

POOR ORIGINAL



State of Washington
Department of Revenue
Special Programs Division
Miscellaneous Tax
PO Box 47477
Olympia WA 98504-7477

202308030034

08/03/2023 10:31 AM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor, WA

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20237526
Date 08/03/2023

AFFIDAVIT (LACK OF PROBATE)

Grace M. Watanabe, being first duly sworn, deposes and says:
The undersigned affiant is the rightful heir to the real property described below, and is
wife (relationship to decedent)
of Wayne O. Erickson (decedent), who died on (date)
8/19/20, at
Mount Vernon Skagit WA
City County State

*** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED.
PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred
which is located at a commonly recognized address of:

4751 Sierra St
Mount Vernon WA 98274
City State Zip Code
P133301 LOT 108, WOODSIDE PUD
DIV. 122 FULL P.H.

☐ Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent
left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS
ATTACHED for review), or has been recorded under _____ County recording
number _____; OR

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY
OF WHICH IS ATTACHED for review)

"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 4)

4451 Street 3603 228th Ave SE, Apt B, Issaquah WA 98029
Grace M. Watanabe 58 years wife
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: 8/1/23
Grace M. Watanabe
Affiant's full name
425-295-7610
Telephone number
3603 228th Ave SE, Apt B
Issaquah WA 98029
City State Zip Code
Grace M. Watanabe 8/1/23
Signature Date
State of WASHINGTON County of KING

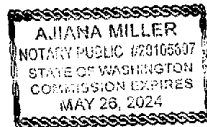
I know or have satisfactory evidence that Grace M. Watanabe
(name of person)

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: 8/1/2023

Ajiana Miller
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Benton, WA

Notary Public in and for the State of WA

My appointment expires: 5/26/2024

EXHIBIT "A"
LEGAL DESCRIPTION

LOT 108, "PLAT OF WOODSIDE PUD DIVISIONS 1 AND 2", RECORDED JULY 27, 2016, UNDER SKAGIT
COUNTY
AUDITOR'S FILE NO. 201607270025.

SITUATE IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT, STATE OF WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2020-038541	DATE ISSUED: 09/09/2020 FEE NUMBER:
FIRST AND MIDDLE NAME(S): WAYNE OTTO LAST NAME(S): ERICKSON	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: AUGUST 19, 2020 HOUR OF DEATH: 08:30 PM SEX: MALE AGE: 80 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: HOME FACILITY OR ADDRESS: 4751 SIERRA ST CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 4751 SIERRA ST CITY, STATE, ZIP: MOUNT VERNON, WA 98273 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 4 YEARS
BIRTH DATE: [REDACTED] BIRTHPLACE: LOS ANGELES, CA	FATHER: DANIEL GILDA MOTHER: BETTY LOUISE [REDACTED]
MARITAL STATUS: MARRIED SURVIVING SPOUSE: GRACE MASAYE WATANABE	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY
OCCUPATION: MAINTENANCE INDUSTRY: PUBLIC SCHOOL SYSTEM EDUCATION: BACHELOR'S DEGREE US ARMED FORCES: YES	CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: AUGUST 24, 2020
INFORMANT: GRACE MASAYE WATANABE RELATIONSHIP: WIFE ADDRESS: 4751 SIERRA ST, MOUNT VERNON, WA 98273	FUNERAL FACILITY: SKAGIT CREMATION SERVICES, LLC ADDRESS: PO BOX 433 CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 FUNERAL DIRECTOR: JOHN HAAS
CAUSE OF DEATH: A: PANCREATIC CARCINOMA METASTATIC TO LIVER, PERITONEUM, RETROPERITONEUM AND MALIGNANT ASCITES INTERVAL: 7 WEEKS WEEKS B: INTERVAL: C: INTERVAL: D: INTERVAL:	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
OTHER CONDITIONS CONTRIBUTING TO DEATH: HISTORY OF CLOSTRIDIA DIFFICILE COLITIS AND SALMONELLA ENTERITIS	CERTIFIER NAME: DEBORAH NORTH, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A CITY, STATE, ZIP: MOUNT VERNON, WA 98273 DATE SIGNED: AUGUST 21, 2020
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY: 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: MARIA VIVANCO DATE RECEIVED: AUGUST 24, 2020

NOT VALID IF PHOTOCOPIED OR ALTERED