



202502100064

02/10/2025 01:05 PM Pages: 1 of 4 Fees: \$306.50
Skagit County Auditor

Return Address:

MICHAEL RANDLE
1590 SW UNDERWOOD AVE.
PORT ST LUCIE FL 34953

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Debra Thompson
DATE 2.10.25

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee MICHAEL RANDLE, 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 SON
Relationship to decedent

ARTHUR
of Neil RANDLE, who died on 25 NOV 2024
Decedent/Grantor *Date*

at Port St Lucie ST Lucie FL
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: APT 40 Pier B, Anchor Cove

Assessor's Property Tax Parcel/Account Number: P 79190
(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)

(Page 1 of _____)

MICHAEL RANDLE 55yrs SON
1590 SW UNDERWOOD AVE Port St Lucie FL 34983
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: 03 Feb 2025

MICHAEL RANDLE

Affiant's full name

302 538 8250

Telephone number

1590 SW Underwood AVE

Port St Lucie FL 34953
City State Zip Code

[Signature]
Signature

03 Feb 2025
Date

State of Florida County of ST. Lucie

I know or have satisfactory evidence that Michael Randle
(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: 2 13 2025

[Signature]
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Port St. Lucie, FL

Notary Public in and for the State of Florida

My appointment expires: 3/25/2027

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY (FLORIDA WATERMARK)

BUREAU of VITAL STATISTICS



CERTIFICATION OF DEATH

STATE FILE NUMBER: 2024213804

DATE ISSUED: DECEMBER 13, 2024

DECEDENT INFORMATION

DATE FILED: DECEMBER 13, 2024

NAME: ARTHUR NEIL RANDLE

DATE OF DEATH: NOVEMBER 24, 2024

SEX: MALE

AGE: 091 YEARS

DATE OF BIRTH: [REDACTED]

SSN: [REDACTED]

BIRTHPLACE: TACOMA, WASHINGTON, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: CLEVELAND CLINIC TRADITION HOSPITAL

LOCATION OF DEATH: PORT ST LUCIE, ST LUCIE COUNTY, 34987

RESIDENCE: 1590 SW UNDERWOOD AVENUE, PORT ST LUCIE, FLORIDA 34953, UNITED STATES

COUNTY: ST LUCIE

OCCUPATION, INDUSTRY: CHIROPRACTOR, CHIROPRACTIC MEDICINE

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: ARTHUR HENRY RANDLE

MOTHER'S/PARENT'S NAME: EVELYN [REDACTED]

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: MICHAEL NEIL RANDLE

RELATIONSHIP TO DECEDENT: SON

INFORMANT'S ADDRESS: 1590 SW UNDERWOOD AVENUE, PORT ST LUCIE, FLORIDA 34953, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: BAILEIGH CONWAY, F549976

FUNERAL FACILITY: AFFORDABLE CHOICE CREMATION LLC - PORT ST LUCIE F584055

7410 S US HWY 1 STE 400, PORT ST LUCIE, FLORIDA 34952

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SAINT LUCIE CREMATORY
FORT PIERCE, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: ASSOCIATE MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 24190942C

TIME OF DEATH (24 HOUR): 1526

DATE CERTIFIED: DECEMBER 4, 2024

CERTIFIER'S NAME: RAMAN BALDZIZHAR

CERTIFIER'S LICENSE NUMBER: ME140707

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.

Raman Baldzizhar

, STATE REGISTRAR

REQ: 2027222860

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (08/01/2022)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED