

**Return Address:**

Land Title and Escrow Company  
111 East George Hopper Road, PO Box 445  
Burlington, WA 98233  
210903-LT

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Kaylee Oudman  
Affidavit No. 20249270  
Date 01/05/2024

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Kimberly D. Hargrove, being first duly sworn deposes and states as follows:  
*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Surviving Spouse of  
John L. Hargrove  
*Relationship to decedent* *Decedent/Grantor Name*

who died on April 17, 2021 at  
*Date*

Portland Multnomah Oregon  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: ptn SE/NW; Sec. 14-34-3

Assessor's Property Tax Parcel/Account Number: 340314-2-012-0003/P21953  
(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)

Kimberly D. Hargrove, 62, Surviving Spouse,  
2021 N. Laventure Road #401, Mount Vernon, WA 98273  
*Full name, age, relationship, address*

Wesley Hargrove, 25, Son  
16461 Donnelly Road, Mount Vernon, WA 98273  
*Full name, age, relationship, address*

Kristi Hargrove, 32, Daughter  
11906 Branding Point, Helotes, TX 78023  
*Full name, age, relationship, address*

Billy Hargrove, 76, Brother  
1870 E. Pomona Road, Yakima, WA 98901  
*Full name, age, relationship, address*

Vicki Hargrove, 70, Sister  
  
*Full name, age, relationship, address*

Dated: 1-5-2024

Kimberly D. Hargrove  
Affiant's full name

(360) 661-5211  
Telephone number

2021 N. Laventure Road, #401

Street

Mount Vernon WA 98273

City State Zip Code

Kimberly D. Hargrove  
Signature

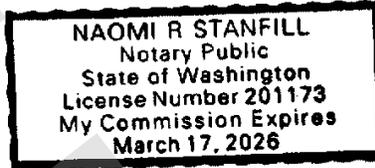
1-5-2024  
Date

STATE OF WASHINGTON  
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 5<sup>th</sup> day of January, 2024 by  
Kimberly D. Hargrove

Naomi R. Stanfill  
Signature

Notary  
Title



My appointment expires: March 17, 2026

**Legal Description**

The West 92.6 feet of the East 108.6 feet of the South 492 feet of the East 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 14, Township 34 North, Range 3 East, W.M., EXCEPT County road right of way along the South line thereof.

Situate in the County of Skagit, State of Washington.

STATE OF OREGON CERTIFICATION OF VITAL RECORD					
864009 I.D. TAG NO		OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH		136-2021-018815 STATE FILE NUMBER	
Legal Name First <b>John</b> Middle <b>Lamoine</b> Last <b>Hargrove</b> Suffix			Death Date <b>April 17, 2021</b>		
Sex <b>Male</b>	Age <b>62 years</b>	Social Security Number		County of Death <b>Multnomah</b>	
Birthdate		Birthplace <b>Haskell, Texas</b>		Was Decedent Ever in U.S. Armed Forces? <b>No</b>	
Residence <b>16461 Donnelly Road</b>			City/Town <b>Mount Vernon</b>		
Residence County <b>Skaagit</b>		State or Foreign Country <b>Washington</b>		Zip Code + 4 <b>98273</b>	
Marital Status at Time of Death <b>Married</b>		Spouse's Name Prior to First Marriage <b>Kimberly D Hatcher</b>			
Father's Name <b>John Wesley Hargrove</b>			Mother's Name Prior to First Marriage <b>Mary Evelyn</b>		
Informant's Name <b>Kimberly Hargrove</b>		Telephone Number <b>Not Available</b>	Relationship to Decedent <b>Spouse</b>	Mailing Address <b>16461 Donnelly Road, Mount Vernon, WA 98273</b>	
Place of Death <b>Hospital-Inpatient</b>		Facility Name <b>Legacy Emanuel Medical Center</b>			
Location of Death <b>2801 N Gantenbein Avenue</b>		City/Town or Location of Death <b>Portland</b>		State <b>Oregon</b>	
Method of Disposition <b>Cremation</b>		Place of Disposition <b>First Cremation Services</b>		Location (City/Town and State) <b>Kent, Washington</b>	
Name and Complete Address of Funeral Facility <b>Simple Cremation of Portland 650 NE Holladay Street 1600, Portland, Oregon 97232</b>					
Date of Disposition <b>April 20, 2021</b>		Funeral Director's Signature <i>Michael J Galaviz</i>		OR License Number <b>FS-0595</b>	
Registrar's Signature <i>Jennifer A. Woodward</i>		Date Received <b>June 25, 2021</b>		Local File Number	
Amendment					
Was case referred to Medical Examiner? <b>No</b>		Autopsy? <b>No</b>		Were autopsy findings available to complete the cause of death?	
CAUSE OF DEATH				Time of Death <b>03:18 AM</b>	
IMMEDIATE CAUSE ↓ a. <b>acute respiratory distress syndrome</b>				Approximate Interval: Onset to Death <b>24 days</b>	
Due to (or as a consequence of) ↓ b. <b>COVID-19 PRESUMED</b>				<b>45 days</b>	
Due to (or as a consequence of) ↓ c.					
Due to (or as a consequence of) ↓ d.					
Other significant conditions contributing to death					
Manner of Death <b>Natural</b>		If Female		Did tobacco use contribute to death? <b>Unknown</b>	
Date of Injury		Time of Injury		Place of Injury	
Location of Injury		Describe how injury occurred			
Name and Address of Certifier <b>Lewis Lee Low 1120 NW 20th Avenue Ste. 110, Portland, Oregon 97209</b>		Date Signed <b>June 21, 2021</b>		License Number <b>MD24373</b>	
Medical Certifier <i>Lewis Lee Low</i>		Title of Certifier <b>M.D.</b>		License Number <b>MD24373</b>	
Amendment					
 45-2CC (01/06) *20210827357*					
I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.					
DATE ISSUED <b>August 25, 2021</b>		 JENNIFER A. WOODWARD, Ph.D. STATE REGISTRAR			
THIS COPY IS NOT VALID WITHOUT INTACT STATE SEAL AND BORDER. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.					



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UNOFFICIAL DOCUMENT