

After recording, return to:
Chicago Title Company of Washington
425 Commercial St
Mount Vernon, WA 98273

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20242704
Date 10/25/2024

Grantor (Name of Decedent): Chauncey L. Olson
Grantee (Heirs): Anna M Nystuen - Olson
Abbreviated Legal Description: LT C-45, LAKE TYEE DIVISION NO III
Tax Parcel No.(s): P80075 / 4357-003-045-0002

Chicago Title
620057392

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington

COUNTY OF Skagit

The undersigned, Anna M Nystuen - Olson, executes this affidavit relating to the estate of Chauncey L. Olson (herein "Decedent"), who died on April 29, 2024, in the County of Sierra, State of New Mexico, then being a resident of the City of Elephant Butte, County of Sierra, State of New Mexico.

(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
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 (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: Anna M. Nystuen-Oleson Spouse

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:

LOT C-45, LAKE TYEE DIVISION NO III, AS PER PLAT RECORDED IN VOLUME 11 OF
 PLATS, PAGES 68 THROUGH 74, INCLUSIVE, RECORDS OF SKAGIT COUNTY,
 WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

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.

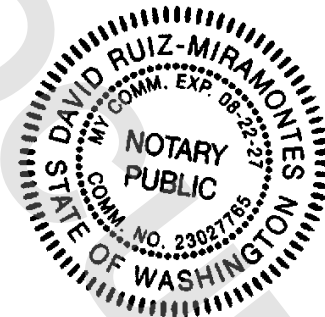
Anna M. Nystuen-Oleson
 Signature

Anna M. Nystuen
 Print Name

State of Washington
 County of Skagit

This record was acknowledged before me on October 13th, 2024 by
Anna M. Nystuen-Oleson

David Ruiz-Miramontes
 (Signature of notary public)
 Notary Public in and for the State of Washington
 My commission expires: 08/22/2027



REV (8/13)

CERTIFICATE OF DEATH
New Mexico Vital Records and Health Statistics
State of New Mexico
United States of America

No.5451599

DECEDENT'S LEGAL NAME <<<Chauncey Oleson>>>		IF FEMALE, MAIDEN NAME <<<>>>	
DATE OF DEATH April 29, 2024	TIME OF DEATH 05:15 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	SEX Male	SOCIAL SECURITY NUMBER [REDACTED]
MARITAL STATUS Married		SURVIVING SPOUSE - If wife, maiden name <<<Anna Maria Zegstroof>>>	
DATE OF BIRTH [REDACTED]	BIRTH PLACE Estherville, Iowa	SERVED IN U.S. ARMED FORCES Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DECEDENT'S RACE White	TRIBE <<<>>>	HISPANIC Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
DECEDENT'S RESIDENCE COUNTY Sierra		DECEDENT'S RESIDENCE STATE New Mexico	
MOTHER'S FULL MAIDEN NAME <<<Norma [REDACTED]>>>		FATHER'S FULL NAME <<<Maurice Benjamin Oleson>>>	
METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify):		DISPOSITION LOCATION Sierra Crematory, LLC	
FUNERAL SERVICE FACILITY Kirikos Family Funeral Home, Inc		COUNTY OF DEATH Sierra	
PLACE OF DEATH 100 Otowi Street	TYPE OF PLACE Decedent's Residence	NAME OF PERSON CERTIFYING CAUSE OF DEATH <<<Edgar Janetzko MD>>> Signature Electronically Authenticated	
MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending Investigation			
CAUSE OF DEATH PART I. Events such as diseases, injuries, or complications that directly caused the death.			
a. Adult Failure to Thrive			
b. Severe Chronic Obstructive Pulmonary Disease			
c. <<<>>>			
d. <<<>>>			
PART II. Other significant conditions contributing to death.			
Type 2 Diabetes Mellitus			

File Number: 2024-006625
File Date: May 02, 2024
Order Number: 20240502533

Renee Valencia, State Registrar

CERTIFIED COPY OF VITAL RECORD

This is a true and exact reproduction of all or part of the document
officially registered and filed with the New Mexico Bureau of
Vital Records and Health Statistics, Department of Health.

SECTION 5

DATE ISSUED

May-07-2024

WARNING: IT IS ILLEGAL TO ALTER, COPY OR COUNTERFEIT THIS CERTIFICATE.
ADVERTENCIA: ES ILLEGAL ALTERAR, COPIAR O FALSIFICAR ESTE CERTIFICADO.