LOT 1, Bessier Short Plat NO. Ana-05-002 AF # 2005 09 010125 C Ptn Gov. Lots 3+4, 27-35-1 E W.M.)

2858-000-075-0100

Assessor's Property Tax Parcel/Account Number: <u>P1233</u> (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)

(Page 1 of \_\_\_\_\_

REV 84 0017 (1/3/17)

10 Anaco Beach Rd pouse 402 Anaco Beach Rd age, relationship, address Ful 70 relationship, address PH Dr. ЛN n name, age, relationship, address

Full name, age, relationship, address

Dated : 5 18 23	
Helen Piron	t.K
Affiant's full name 711-1098 - 909	1
Telephone number 4610 ANACO 3	Beach Rd
Anacorks	State 22 State Zip Code
City Selen Pirculet Signature	State Zip Code <u><u>5</u>1823 Dite</u>
State of <u>WA</u>	County of Stagit
I know or have satisfactory evidence that	Helen Piroutek
	nd said person acknowledged that (he/she) signed this her) free and voluntary act for the uses and purposes
Dated: 05/18 /2023	Plance Muchand
(SEAL OR STAMPANNA MACONING STAM	Residing at: ANCLOVES WA 98221
NOTAAL O	Notary Public in and for the State of <u>WA</u>
	My appointment expires: 00 130 12025

REV 84 0017 (1/3/17)

#### **EXHIBIT "A"**

### LEGAL DESCRIPTION

Lot 1, Bessler Short Plat No. ANA-05-002, approved August 22, 2005, and recorded September 1, 2005; under Auditor's File No. 200509010125; being a portion of Government Lots 3 and 4, Section 27, Township 35 North, Range 1 East, W.M.; and also being a portion of Tract 75, "PLAT OF ANACO BEACH", as per plat recorded in Volume 5 of Plats, page 4, records of Skagit County, Washington;

Situate in the City of Anacortes, County of Skagit, State of Washington.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH



DATE ISSUED: 04/13/2023

CERTIFICATE NUMBER: 2023-017938

FIRST AND MIDDLE NAME(S): ALLEN JOSEPH LAST NAME(S): PIROUTEK

COUNTY OF DEATH: SKAGIT DATE OF DEATH: APRIL 05, 2023 HOUR OF DEATH: 07:00 PM SEX: MALE AGE: 85 YEARS SOCIAL SECURITY NUMBER:

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

BIRTH DATE: BIRTHPLACE: RAPID CITY, SD

MARITAL STATUS: MARRIED SURVIVING SPOUSE: HELEN TITINE HENO

OCCUPATION: DIRECTOR OF SALES AND SERVICE INDUSTRY: BEVERAGE SERVICE EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE US ARMED FORCES: YES

INFORMANT: HELEN PIROUTEK RELATIONSHIP: SPOUSE ADDRESS: 4610 ANACO BEACH RD. ANACORTES, WA 98221

CAUSE OF DEATH: A: COLON CANCER INTERVAL: 2 MONTHS

B: INTERVAL:

- C: INTERVAL
- D:
- INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTATIC DISEASE TO LIVER AND BONE.

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

FEE NUMBER:

PLACE OF DEATH: DECEDENT'S HOME FACILITY OR ADDRESS: 4610 ANACO BEACH RD. CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 4610 ANACO BEACH RD. CITY, STATE, ZIP: ANACORTES, WA 98221 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: ALLEN HOWARD PIROUTEK MOTHER:

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON DISPOSITION DATE: APRIL 13, 2023

FUNERAL FACILITY: SMART CREMATION

ADDRESS: 120 15TH STREET SE SUITE 201 CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372 FUNERAL DIRECTOR: JUSTINE E. WHITE

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

CERTIFIER NAME: LESLIE A. ESTEP, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273 DATE SIGNED: APRIL 11, 2023

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

NOT VALID IF PHOTOCOPIED OR ALTERED

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: APRIL 12, 2023

DOH422-1325KAGIT (2/22)

<b>XOHealth</b> DOH 422-034 August 2019	This is a legal	document. Comp	olete in ink and o	do not alter.		ia, WA 98504-7814 96-4300
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