



202403070039

03/07/2024 12:00 PM Pages: 1 of 9 Fees: \$311.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 9814
MAR 07 2024

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

When recorded, return to

Matthew T. Fiedler
Marsh Mundorf Pratt Sullivan + McKenzie, P.S.C.
4220 132nd Street S.E., Suite 201
Mill Creek, WA 98012

Document Title(s): Lack of Probate Affidavit

Reference Number(s) of Document assigned or released: n/a

Grantor/Decedent's Name: John Francis Williams, Sr., deceased

Grantee/Survivor's Name: Laurie Lou Williams, Devin Michael Williams, Bryan James Williams, John Francis Williams, Jr., and Scott Lynn Williams, as tenants in common.

Legal Description: LOT TWO (2), REPLAT OF BIG LAKE WATER FRONT TRACTS, BEING A PORTION OF LOTS 122, 123 AND 124 OF FIRST ADDITION OF BIG LAKE WATERFRONT TRACTS, ACCORDING TO THE PLAT RECORDED IN VOLUME 11 OF PLATS, PAGE 3, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Assessor's Property Tax Parcel/ Account No.: P78687

at 19333 W Big Lake Blvd, Mount Vernon, WA 98274 (Tax Parcel No. P78687) and legally described as:

LOT TWO (2), REPLAT OF BIG LAKE WATERFRONT TRACTS, BEING A PORTION OF LOTS 122, 123, AND 124 OF FIRST ADDITION OF BIG LAKE WATERFRONT TRACTS, ACCORDING TO THE PLAT RECORDED IN VOLUME 11 OF PLATS, PAGE 3, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SUBJECT TO: ANY AND ALL EASEMENTS, RESERVATIONS, RESTRICTIONS, AND EXCEPTIONS OF RECORD, INCLUDING BUT NOT LIMITED TO THOSE EASEMENTS, RESERVATIONS AND EXCEPTIONS AS MORE FULLY PROVIDED FOR UNDER SKAGIT COUNTY AUDITOR'S FILE NUMBER 821155.

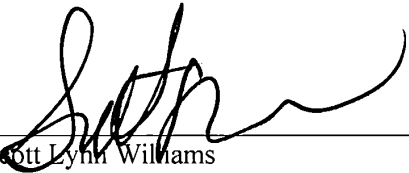
4. No Washington state inheritance taxes or federal estate taxes were due and owing and therefore no estate tax release from the State of Washington was necessary.

5. Affiants know of their personal knowledge, and each so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to, all of the debts of the Decedent, the expenses of Decedent's last illness, funeral and burial expenses, promissory notes, installment contracts and mortgages) have been paid in full or, if not paid in full, have been settled or assumed by affiants as the surviving heirs at law of the Decedent.

6. This affidavit is made to induce any title insurance company so requested to insure title to the above real property to a successor in which the Decedent held an interest at the time of his death. Affiants request said title insurance company to issue its policy of title insurance in full reliance upon the representations contained herein.

/

DATED: September 26, 2023.

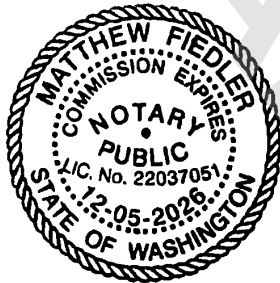



Scott Lynn Williams

STATE OF WASHINGTON)
)ss.
COUNTY OF SNOHOMISH)

On this day personally appeared Scott Lynn Williams, to me known to be the person who signed and who executed the within and foregoing instrument and acknowledged the instrument to be his free and voluntary act and deed for the uses and purposes therein mentioned; and on oath stated that he was authorized to execute the instrument as an heir and devisee of said Estate.

Subscribed and sworn to before me on September 26, 2023.





[Print name] Matthew Fiedler
Notary Public in and for the State of
Washington, residing at Seattle
My commission expires 12-05-2026

**STATE OF ALASKA
CERTIFICATION OF VITAL RECORD**

EXHIBIT A

STATE OF ALASKA

CERTIFICATE OF DEATH
ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS - 5441 COMMERCIAL BLVD.
P.O. BOX 110875
JUNEAU, ALASKA 99911-0875

1506002136
STATE FILE NUMBER

DATE RECEIVED
SEP 21 2006

TYPE/PRINT
IN
PERMANENT
BLACK INK

BIRTH CERTIFICATE NUMBER 1935-NRF		1. DECEDENT'S NAME (First, Middle, Last) John Francis Williams Sr		2. SEX M		3. DATE OF DEATH (Month, Day, Year) August 27, 2006	
4. SOCIAL SECURITY NUMBER		5a. AGE-Last Birthday (Years) 70		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH		7. BIRTHPLACE (State or Foreign Country) Alaska		8. STATE OF DEATH ALASKA			
9a. PLACE OF DEATH (Check only one; see instructions on attached sheet) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		9b. CITY, TOWN, OR LOCATION OF DEATH Anchorage					
10. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN		11. SURVIVING SPOUSE (If wife, give maiden name)					
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) X-Ray Technician		12b. KIND OF BUSINESS/INDUSTRY Medical		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
14a. RESIDENCE - STATE Washington		14b. CITY, TOWN, OR LOCATION Lynnwood		14c. STREET AND NUMBER 516 143rd Street S.W.			
14d. ZIP CODE 98087		15. 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 Specify:		16. RACE - Filipino, Black, Native, White, etc. Alaska		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 2	
18. FATHER'S NAME (First, Middle, Last) Rudolph Williams		19. MOTHER'S NAME (First, Middle, Maiden Surname)					
20a. INFORMANT'S NAME (First, Middle, Last) Laurie Williams		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 516 143rd St., S.W., Lynnwood, WA 98087		20c. RELATIONSHIP TO DECEDENT Daughter			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Anchorage Funeral Home and Crematory		21c. LOCATION - City or Town, State Anchorage, Alaska			
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		22b. NAME AND ADDRESS OF FACILITY Anchorage Funeral Home and Crematory 1800 Dare Ave., Anchorage, AK 99515		23. DATE SIGNED (Month, Day, Year)			
24. TIME OF DEATH 02:55 A M		25. DATE PRONOUNCED DEAD (Month, Day, Year) August 27, 2006		26. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. intracranial hemorrhage		a. DUE TO (OR AS A CONSEQUENCE OF):		b. DUE TO (OR AS A CONSEQUENCE OF):			
27. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. afi B, RA, CAD		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH <i>[Signature]</i> M.D.		29c. DATE SIGNED (Month, Day, Year) 9/5/2006			
29d. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (reported date of death) Yuke Yano, M.D. 4315 Diplomat Dr., Anchorage, AK 99508		30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY	
31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		31e. PLACE OF INJURY - At home, street, cemetery, office, etc. (Specify)			
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

Form VS-101
REV. 3-06

001812765

ORIGINAL - STATE COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH, JUNEAU, ALASKA.

OCTOBER 23, 2023

DATE ISSUED

Alingil Newby-Kew
State Registrar

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

