



202310260143

10/26/2023 01:10 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

AFTER RECORDING RETURN TO:
Gilbert & Gilbert Lawyers, Inc., P.S.
314 Pine St., Suite 211
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 8530
OCT 26 2023

Amount Paid \$ 0
Skagit Co. Treasurer
By *LT* Deputy

AFFIDAVIT: LACK OF PROBATE

GRANTOR: GARY A. GRIMLUND, deceased

GRANTEE: SARA L. GRIMLUND, surviving spouse, now deceased

ASSESSOR'S PROPERTY TAX

PARCEL OR ACCOUNT NOS. P67192/3944-000-011-0000 and P67197/3944-000-016-0005

ABBREVIATED LEGAL DESCRIPTION:

Leadbetter's Sinclair Trs Tr 11 and Leadbetter's Sinclair Trs Tr 16

FULL LEGAL DESCRIPTION: Full Legal on Pages 1-2.

CINDY L. BACA, being first duly sworn upon oath, deposes and says:

1. Status. I am the personal representative of the Estate of Sara Lynne Grimlund (a/k/a Sara L. Grimlund), who died on July 19, 2021. Sara Lynne Grimlund was the surviving spouse of Gary Arnold Grimlund (a/k/a Gary A. Grimlund), who died on September 28, 2006, a resident of Fowler, Pueblo County, Colorado. A certified copy of his Death Certificate is attached to this Affidavit.

2. Real Property. Decedent, Gary A. Grimlund, left a community interest in real property described in this Affidavit. Gary A. Grimlund and Sara L. Grimlund were husband and wife, took title to the property as husband and wife, and as such the property is community in nature, belonging to the surviving spouse, Sara L. Grimlund, as the sole and rightful owner under RCW 11.04.015(1)(a). Said real property situate in the County of Skagit and State of Washington is fully described as follows:

Parcel A:

A Tract of land in Government Lot six (6), Section Nine (9), Township Thirty-Six (36) North, Range one (1) East, W.M. described as follows:

BEGINNING 997.8 feet South 89°28'30" West and 550 feet South from the Northeast corner of said Lot six (6); thence South 100.0 feet; thence South 89°28'30" West to the meander line; thence Northerly along the meander line to a point that bears South 89°28'30" West from the point of beginning; thence North 89°28'30" East to the point of beginning.

TOGETHER WITH second class tidelands adjoining.

Also known as Tract 11, "ASSESSOR'S PLAT OF LEADBETTER'S SINCLAIR TRACTS", as per plat recorded in Volume 9 of Plats, page 30 records of Skagit County, Washington.

Situate in Skagit County, Washington.

Parcel B:

A Tract of land in Government Lot Six (6), Section Nine (9), Township Thirty-Six (36) North, Range one (1) East, W.M., described as follows:

BEGINNING 997.8 feet South 88° 28'30" West and 420 feet South from the Northeast corner of said Lot Six (6); thence 20.0 feet to the true point of beginning; thence continue East along the South line of a Private Road a distance of 100 feet; thence South to the meander line; thence Westerly along the meander line to a point South of the point of beginning; thence North to the true point of beginning.

TOGETHER with second class tidelands adjoining.

Also known as Tract 16, "ASSESSOR'S PLAT OF LEADBETTER'S SINCLAIR TRACTS", as per plat recorded in Volume 9 of Plats, page 30, records of Skagit County, Washington.

Situate in Skagit County, Washington.

3. Decedents' Wills & Probate. No Will has been found for Gary Arnold Grimlund. He was survived by his wife, Sara Lynne Grimlund, and two daughters, Cindy L. Baca and Cheryl L. Genandt.

Sara Lynne Grimlund, left a Last Will and Testament which is being probated under Skagit County Case No. 23-4-00143-29. An Order Appointing Cindy L. Baca as Personal Representative was signed March 15, 2023, a copy of the Letters Testamentary is attached hereto.

4. Decedents' Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Gary A. Grimlund and Sara L. Grimlund, and the liabilities and other obligations of the marital community, have been paid in full.

5. Federal Estate Tax. The Decedents' estates were not liable for Federal Estate Tax.

6. Washington Assistance. Neither Decedent was liable for repayment for subsistence or medical care to the state of Washington.

7. Purpose of Affidavit. This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of, Gary Arnold Grimlund (a/k/a Gary A. Grimlund), his heirs, creditors, and the taxing authorities.

DATED this 31 day of July 2023.

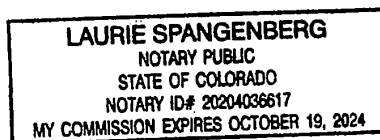
SARA LYNNE GRIMLUND, Surviving Spouse

By: Cindy S Baca, PR
CINDYL. BACA, Personal Representative
of the Estate of Sara Lynne Grimlund

STATE OF COLORADO)
) ss.
COUNTY OF PUEBLO)

On this day personally appeared before me CINDY L. BACA, to me known to be the personal representative of the estate of SARA LYNNE GRIMLUND (a/k/a SARA L. GRIMLUND), the individual described in and who executed the within and foregoing instrument and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal this 31st day of July 2023.



