

Return Address:

Judith K. Rekenics
3502 Oakes Ave
Anacortes WA 98221

REVIEWED BY
 SKAGIT COUNTY TREASURER
 DEPUTY Lena Thompson
 DATE 06/26/2024

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Judith K. Rekenics, being first duly sworn
Name of Affiant
 deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
 property described below, and is Surviving spouse
Relationship to decedent
 of Girts Raymond Rekenics, who died on 04/25/2007
Decedent/Grantor Date
 at Anacortes Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

ptn LOTS 21 & 22, Block 913, N.P. Add. to Anac.

Assessor's Property Tax Parcel/Account Number: 3809-913-022-00051
 (Attach full legal description of the property) PSB023

☐ 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)

(Page 1 of 3)

Judith K. Rekeics, Age: 76, Surviving
spouse, 3502 Oakes Ave Andover MA 01821

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : June 25 2024Judith K. Rekeics

Affiant's full name

360-202-7584

Telephone number

3502 Oakes AvenueAnacortes WA 98221

City

State

Zip Code

Judith K. Rekeics

Signature

6-25-24

Date

State of WashingtonCounty of Skagit

I know or have satisfactory evidence that

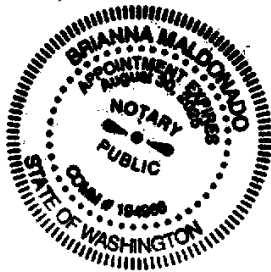
Judith K. Rekeics

(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 06/25/2024Brianne Maldonado

Signature of Notary Public

(SEAL OR
STAMP)Residing at: Anacortes WA 98221Notary Public in and for the State of WAMy appointment expires: 08/30/2025

STATE OF WASHINGTON DEPARTMENT OF HEALTH Washington State Certificate of Death									
Local File Number 339-07		Washington State Certificate of Death				State File Number			
1. Legal Name (include AKA name, first, middle, last)		2. Death Date		3. Date of Birth		4. Under 1 Day		5. Social Security Number	
Girts		REKEVICS		Apr 25, 2007					
6a. Age		6b. Under 1 Year		6c. Under 1 Day		6d. Under 1 Day		6e. County of Death	
M		63		Months		Months		Skagit	
7. Date of Birth		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education		10. Decedent's Occupation	
Riga		Latvia				Teaching Degree			
11. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify:		12. Decedent's Race(s)		13. Decedent's Sex		14. Decedent's Marital Status		15. Decedent's Date of Birth	
No		Caucasian		Male		Married		Yes	
16a. Residence, Number and Street (e.g., 524 SE 3rd St) (include Apt No.)		16b. City or Town		16c. State		16d. Zip Code		16e. Zip Code	
4908 Paisley Place		Anacortes		WA		98221		98221	
17a. Residence, County		17b. Tribal Reservation Name (if applicable)		17c. State or Foreign Country		17d. Zip Code		17e. Zip Code	
Skagit				Washington		98221		98221	
18. Estimated length of time of residence		19. Marital Status at Time of Death		20. Surviving Spouse's Name (name prior to last marriage)		21. Kind of Business/Industry (Based on Company Name)		22. Kind of Business/Industry (Based on Company Name)	
29 years		Married		Judy Kay Richards		Boating Industry		Boating Industry	
23. Usual Occupation (include type of work done during most of working life; do not use initials)		24. Kind of Business/Industry (Based on Company Name)		25. Mother's Name Before First Marriage (First, Middle, Last)		26. Mother's Name Before First Marriage (First, Middle, Last)		27. Mother's Name Before First Marriage (First, Middle, Last)	
Rigger		Boating Industry							
28. Father's Name (First, Middle, Last, Suffix)		29. Informant's Name		30. Informant's Relationship to Decedent		31. Informant's Address		32. Informant's Address	
Edmunds (nm) Rekevics		Judy Kay Richards		Wife		4908 Paisley Place		Anacortes	
33. Informant's Address		34. Informant's City or Town		35. Informant's State		36. Informant's Zip Code		37. Informant's Zip Code	
4908 Paisley Place		Anacortes		WA		98221		98221	
38. Place of Death (if not in a facility, give number & street of location)		39. Place of Death (if not in a facility, give number & street of location)		40. Place of Death (if not in a facility, give number & street of location)		41. Place of Death (if not in a facility, give number & street of location)		42. Place of Death (if not in a facility, give number & street of location)	
4908 Paisley Place		4908 Paisley Place		4908 Paisley Place		4908 Paisley Place		4908 Paisley Place	
43. Method of Disposition		44. Place of Final Disposition (Name of cemetery, crematory, other place)		45. Location (City/Town, and State)		46. Date of Disposition		47. Date of Disposition	
Cremation		Northwest Crematory		Anacortes, Washington		Apr 27, 2007		Apr 27, 2007	
48. Name and Complete Address of Funeral Facility		49. Name and Complete Address of Funeral Facility		50. Name and Complete Address of Funeral Facility		51. Name and Complete Address of Funeral Facility		52. Name and Complete Address of Funeral Facility	
Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221		Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221		Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221		Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221		Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221	
53. Funeral Director Signature		54. Funeral Director Signature		55. Funeral Director Signature		56. Funeral Director Signature		57. Funeral Director Signature	
Joseph J. Williams		Joseph J. Williams		Joseph J. Williams		Joseph J. Williams		Joseph J. Williams	
58. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT abbreviate. Add additional lines if necessary.		59. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT abbreviate. Add additional lines if necessary.		60. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT abbreviate. Add additional lines if necessary.		61. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT abbreviate. Add additional lines if necessary.		62. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT abbreviate. Add additional lines if necessary.	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		IMMEDIATE CAUSE (Final disease or condition resulting in death)		IMMEDIATE CAUSE (Final disease or condition resulting in death)		IMMEDIATE CAUSE (Final disease or condition resulting in death)		IMMEDIATE CAUSE (Final disease or condition resulting in death)	
Mantle Cell Lymphoma		Mantle Cell Lymphoma		Mantle Cell Lymphoma		Mantle Cell Lymphoma		Mantle Cell Lymphoma	
63. Underlying Cause (Underlying cause of death)		64. Underlying Cause (Underlying cause of death)		65. Underlying Cause (Underlying cause of death)		66. Underlying Cause (Underlying cause of death)		67. Underlying Cause (Underlying cause of death)	
6 yrs.		6 yrs.		6 yrs.		6 yrs.		6 yrs.	
68. Other significant conditions contributing to death but not resulting in the underlying cause given above		69. Other significant conditions contributing to death but not resulting in the underlying cause given above		70. Other significant conditions contributing to death but not resulting in the underlying cause given above		71. Other significant conditions contributing to death but not resulting in the underlying cause given above		72. Other significant conditions contributing to death but not resulting in the underlying cause given above	
73. Manner of Death		74. Manner of Death		75. Manner of Death		76. Manner of Death		77. Manner of Death	
Natural		Natural		Natural		Natural		Natural	
78. Place of Injury (City, Town, and State)		79. Place of Injury (City, Town, and State)		80. Place of Injury (City, Town, and State)		81. Place of Injury (City, Town, and State)		82. Place of Injury (City, Town, and State)	
Anacortes		Anacortes		Anacortes		Anacortes		Anacortes	
83. Describe how injury occurred		84. Describe how injury occurred		85. Describe how injury occurred		86. Describe how injury occurred		87. Describe how injury occurred	
88. Certifying Physician (Name, Title, Address, City, State, Zip Code)		89. Medical Examiner/Coroner (Name, Title, Address, City, State, Zip Code)		90. Medical Examiner/Coroner (Name, Title, Address, City, State, Zip Code)		91. Medical Examiner/Coroner (Name, Title, Address, City, State, Zip Code)		92. Medical Examiner/Coroner (Name, Title, Address, City, State, Zip Code)	
Franklin P. Bjorseth M.D. 2511 M Avenue Suite A, Anacortes, WA 98221		Franklin P. Bjorseth M.D. 2511 M Avenue Suite A, Anacortes, WA 98221		Franklin P. Bjorseth M.D. 2511 M Avenue Suite A, Anacortes, WA 98221		Franklin P. Bjorseth M.D. 2511 M Avenue Suite A, Anacortes, WA 98221		Franklin P. Bjorseth M.D. 2511 M Avenue Suite A, Anacortes, WA 98221	
93. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		94. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		95. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		96. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		97. Name and Title of Attending Physician (if other than Certifier) (Type or Print)	
98. Date of Death		99. License Number		100. MCA/Coroner File Number		101. MCA/Coroner File Number		102. MCA/Coroner File Number	
MD		MD00032092		NJA # 121		NJA # 121		NJA # 121	
103. Registrar Signature		104. Registrar Signature		105. Registrar Signature		106. Registrar Signature		107. Registrar Signature	
Lorraine Rocha, Deputy		Lorraine Rocha, Deputy		Lorraine Rocha, Deputy		Lorraine Rocha, Deputy		Lorraine Rocha, Deputy	
108. Date of Registration		109. Date of Registration		110. Date of Registration		111. Date of Registration		112. Date of Registration	
April 26, 2007		April 26, 2007		April 26, 2007		April 26, 2007		April 26, 2007	

CERTIFIED

APR 30 2007

Skagit County Public Health Department
Howard Leibrand M.D., Health Officer

0000473793

EXHIBIT "A"

LEGAL DESCRIPTION

Parcel Number: 3809-913-022-0005/P58623

Lots 21 and 22, Block 913, NORTHERN PACIFIC ADDITION TO ANACORTES, according to the plat thereof recorded in Volume 2 of Plats, pages 9 through 11, records of Skagit County, Washington;

EXCEPT the Northerly 34 feet of said lots.

TOGETHER WITH the Northerly 47 feet of vacated West 7th Street lying South of said lots.

Situate in the County of Skagit, State of Washington.