

After recording, return to:
Michael Cruson
103 Normans St
Golden, CO 80403

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 08/09/2023

CHICAGO TITLE

Grantor (Name of Decedent): Carole Cruson
Grantee (Heirs): Michael Cruson
Abbreviated Legal Description: Ptn Gold Mt 2 in Sec 13, Twp 34N, R9E WM
Tax Parcel No.(s): P102390 / 340913-0-003-0200

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF ColoradoCOUNTY OF Jefferson

The undersigned, Michael G Cruson executes this affidavit relating to the estate of Carole W Cruson (herein "Decedent"), who died on April 5, 2022, in the County of Jefferson, State of Colorado, then being a resident of the City of Golden, County of Jefferson, State of Colorado.

(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 _____, in [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
☐ other (identify:) _____

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 (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: Michael Cruson, 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:

The East 332 feet, as measured along the South line of the following described tract:

That portion of Government Lot 2, Section 13, Township 34 North, Range 9 East of the Willamette Meridian, lying Southerly of the Sauk River and East of the following described line:

Beginning on the North line of said Government Lot 2 that is 2,059.04 feet East of the Northwest corner of said Section 13;
 thence South 2°06' West 1,303.24 feet to the South line of said Government Lot 2, the terminus of said line.

Except county road and rights of way therefore as conveyed to Skagit County by deeds recorded under recording number 84191, 180033, 332818 and 589713, records of Skagit County, Washington.

Situate in Skagit County, 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

Michael Cruson
 Print Name

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

State of COLORADO
County of JEFFERSON

This record was acknowledged before me on AUG. 4, 2023 by
MICHAEL GRISON

Anne Fioretto
(Signature of notary public)
Notary Public in and for the State of COLORADO
My commission expires: 9-2-2025

ANNE FIORETTO
Notary Public
State of Colorado
Notary ID # 20094028479
My Commission Expires 09-02-2025

STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052022013247

DECEDENT'S LEGAL NAME CAROLE MARIE CRUSON				DATE OF DEATH APRIL 05, 2022			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE-Last Birthday (Years) 79	UNDER 1 YEAR Months Days		UNDER 1 DAY Hours Minutes		DATE OF BIRTH (Mo/Day/Yr) [REDACTED]
BIRTHPLACE (State or Foreign Country) OREGON							
IF DEATH OCCURRED IN HOSPITAL			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL DECEDENT'S HOME				
Facility Name (if not institution, give street & number) 103 NORMANS STREET			CITY, TOWN OR LOCATION OF DEATH GOLDEN		COUNTY OF DEATH JEFFERSON		
RESIDENCE - STREET AND NUMBER 103 NORMANS STREET			APT. NO.		ZIP CODE 80403		INSIDE CITY LIMITS YES
RESIDENCE STATE COLORADO			COUNTY JEFFERSON		CITY OR TOWN GOLDEN		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TEACHER				KIND OF BUSINESS/INDUSTRY EDUCATION		DECEDENT'S EDUCATION MASTER'S DEGREE	
DECEDENT OF HISPANIC ORIGIN NO				DECEDENT'S RACE White			
EVER IN US ARMED FORCES NO		MARITAL STATUS AT TIME OF DEATH MARRIED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) MICHAEL G. CRUSON			
FATHER'S NAME FRANK WINDUST				MOTHER'S NAME PRIOR TO FIRST MARRIAGE MYRTLE [REDACTED]			
INFORMANT'S NAME MICHAEL G. CRUSON				INFORMANT'S RELATIONSHIP TO DECEASED SPOUSE			
NAME OF FUNERAL HOME FOOTHILLS CREMATION & FUNERAL SERVICE				CITY AND STATE OF FUNERAL HOME GOLDEN COLORADO		WAS CORONER NOTIFIED YES	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FUNERAL DIRECTOR'S SERVICE LLC		LOCATION - CITY, COUNTY, STATE DENVER DENVER COLORADO			
INJURY AT WORK		IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY	
PLACE OF INJURY							
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code)							
DESCRIBE HOW INJURY OCCURRED							
WAS DECEDENT UNDER HOSPICE CARE		ACTUAL OR PRESUMED TIME OF DEATH APPROX 16:05 MIL		DATE PRONOUNCED DEAD (MO/DAY/YR) APRIL 05, 2022		TIME PRONOUNCED DEAD 16:05 MIL	
MANNER OF DEATH NATURAL				WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?	
CAUSE OF DEATH							
PART I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		Enter the chain of events - diseases, injuries, or complications that directly caused the death. a ALZHEIMER'S DEMENTIA b _____ c _____ d _____				Approximate interval: Onset to death YEARS _____ _____ _____	
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I ADULT FAILURE TO THRIVE							
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN						DATE SIGNED	
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER DANIEL H. PRUETT D. CORONER 800 JEFFERSON COUNTY PARKWAY GOLDEN CO 80401 JEFFERSON						DATE SIGNED APRIL 08, 2022	
DATE FILED BY REGISTRAR APRIL 08, 2022							

DATE ISSUED APRIL 12, 2022

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

A. Alex Quintana
A. ALEX QUINTANA
STATE REGISTRAR

