



202503200016

03/20/2025 11:49 AM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

Hargrove
2021 N LaVenture #401
Mt-Vernon WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2025 0787
MAR 20 2025

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kimberly Hargrove 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 Spouse/widow
Relationship to decedent
of John L. Hargrove, who died on 4-17-2021
Decedent/Grantor Date
at Portland Multnomah Oregon
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
21952 = (1.3100 ac) DR 19: DK12: THE WEST 138.8 FEET OF THE
EAST 247.4 FEET OF THE SOUTH 492 FEET OF THE SO
16461 DONNELLY ROAD MOUNT VERNON WA 98273
21951 = (1.4800 ac) DK 12: DR 19: THE WEST 277.6
FEET OF THE EAST 386.2 FEET OF THE SOUTH
492 FEET OF THE

Assessor's Property Tax Parcel/Account Number: 21952 and 21951
(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)

Full name, age, relationship, address

Kimberly D. Hargrove, spouse/widow, age 64
2021 N LaVenture Rd Mount Vernon WA 98273

Full name, age, relationship, address

Wesley D. Hargrove, age 36, son
16461 Donnelly Rd Mount Vernon WA 98273

Full name, age, relationship, address

Kristi L. Hargrove, daughter, age 33
11906 Branding Point, Helotes, TX 78023

Full name, age, relationship, address

Billy J Hargrove, brother, age 78
1870 E Ramona Rd, Yakima WA 98901

Full name, age, relationship, address

Vickie Hargrove Age 72, sister

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 3/20/2025

Kimberly Dean Hargrove
Affiant's full name

360-661-5211
Telephone number

2021 N LaVenture # 401

Mount Vernon WA 98273
City State Zip Code

Kimberly D. Hargrove 3/20/2025
Signature Date

State of Washington County of _____
Skagit

I know or have satisfactory evidence that Kimberly Dean Hargrove
(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: 3 / 20 / 2025

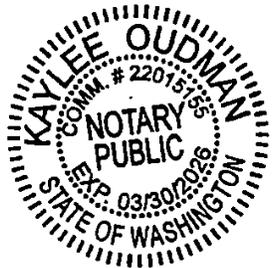
Kaylee Oudman
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: Sedro Woolley

Notary Public in and for the State of WA

My appointment expires: 3 / 30 / 2026



STATE OF OREGON
CERTIFICATION OF VITAL RECORD

864009
I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2021-018815
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name First: John Middle: Lamoine Last: Hargrove Suffix:	Death Date April 17, 2021
Sex: Male Age: 62 years Social Security Number: [REDACTED]	County of Death Multnomah
Birthdate: [REDACTED] Birthplace: Haskell, Texas	Was Decedent Ever in U.S. Armed Forces? No
Residence: 16461 Donnelly Road	City/Town: Mount Vernon
Residence County: Skagit	State or Foreign Country: Washington
Marital Status at Time of Death: Married	Spouse's Name Prior to First Marriage: Kimberly D Hatcher
Father's Name: John Wesley Hargrove	Mother's Name Prior to First Marriage: Mary
Informant's Name: Kimberly Hargrove	Relationship to Decedent: Spouse
Place of Death: Hospital Inpatient	Facility Name: Legacy Emanuel Medical Center
Location of Death: 2801 N Gantenbein Avenue	City/Town or Location of Death: Portland
Method of Disposition: Cremation	Place of Disposition: First Cremation Services
Name and Complete Address of Funeral Facility: Simple Cremation of Portland 650 NE Holladay Street 1600 Portland, Oregon 97232	
Date of Disposition: April 20, 2021	Funeral Director's Signature: <i>Michael J Galaviz</i>
Registrar's Signature: <i>Jennifer A. Woodward</i>	Date Received: June 25, 2021
Amendment:	Local File Number: FS-0595

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?	Time of Death: 03:18 AM
CAUSE OF DEATH IMMEDIATE CAUSE ↓ a. acute respiratory distress syndrome			Approximate Interval: Onset to Death 24 days
Due to (or as a consequence of) ↓ b. COVID-19 PRESUMED			45 days
Due to (or as a consequence of) ↓ c.			
Due to (or as a consequence of) ↓ d.			
Other significant conditions contributing to death:			
Manner of Death: Natural	If Female: Not Applicable	Did tobacco use contribute to death? Unknown	
Date of Injury:	Time of Injury:	Place of Injury:	Injury at Work?
Location of Injury:			
Describe how injury occurred:			
Name and Address of Certifier: Lewis Lee Low 1120 NW 20th Avenue Ste. 110, Portland, Oregon 97209			
Name and Title of Attending Physician If Other than Certifier:			Date Signed: June 21, 2021
Medical Certifier: <i>Lewis Lee Low</i>	Electronically Signed:	Title of Certifier: M.D.	License Number: MD24373
Amendment:			



45-2CC (01/06)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: **August 25, 2021**

Jennifer A. Woodward
JENNIFER A. WOODWARD, PH.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTACT OREGON STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



UNOFFICIAL DRAFT



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