Laurie Spangenberg
NOTARY PUBLIC in and for the state of Colorado
Residing at: _____
My commission expires: 10/19/2024

STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

202310260143

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*AMENDED 10/16/06
#7 per mortuary
@local-sj cc@state

STATE OF COLORADO CERTIFICATE OF DEATH

STATE FILE NUMBER

1242-192-06

| | | | |
|--|--|---|--|
| 1. DECEDENT'S NAME (First, Middle, Last) Gary Arnold GRIMLUND | | 2. SEX Male | 3. DATE OF DEATH (Month, Day, Year) SEPT. 28, 2006 |
| 4. SOCIAL SECURITY NUMBER [REDACTED] | | 7. BIRTHPLACE (City and State or Foreign Country) Bellingham-WN, WA | |
| 5a. AGE - Last Birthday (Month, Day, Year) 67 | | 5b. UNDER 1 YEAR Mos: _____ Days: _____ Hrs: _____ Mins: _____ | |
| 5c. UNDER 1 DAY Hrs: _____ Mins: _____ | | 6. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify): _____ | |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> No | | 9. CITY, TOWN, OR LOCATION OF DEATH Fowler | |
| 9b. FACILITY NAME (If not institution, give street and number) 3750 66th Lane | | 9d. COUNTY OF DEATH Pueblo | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired") Farming | | 10b. KIND OF BUSINESS/INDUSTRY Farming | |
| 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) married | | 12. SPOUSE (If wife, give maiden name) Sara Lynne Rothganger | |
| 13a. RESIDENCE STATE Colorado | | 13b. CITY, TOWN, OR LOCATION Fowler | |
| 13c. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 13d. STREET AND NUMBER 3750 66th Lane | |
| 13e. ZIP CODE 81039 | | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 15. RACE: American Indian, Black, White, etc. (Specify) White | | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+) 14 | |
| 17. FATHER'S NAME (First, Middle, Last) Arnold John Grimlund | | 18. MOTHER'S NAME (First, Middle, Last (Maiden Name)) Gerda [REDACTED] | |
| 19. INFORMANT'S NAME and relationship to decedent Sara Lynne Grimlund (wife) | | 20a. METHOD OF DISPOSITION (Burial, Cremation, Removal from State, Donation, Other (Specify)) Nepesta Cemetery Pueblo County, Colo. | |
| 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | | 20c. LOCATION: City or Town, State | |
| 21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i> | | 21b. NAME AND ADDRESS OF FACILITY GRIFFEY FAMILY FUNERAL HOME INC., P O Box 323 Fowler, Colorado 81039 | |
| 22a. REGISTRAR'S SIGNATURE <i>[Signature]</i> DEPUTY | | 22b. DATE FILED (Month, Day, Year) OCT 04 2008 | |
| 23. TIME OF DEATH mo 1805 | | 24. DATE PRONOUNCED DEAD September 28, 2006 | |
| 25. WAS CORONER NOTIFIED? (Yes or No) Yes | | 26. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN: 26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated: Signature: <i>[Signature]</i> 28. DATE SIGNED (Month, Day, Year) 29 Sept 06 | |
| 27. TO BE COMPLETED BY CORONER: 27. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated: Signature: <i>[Signature]</i> 29. DATE SIGNED (Month, Day, Year) 29 Sept 06 | | 30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) Kramer MPAS PA Coroner 215 W 10th Pueblo CO 81003 | |
| 31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print) | | 32. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Homicide | |
| 33a. DATE OF INJURY (Month, Day, Year) 28 Sept 06 | | 33b. TIME OF INJURY ? M | |
| 33c. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 33d. DESCRIBE HOW INJURY OCCURRED: crush injury / machinery | |
| 33e. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify)) residence | | 33f. LOCATION (Street and Number or Rural Route Number, City, County, State) 3750 66th Lane, Fowler Pueblo CO | |
| 34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g., Cardiac or Respiratory Arrest) alone.) PART I CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST (c) (a) Positional Asphyxia (b) Crush Injuries / Machinery (c) _____ | | 35. AUTOPSY (Yes or No) NO | |
| 36. IF YES were findings considered in determining cause of death? family declined | | 37. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause of death PART II (e.g., alcohol abuse, obesity, smoker) | |

DATE ISSUED **NOV 18 2015**

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.

Ronald S. Hyman
RONALD S. HYMAN
STATE REGISTRAR



* 007570410 *

REV 08/14

ANY ALTERATION OR REPAIR VOIDS THIS CERTIFICATE



SUPERIOR COURT OF THE STATE OF
WASHINGTON FOR SKAGIT COUNTY**FILED**
Skagit County Clerk
Skagit County, WA
03/15/2023

| | |
|---|---|
| The Estate of SARA LYNNE GRIMLUND: | No. 23-4-00143-29 LETTERS TESTAMENTARY |
|---|---|

I. BASIS

- 1.1 The last will of SARA LYNNE GRIMLUND late of PUEBLO County, State of COLORADO was duly exhibited proven and recorded in this court on March 15, 2023.
- 1.2 In that will CINDY L. BACA is named personal representative(s).
- 1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT CINDY L. BACA is authorized by this court to execute the will of the above decedent according to law.

DATED 03/15/2023.

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT
Kristen Denton, Deputy Clerk

III. CERTIFICATE OF COPY

STATE OF WASHINGTON |
COUNTY OF SKAGIT | ss

I, MELISSA BEATON, COUNTY CLERK of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case, which was entered of record on March 15, 2023.

I further certify that these letters are now in full force and effect.

DATED: 03/15/2023

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT

BY


Deputy Clerk

