

After recording, return to:
Barry A Besancon
16311 Forty Five Rd
Arlington, WA 98223

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Kaylee Oudman
Affidavit No. 20240621
Date 05/15/2024

Grantor (Name of Decedent): DEBORAH DIANE BESANCON _____

Grantee (Heirs): BARRY A BESANCON _____

Abbreviated Legal Description: Lot(s): 110 Section: 9 Township: 34 Range: 4 Tax/Map ID(s):
4827-000-110-0000 APN/Parcel ID(s): P121135

Tax Parcel No.(s): P121135

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

STATE OF WASHINGTON

COUNTY OF SNOHOMISH

The undersigned, BARRY A BESANCON, executes this affidavit relating to the estate of DEBORAH DIANE BESANCON (herein "Decedent"), who died on JULY 20, 2014, in the County of SNOHOMISH State of WASHINGTON, then being a resident of the City of ARLINGTON, County of SNOHOMISH, State of WASHINGTON. **(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 _____
[mm/dd/yyyy], under Recording No. _____, in _____
County, Washington.
 - ☐ other (identify): _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
 (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: Barry Besancon Husband

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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

Barry A Besancon
 Signature

Barry A Besancon
 Print Name

State of Washington

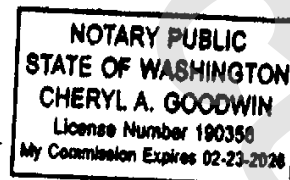
County of Snohomish

Signed and sworn to (or affirmed) before me on May 8, 2024 by BARRY A BESANCON (name of person making statement).

Ceryl A Goodwin
 Name:

Notary Public in and for the State of Washington,
 Residing at: Everett, WA

My appointment expires: 2-23-2028



LEGAL DESCRIPTION - INHERITANCE LACK OF PROBATE AFFIDAVIT

Order No.: RES70216478

LOT 110, PLAT OF "ROSEWOOD PUD PHASE 2, DIVISION 1", AS RECORDED DECEMBER 3, 2003
UNDER AUDITOR'S FILE NO. 200312030041, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-016208

LOCAL FILE NUMBER: 2548

DATE ISSUED: 06/18/2014

FEE NUMBER: 0000310814

GIVEN NAMES: DEBORAH DIANE
LAST NAME: BESANCONCOUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: JULY 20, 2014
HOUR OF DEATH: 12:53 P.M.
SEX: FEMALE
AGE: 57 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITEBIRTHDATE: [REDACTED]
BIRTHPLACE: ALBUQUERQUE, NEW MEXICOMARITAL STATUS: MARRIED
SPOUSE: BARRY BESANCONOCCUPATION: INSURANCE
INDUSTRY: ANNUITIES & LIFE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NOINFORMANT: BARRY BESANCON
RELATIONSHIP: SPOUSE
ADDRESS: 16311 45TH RD. ARLINGTON WA 98223PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 16311 45TH RD
CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223RESIDENCE STREET: 16311 45TH RD
CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223
INSIDE CITY LIMITS? NOCOUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 23 YEARSFATHER: JERRY DALE
MOTHER: [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATOR
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: JULY 22, 2014FUNERAL FACILITY: NEPTUNE SOCIETY
ADDRESS: 19324 - 40TH AVE W, STE A
CITY, STATE, ZIP: LYNNWOOD WA 98036
FUNERAL DIRECTOR: ED J. SUDDERTHCAUSE OF DEATH:
A. DUODENAL CANCER
INTERVAL: 2 YEARS 2 MONTHS
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONEMANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: ANDREW COVERER MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 825 EASTLAKE AVE E
CITY, STATE, ZIP: SEATTLE WA 98109
DATE SIGNED: JULY 21, 2014CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 14-SN2733
ATTENDING PHYSICIAN:
NOT APPLICABLELOCAL DEPUTY REGISTRAR:
MARTHA KUIZ
DATE RECEIVED: JULY 22, 2014