

**Return Address:**

Land Title and Escrow Company  
111 East George Hopper Road, PO Box 445  
Burlington, WA 98233  
213564-LT

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 11/14/2024

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Shauna Hegwer, 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

daughter of  
Ronald J. Richeson  
*Relationship to decedent* *Decedent/Grantor Name*

who died on September 7, 2014 at  
*Date*

Burlington Skagit Washington  
*City* *Country* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lot 47, Country Club Addition No. 5

Assessor's Property Tax Parcel/Account Number: 4333-000-047-0005/P79372  
(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)

Karren Richeson, 82, surviving spouse  
16567 Green Lane, Burlington, WA 98233  
*Full name, age, relationship, address*

Steven Richeson, 55, Son  
18027 Azalea Lane, Burlington, WA 98233  
*Full name, age, relationship, address*

Jonathan Richeson, 53, son  
Burlington, WA 98233  
*Full name, age, relationship, address*

Michael Richeson, 51, Son  
10605 N. Euclid Drive, Kansas City, MO 64155  
*Full name, age, relationship, address*

Shauna Hegwer, 47, Daughter  
3808 E. Siskin Lane, Mead, WA 99021  
*Full name, age, relationship, address*

Benjamin Richeson, 45, Son  
8660 Stewart Road, Meridian, ID 83642  
*Full name, age, relationship, address*

Kelli VomBaur, 43, Daughter  
10110 Hwy 257 Spur, Greeley, CO 80634  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

Dated: 11/8/2024

Shauna Hegwer  
Affiant's full name

(509) 389-9004  
Telephone number

3808 E. Siskin Lane  
Street  
Mead WA 99021  
City State Zip Code

x Shauna Hegwer 11/8/2024  
Signature Date

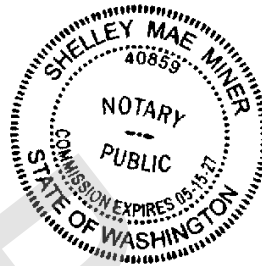
STATE OF WASHINGTON  
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 8th day of Nov., 2024 by  
Shauna Hegwer

[Signature]  
Signature

Notary Public  
Title

My appointment expires: 5-15, 2027



**Legal Description**

Lot 47, "COUNTRY CLUB ADD. NO. 5," as per plat recorded in Volume 11 of Plats, pages 32 and 33, 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: 2014-020525

DATE ISSUED: 09/15/2014

FEE NUMBER: 000000029

GIVEN NAMES: RONALD JAY  
LAST NAME: RICHESON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 07, 2014  
HOUR OF DEATH: 12:00  
SEX: MALE  
AGE: 74 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE:  
BIRTHPLACE: TWIN FALLS, TWIN FALLS CNTY, IDAHO

MARITAL STATUS: MARRIED  
SPOUSE: KARREN BRIGHTON

OCCUPATION: PHYSICIAN  
INDUSTRY: EMERGENCY ROOM  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES? YES

INFORMANT: MICHAEL AARON RICHESON  
RELATIONSHIP: SON  
ADDRESS: 15601 OVENELL ROAD, MOUNT VERNON, WA 98273

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 16567 GREEN LANE  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: EMMETT ERSAL RICHESON  
MOTHER:

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATOR  
CITY, STATE: SEATTLE, WA  
DISPOSITION DATE: SEPTEMBER 12, 2014

FUNERAL FACILITY: NEPTUNE SOCIETY  
ADDRESS: 19324 - 40TH AVE N, STE A  
CITY, STATE, ZIP: LYNNWOOD WA 98036  
FUNERAL DIRECTOR: JOHN K. MOODY

CAUSE OF DEATH:  
A. CARDIO RESPIRATORY ARREST  
INTERVAL: 4 HOURS

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:

MANNER 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 APPLICABLE

CERTIFIER NAME: KIRK BROWNELL MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1415 E. KINCAID  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: SEPTEMBER 11, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 564  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: SEPTEMBER 12, 2014

UNOFFICIAL DOCUMENT

**\*CERTIFIED\***

SEP 15 2014



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

AA00222979