

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
212378-LT

**SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX**

2024 1392
JUL 17 2024

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Beverly J. Dresen, 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

wife of Karle H. Dresen
Relationship to decedent *Decedent/Grantor Name*

who died on December 1, 2023 at
Date

Anacortes Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 267, Revised Shelter Bay Div. 2

Assessor's Property Tax Parcel/Account Number: 5100-002-267-0000/P129113/S3402350077
(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)

Beverly J. Dresen 81 wife 1410 6th Street, Anacortes, WA 98221
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: July 12, 2024

Beverly J. Dresen
Affiant's full name

(360) 770-2535
Telephone number

<u>1410 6th Street</u>		
	<i>Street</i>	
<u>Anacortes</u>	<u>WA</u>	<u>98221</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

* Beverly J. Dresen 7/12/24
Signature *Date*

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 12th day of July, 2024 by Beverly J. Dresen.

[Signature]
Signature

CPO
Title

My appointment expires: Aug. 18, 2024



Legal Description

Lot 267, "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2, Tribal and Allotted Lands of Swinomish Indian Reservation," as recorded in Volume 43 of Official Records, page 833, 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: 2023-058885

DATE ISSUED: 12/05/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): KARLE HENRY

LAST NAME(S): DRESEN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 01, 2023

HOUR OF DEATH: 10:55 PM

SEX: MALE

AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: BEVERLY JOAN STOCKTON

OCCUPATION: BROKER

INDUSTRY: REAL ESTATE

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: KATE CALDERWOOD

RELATIONSHIP: DAUGHTER

ADDRESS: PO BOX 447, CLINTON, WA 98236

CAUSE OF DEATH:

A: RESPIRATORY FAILURE SECONDARY TO MYOCARDIAL INFRACTION AND CONGESTIVE HEART FAILURE

INTERVAL: DAYS

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 159 SWINOMISH DRIVE

CITY, STATE, ZIP: LA CONNER, WA 98257

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: SWINOMISH

LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: CHARLES DRESEN

MOTHER: EMMA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: DECEMBER 04, 2023

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JOSE ANGUIANO, JR, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

DATE SIGNED: DECEMBER 02, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: DECEMBER 04, 2023


This is a legal document. Complete in ink and do not alter.



CERTIFIED

H. Leibrand MD

Howard Leibrand MD, Health Officer
Skagit County Health Department



STATE OF WASHINGTON



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