

After recording, return to:  
Debra L. Brockman  
Estate Brockman  
18039 N Palo Verde Ave  
Waddell, AZ 85355

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 04/14/2025

Grantor (Name of Decedent): Barbara A. Brockman  
Grantee (Heirs): Debra Brockman, Kristi Gradillas, Layne Brockman,  
Dennis Brockman, Timothy Brockman

Abbreviated Legal Description: PTN GOVT LT 8, SEC 6-35-11E, W.M.

Tax Parcel No.(s): P45844 / 351106-0-032-0002 and P45846 / 351106-0-033-0001  
Chicago Title  
620058583

**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, Debra Brockman, executes this affidavit relating to the estate of Barbara A Brockman (herein "Decedent"), who died on 4-11-2024, in the County of Yuma, State of Arizona, then being a resident of the City of Yuma, County of Yuma, State of Arizona.

**(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.

**INHERITANCE LACK OF PROBATE AFFIDAVIT**

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)  
(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: Debra L Brockman - daughter
- Name and relationship: Kristi Gradillas - daughter
- Name and relationship: Layne Brockman - son
- Name and relationship: Dennis Brockman - son
- Name and relationship: Jessica Voje - Dora - granddaughter
- Name and relationship: Kristine Hipple - granddaughter
- Name and relationship: Stacey Cox - Granddaughter
- Name and relationship: Timothy Brockman, son
- 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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

Debra L Brockman  
Signature

Debra L Brockman  
Print Name

State of Washington  
County of Snohomish

This record was acknowledged before me on 04/12/2025 by  
Debra L Brockman

Colleen Blake  
(Signature of notary public)  
Notary Public in and for the State of Washington  
My commission expires: 10/19/2027

COLLEEN T BLAKE  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION # 210372  
COMMISSION EXPIRES 10/19/2027

Notarized remotely online using communication technology via Proof.

**EXHIBIT "A"**  
Legal Description

For APN/Parcel ID(s): P45844 / 351106-0-032-0002 and P45846 / 351106-0-033-0001

PARCEL A: (P45844 / 351106-0-032-0002)

THAT PORTION OF GOVERNMENT LOT 8 OF SECTION 6, TOWNSHIP 35 NORTH, RANGE 11, E. W.M., EXCEPT THE NORTH 15 ACRES THEREOF AND EXCEPT ROADS, DESCRIBED AS FOLLOWS:

BEGINNING AT THE INTERSECTION OF THE SOUTH LINE OF THE NORTH 15 ACRES WITH THE WEST BANK OF THE SKAGIT RIVER AS THE SAME EXISTED ON JUNE 1, 1958;  
THENCE WEST ALONG THE SOUTH LINE OF THE NORTH 15 ACRES OF SAID LOT 8, A DISTANCE OF 350 FEET;  
THENCE SOUTHERLY PARALLEL TO THE WEST BANK OF THE SKAGIT RIVER 225 FEET;  
THENCE EAST PARALLEL TO THE SOUTH LINE OF SAID NORTH 15 ACRES OF LOT 8, A DISTANCE OF 350 FEET TO THE SKAGIT RIVER;  
THENCE NORTHERLY ALONG THE WEST BANK OF THE SKAGIT RIVER TO THE POINT OF BEGINNING.  
EXCEPT THE NORTH 25 FEET;

PARCEL B: (P45846 / 351106-0-033-0001)

THAT PORTION OF GOVERNMENT LOT 8 OF SECTION 6, TOWNSHIP 35 NORTH, RANGE 11, E. W.M., EXCEPT THE NORTH 15 ACRES THEREOF AND EXCEPT ROADS, DESCRIBED AS FOLLOWS:

BEGINNING AT THE INTERSECTION OF THE SOUTH LINE OF THE NORTH 15 ACRES WITH THE WEST BANK OF THE SKAGIT RIVER AS THE SAME EXISTED ON JUNE 1, 1958;  
THENCE WEST ALONG THE SOUTH LINE OF THE NORTH 15 ACRES OF SAID LOT 8, A DISTANCE OF 350 FEET;  
THENCE SOUTHERLY PARALLEL TO THE WEST BANK OF THE SKAGIT RIVER 225 FEET;  
THENCE EAST PARALLEL TO THE SOUTH LINE OF SAID NORTH 15 ACRES OF LOT 8, A DISTANCE OF 350 FEET TO THE SKAGIT RIVER;  
THENCE NORTHERLY ALONG THE WEST BANK OF THE SKAGIT RIVER TO THE POINT OF BEGINNING.  
EXCEPT THE NORTH 150 FEET;  
AND EXCEPT THAT PORTION CONVEYED TO STATE OF WASHINGTON UNDER AUDITOR'S FILE NO. 845983.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF ARIZONA  
CERTIFICATION OF VITAL RECORD

2025-03-14 10:40:100  
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ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATH

State File Number  
102-2024-020276

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) BARBARA, ANN, BROCKMAN		2. AKA'S (IF ANY)	3. DATE OF DEATH 04/11/2024
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH	7. AGE 84 YEARS
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH YUMA, YUMA, 85364			
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) INPATIENT - YUMA REGIONAL MEDICAL CENTER			
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) EVERETT, WASHINGTON	11. MARITAL STATUS WIDOWED	12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) NOT LISTED	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 1827 S 14TH AVENUE, YUMA, YUMA, AZ, 85364			
14. DECEDENT'S HISPANIC ORIGIN(S) NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S) WHITE	16. EVER IN ARMED FORCES NO
17. OCCUPATION GIFT STORE OWNER		18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) ERNEST, E, BROWN	
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) BEATRICE, IVA, KENT		20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) DEBRA, LYNN, BROCKMAN	
21. RELATIONSHIP DAUGHTER		22. INFORMANT'S MAILING ADDRESS 18039 W PALO VERDE AVENUE, WADDELL, AZ, 85355	
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON NEPTUNE SOCIETY - TUCSON 6781 N THORNYDALE ROAD #253, TUCSON, AZ, 85741		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON MICHAEL, E., BLACK	25. LICENSE NUMBER FDL-01845
26. METHOD(S) OF DISPOSITION CREMATION	27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY DESERT LAWN MEMORIAL PARK CREMATORY, YUMA, AZ, US	28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>			
29. A. IMMEDIATE CAUSE OF DEATH ACUTE CARDIORESPIRATORY FAILURE		30. APPROXIMATE INTERVAL UNKNOWN	
31. B. DUE TO OR AS A CONSEQUENCE OF: BACTEREMIA		32. APPROXIMATE INTERVAL UNKNOWN	
33. C. DUE TO OR AS A CONSEQUENCE OF: BACTERIAL INFECTION		34. APPROXIMATE INTERVAL UNKNOWN	
35. D. DUE TO OR AS A CONSEQUENCE OF:		36. APPROXIMATE INTERVAL	
<b>CAUSE OF DEATH PART II</b>			
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: RENAL FAILURE		38. INJURY? NO	39. INJURY AT WORK? NO
		40. MANNER OF DEATH NATURAL DEATH	41. TIME OF DEATH 18:30
		42. WAS AN AUTOPSY PERFORMED? NO	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
<b>CAUSE AND MANNER CERTIFICATION</b>			
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH HAYDER, ABDELLA	45. DATE CERTIFIED 04/15/2024
46. CERTIFIER'S ADDRESS 2400 S AVENUE A, YUMA, AZ, 85364			

Date Registered: 04/17/2024

Date Issued: 04/18/2024

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.  
Revised 07/2016

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

*Krystal Colburn*  
KRISTAL COLBURN  
ASSISTANT STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE