

After recording, return to:  
Heather Yarbrough  
Chicago Title Company of Washington  
425 Commercial St  
Mount Vernon, WA 98273

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Kaylee Oudman  
DATE 05/31/2023

Grantor (Name of Decedent): Lissette D. Jim  
Grantee (Heirs): Alan H. Jim  
Abbreviated Legal Description: LT 8, MAIBEN GLEN DIV 3, REC NO. 201908050121  
Tax Parcel No.(s): P134882 / 6067-000-008-0000

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF Washington  
COUNTY OF Skagit

**CHICAGO TITLE**  
**62054034**

The undersigned, Alan H. Jim, executes this affidavit relating to the estate of Lissette D. Jim (herein "Decedent"), who died on Feb 16 2023, in the County of New York, State of New York, then being a resident of the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_.

**(A copy of the death certificate is attached hereto.)**

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

1. 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**

2. 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:) \_\_\_\_\_

**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: Alan H. Jim Spouse

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

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 located in the County of Skagit, State of Washington, and described as follows:

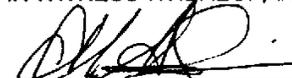
LOT 8, "PLAT OF MAIBEN GLEN DIVISION 3", RECORDED ON AUGUST 5, 2019, UNDER SKAGIT COUNTY AUDITOR'S FILE NO. 201908050121, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

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.

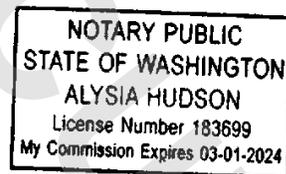
  
Signature

Alan H. Jim  
Print Name

State of Washington  
County of Skagit

This record was acknowledged before me on 04/20/2023 by Alan H Jim

Alysia Hudson  
(Signature of notary public)  
Notary Public in and for the State of Washington  
My commission expires: 03/01/2024



VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Certificate No. 156-23-008211

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE Feb 22, 2023 01:10 PM

1. DECEDENT'S LEGAL NAME LISSETTE D JIM (First, Middle, Last, Suffix)

Form containing sections: MEDICAL CERTIFICATE OF DEATH (Place of Death, Date and Time of Death, Medical Certifier), PERSONAL PARTICULARS (Usual Residence State, Date of Birth, Usual Occupation, Education, Marital/Partnership Status, Informant's Name, Method of Disposition, Location of Disposition), and other fields like Social Security No., Address, and Date.

EVT20230292644

February 23, 2023

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

Signature of Jonathan Van Nye, City Registrar



1400001340862

**Look for the following security features before accepting this document:**

- Multi-colored pink-blue-pink background
- Micro printing of the words New York City Department of Health and Mental Hygiene immediately above the bottom border and visible using a magnifying glass
- This watermark in the paper, which will be visible when held to the light:

• **Thermochromic Ink:** The logo above is printed with heat sensitive ink. It changes color when warmed by rubbing with a finger

VR-140 600M (05/21) P.O. NO. 2020000061