202505080078

05/08/2025 02:55 PM Pages: 1 of 5 Fees: \$307.50

Skagit County Auditor, WA

After recording, return to:
Brandon Holland
14251 F SHLVLINS Rd
1MH VLVNON, WA 98273

REVIEWED BY SKAGIT COUNTY TREASURER DEPUTY Lena Thompson DATE 05/08/2025

Santa (Santa Santa) Cardon Tamas Mollar	_ 0
Grantor (Name of Decedent): <u>Sydrey Turner-Hollan</u> Grantee (Heirs): Brandon Hollend	
	^
Abbreviated Legal Description: Lot 12, Block 9, PLAT OF TOWN OF SEDRO	Chicago Title
Fax Parcel No.(s): P75361 / 4149-009-012-0001	620058631
INHERITANCE LACK OF PROBATE AFFID (To Be Recorded for Excise Tax Affidavit Claiming Exempt Tr	
STATE OF <u>Nashington</u>	
COUNTY OF SKAgit	
The undersigned, Brenden Hollend, executes this aff	idavit relating to the estate of
Sydney Turner-Holland (herein "Decedent"), who died on	
n the County of Skapit, State of Washing for	, then being a resident of the
n the County of Skaget, State of Washington. City of Skaget, County of Skaget, State	of Washinston.
A copy of the death certificate is attached hereto.)	0
The undersigned, being first duly sworn, on oath deposes and says:	
 This Affidavit is to be recorded as an affirmation of facts showing the property described below. 	at I am a rightful heir to the
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:)	
Affidavit (Lack of Probate) WA0000080.doc / Updated: 02.16.24	Printed: 04.03.25 @ 03:57 PM by JH
MA000000.000 / Opualeu. 02.10.24	WA-CT-FNRV-02150.620019-620058631

INHERITANCE LACK OF PROBATE AFFIDAVIT (To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership) (continued)

Namas	of All	Haira	of the	Decede	+
Names	OT AII	Heirs	or the	Decede	:nt

INA	mes 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: Brandon Holland. Spouse
	Name and relationship:
	Name and relationship:
	Name and relationship:
<u>De</u>	scription 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)
0.	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.
+	Signature Signature
2 Pri	Pronder Holland
Sta	is record was acknowledged before me on 4/9/2025 by
	Washing of Shaper
Thi	is record was acknowledged before me on 41912025 by Branden Holland
	ne the
	(Signature of netary public) Notary Public in and for the State of
	Not commission a varies: 9-7-2-7-

Affidavit (Lack of Probate) WA0000080.doc / Updated: 02.16.24 Printed: 04.03.25 @ 03:57 PM by JH WA-CT-FNRV-02150.620019-620058631

EXHIBIT "A"

Legal Description

For APN/Parcel ID(s): P75361 / 4149-009-012-0001

Lot 12, Block 9, PLAT OF TOWN OF SEDRO, according to the plat thereof, recorded in Volume 1 of Plats, page 17, records of Skagit County, Washington.

Situated in Skagit County, Washington.

Affidavit (Lack of Probate) WA0000080.doc / Updated: 02.16.24 Printed: 04.03.25 @ 03:57 PM by JH WA-CT-FNRV-02150.620019-620058631



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 04/30/2019 FEE NUMBER:

CERTIFICATE NUMBER: 2019-019112

FIRST AND MIDDLE NAME(S): SYDNEY LYNN LAST NAME(S): TURNER-HOLLAND

COUNTY OF DEATH: SKAGIT DATE OF DEATH: APRIL 27, 2019 HOUR OF DEATH: 07:45 PM SEX: FEMALE

AGE: 27 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: SEDRO-WOOLLEY, WA

MARITAL STATUS: MARRIED

SPOUSE: BRANDON TAYLOR HOLLAND

OCCUPATION: INSTRUCTIONAL ASSISTANT

INDUSTRY: EDUCATION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: BRANDON HOLLAND

RELATIONSHIP: HUSBAND

ADDRESS: 628 JAMESON STREET, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: METASTATIC EPITHELIOID SARCOMA

INTERVAL: 2 YEARS

INTERVAL:

INTERVAL

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ONGOING GASTROINTESTINAL

BLOOD LOSS.

DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 628 JAMESON STREET

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 628 JAMESON STREET CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: JEFFREY ROBERT TURNER

MOTHER/PARENT: KIMBERLY

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: APRIL 30, 2019

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NOT PREGNANT WITHIN THE PAST YEAR

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: APRIL 29, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: APRIL 29, 2019

202505080078

	Δff	davit for	Correction		J2:55 PM Page 5 of 5 Mail to: Center for Health Statistics		
Wishingar State Department of Health				lo not alter	P.O. Box 47814 Olympia, WA 98504-7814		
This is a legal document. Complete in ink and do not alter. STATE OFFICE USE ONLY Olympia, WA 98504-7814 360-236-4300							
State File Number	Fee Number	SIAILOFF	Initials	Date	Affidavit Number		
	<u> </u>						
				rmation on record			
Record Type: Bir	th ☐ Deat	<u>n 🗆 N</u>	larriage	Dissolution (I	3. Place of Event:		
P II. Name on Record.	aloma L	98.2		Six of Line (Y)	Cay or Coong		
1. Name on Record: 4. Father/Parent Full Legal Name	(Spouse A for Marriag	e or Dissolution)	5. Mother/Parent Fu	ll Birth Name (Spous	e B for Marriage or Dissolution)		
[]	State (e	v 1751 (b).	$F \rightarrow 1$	*******	Last Malnoci		
6. Name of Person Requesting Co	rrection:	Relationship	to Self ecord: Parent(s)	Guardian Funeral Director	☐ Informant ☐ Hospital ☐ Other (specify)		
7. Return Mailing Address:			aranan(o)				
1 N 4 4 A				•	Single Control		
Telephone Number:			Email Address:				
Use the section below	for requesting any	changes on th	e record. The rec	ord is incorrect or	incomplete as follows:		
	now shows:	<u> </u>		The true	fact is:		
8.			9.				
10.			11.				
12.			13.				
14.			15.		· · · · · · · · · · · · · · · · · · ·		
I declare under nonell		the leve of the	Ctata of Manhim	-4 4b-4 4b- 6			
16a. Signature:	y or perjury under	the laws of the		parent (if required):	ing is true and correct		
		·		parone (ii roquirou).			
Printed name:		Date:	Printed name:		Date:		
	INSTRUCTI	ONS - go to www	/.doh.wa.gov for more	e information			
Driver's lice	ense, Social Security	card or hospital	decorative birth cer	rtificate cannot be u	sed as proof		
Required documentary proof must be su				· ·	* *		
Birth/Marriage/Divorce record Certificate of Naturalization	Military record (DD-: Hospital/medical rec		School transcripts Passport		urity Numident Report nanent Resident card (I-551)		
Birth Certificates	- Troophastriodical rec	J.J.	азороге	- CICCIVI CIT	marient (Vesident Card (1-001)		
	the child is under 18), erted fact(s). For exam	or the named indi ple, if the affidavi	ividual (if 18 or older) t says the name shou	may change the birth lld be Mary Ann Doe,	certificate. the proof must show the name to be		
Mary Ann Doe. 3. Documentary proof must be five or	more veers old or est	ablished within fiv	e years of hirth				
Child under 18	more years old or est	abilistica within hiv	•				
If legal guardian(s), include certified court order proving guardianship Only the adult can change his or her birth certificate							
				an change his or her t			
 Up to age one, last name can be c 	changed once to either	parents' name	Only the adult cIf the first or mid	an change his or her t	oirth certificate three pieces of documentary proof are		
Up to age one, last name can be c on certificate (can be any combina	changed once to either tion of the first, middle	parents' name or last names)*	 Only the adult of the first or mid required 	an change his or her to dle name is missing,	three pieces of documentary proof are		
Up to age one, last name can be con certificate (can be any combina After age one, a court order is required to change the	changed once to either tion of the first, middle uired to change the las first or middle name*	parents' name or last names)* t name	 Only the adult ca If the first or mid required If the first, middl 	an change his or her to dle name is missing,	three pieces of documentary proof are misspelled, or date of birth is incorrect,		
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APR 3 0 2019

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



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Certificate not valid unless the Seal of the State of Washington changes color when heat applied.