

WHEN RECORDED RETURN TO:
FIRST AMERICAN TITLE INSURANCE CO
4795 REGENT BLVD, 1006-A
IRVING, TX 75063
ATTN: RECORDING

Document Title(s)

Affidavit of Lack of Probate

Reference of related documents

Additional Reference #s on page

Grantor(s) (Last, First and Middle Initial)

Sill, Sandra K (deceased)

Additional grantors on page

Grantee(s) (Last, First and Middle Initial)

Sill, Roy P

Additional grantees on page

Legal Description (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

LT 42, PRESSENTIN CREEK WILDERNESS DIV. NO. 2, VOL 9, PGS 38 AND 39, SKAGIT COUNTY, WA.

Additional legal is on page 2-4

Assessor's Property Tax Parcel/Account Number

3969-000-042-0003

Additional parcel #s on page

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Kaylee Oudman
Affidavit No. 20249716
Date 02/28/2024

AFFIDAVIT OF LACK OF PROBATE

ESTATE OF SANDRA KAY SILL, Deceased

BEFORE ME, the undersigned authority, on this 21 day of February, 2024, personally appeared **ROY P. SILL**, who being first duly sworn, deposes and states to the best of his/her knowledge:

1. That I am over twenty-one (21) years of age and am otherwise competent to give testimony;
2. That I currently reside at 9054 W Pressentin Dr, Concrete WA
3. That my relationship with Sandra Kay Sill ("Decedent"), was as follows: My Spouse;
4. That I am not an heir of Decedent;
5. That I was personally acquainted with Decedent over a period Twenty Four years;
6. That Decedent died on the 30 day of October, 2023, a resident of the City of Concrete, County of Skagit, State of Washington, and all debts of the estate have been fully paid;
7. (Choose one of the following):
 - (☒) That Decedent did not leave a last will and testament, and there has been no administration of the Decedent's estate; or
 - (☐) That Decedent left a last will and testament which has not been probated, a true copy of which is attached hereto, and the same was never revoked;
8. That at the time of his/her death, Decedent owned property located at 9054 W Pressentin Dr, Concrete WA and more particularly described in the attached Exhibit A;
9. That Decedent was married Two time(s) as follows:

Name of each husband or wife and
Date of Marriage

Clifford George Allen
Roy P. Sill

Age and address if living,
Date of death if deceased Date of divorce if
applicable

Unknown, Oak Harbor, WA, January 2001
69, 9054 W Pressentin Dr, Concrete, WA

10. That the following are all the children ever born to or adopted by Decedent:

Name of each child	Age and address if living, Date of death if deceased
John Rich	54, address unknown
Katherine Babino	50, address unknown
Michael Rich	48, 483 N Jasmine LN, Enumclaw, WA
Diane Rich	31 January 1980
	January 2

11. (Choose one of the following):

() All children of Decedent are also children of the surviving spouse; or

(X) The following children of Decedent are not also children of the surviving spouse:

John Rich, Katherine Babino, Michael Rich and Diane Rich

12. That the following are all of the children of any deceased child of the Decedent:

Name of each grandchild	Age and address if living, Date of death if deceased	Name of deceased parents

13. That the following are the parents of Decedent:

Name of each parent	Age and address if living, Date of death if deceased
Marlys	

14. That the following are the siblings of Decedent:

Name of each sibling	Age and address if living, Date of death if deceased
Jerry Jobes	Unknown, Bremerton WA
Rhodie Jobes	Unknown, deceased
Michelle Johnson	Unknown, Bremerton WA

15. That the persons above-named constitute all the heirs at law of Decedent and that all of said heirs are of the age of majority and of sound mind except:

NONE;

16. That the total value of the estate of Decedent, including both real and personal property owned by Decedent either individually or in joint tenancy at the time of the death of Decedent, does not exceed the sum of NONE dollars.

17. That my attention has been directed to the fact that the within affidavit will be relied upon by prospective purchasers or lenders dealing with the heirs herein named.

18. That the foregoing is based upon my own personal knowledge and belief, is true, and, if called upon as a witness, I would competently and consistently testify thereto.

Indemnity: This Affidavit is given to induce First American Mortgage Services to issue a commitment to insure title to the property referenced in Paragraph 8 of this Affidavit. I hereby agree to indemnify and hold First American Mortgage Services and its successors and/or assigns harmless from and against any and all losses, claims, damages, costs and/or expenses which it may suffer as a result of any heir not disclosed on this Affidavit claiming an interest in the property referenced in Paragraph 8 of this Affidavit.

FURTHER AFFIANT SAYETH NOT.

Roy P Sill 2/21/2024
AFFIANT DATE

STATE OF Washington
COUNTY OF Skagit

Subscribed and sworn to (or affirmed) before me on this 21 day of February, 2024, by **ROY P. SILL**, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Philip Peng
Notary Public

My Commission Expires: 09/23/2024

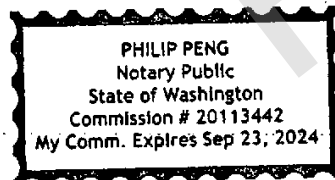


Exhibit "A"

Real property in the City of **Concrete**, County of **SKAGIT**, State of **Washington**, described as follows:

LOT 42, PRESENTIN CREEK WILDERNESS DIV. NO. 2, AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGES 38 AND 39, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Commonly known as: 9054 W PRESENTIN DR, Concrete, WA 98237

APN #: **3969-000-042-0003**

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2023-053198	DATE ISSUED: 11/02/2023 FEE NUMBER: 37
FIRST AND MIDDLE NAME(S): SANDRA KAY LAST NAME(S): SILL AKA: SANDY K SILL	
COUNTY OF DEATH: WHATCOM DATE OF DEATH: OCTOBER 30, 2023 HOUR OF DEATH: 05:15 PM SEX: FEMALE AGE: 70 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: HOSPITAL FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 9054 PRESENTIN DRIVE CITY, STATE, ZIP: CONCRETE, WA 98237 INSIDE CITY LIMITS: NO COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 4 YEARS
BIRTH DATE: [REDACTED] BIRTHPLACE: GLENDALE, CA	FATHER: ELROY MARION JOES MOTHER: MARLYS ANN [REDACTED]
MARITAL STATUS: MARRIED SURVIVING SPOUSE: ROY PETER EDWARD SILL	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM
OCCUPATION: BARTENDER INDUSTRY: BARTENDING EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE US ARMED FORCES: NO	CITY, STATE: BLAINE, WASHINGTON DISPOSITION DATE: NOVEMBER 01, 2023
INFORMANT: ROY PETER EDWARD SILL RELATIONSHIP: HUSBAND ADDRESS: 9054 PRESENTIN DRIVE, CONCRETE, WA 98237	FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL ADDRESS: 4202 GUIDE MERIDIAN #106 CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226 FUNERAL DIRECTOR: TIM D. POWELL
CAUSE OF DEATH: A: CENTRIOBULAR EMPHYSEMA INTERVAL: YEARS 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: YES PREGNANCY STATUS IF FEMALE: NO RESPONSE
OTHER CONDITIONS CONTRIBUTING TO DEATH:	CERTIFIER NAME: SHELLEY RICE, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 2800 & 2806 DOUGLAS CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225 DATE SIGNED: OCTOBER 31, 2023
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 LOCAL DEPUTY REGISTRAR: DEBBIE L. HOLDEN DATE RECEIVED: NOVEMBER 01, 2023
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	