

RECORDING REQUESTED BY
FIDELITY NATIONAL TITLE

2402930

Return Address:

Shelley S FoldenJessica S Marthini19384 Clarence Ln MtVernon WA 98273REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 05/20/2025

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Shelley S Folden, 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 Wife
Relationship to decedentof Johan A Folden, who died on 02/01/2014
Decedent/Grantor Dateat Mt Vernon Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

PTN NW 1/4 OF 32-33-4 E. W.M.
AKA LOT 3, SP 97-014Assessor's Property Tax Parcel/Account Number: P111642
(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 3)

Tony Hamilton, 50 Son Deercreek WA
Full name, age, relationship, address

Mike Hamilton 48 son Spokane WA
Full name, age, relationship, address

Kimmy Folden 44 Daughter Everett WA
Full name, age, relationship, address

Linda Kirk 78 Sister Everett WA
Full name, age, relationship, address

Shelly S Folden 68 widow mt Vernon WA

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 07/02/2024Shelley S. Folden
Affiant's full name360-610-3971
Telephone number19384 Clarence Ln

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|-------------------|-----------|--------------|
| <u>Mt. Vernon</u> | <u>WA</u> | <u>98273</u> |
| City | State | Zip Code |

| | |
|--------------------------|-------------------|
| <u>Shelley S. Folden</u> | <u>07/02/2024</u> |
| Signature | Date |

State of WA County of SkiagitI, Felice L. Wells, Notary Public,I know or have satisfactory evidence that Shelley S. Folden
(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: 07/02/2024Felice L. Wells
Signature of Notary Public(SEAL OR
STAMP)Residing at: Mt. Vernon, WANotary Public in and for the State of WAMy appointment expires: 03/26/2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-002661

DATE ISSUED: 02/07/2014

FEE NUMBER: 0000000029

GIVEN NAMES: JOHAN A
LAST NAME: FOLDENCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 01, 2014
HOUR OF DEATH: 09:16 A.M.
SEX: MALE
AGE: 65 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITEBIRTHDATE: [REDACTED]
BIRTHPLACE: BELLINGHAM, WHATCOM CNTY, WASHINGTONMARITAL STATUS: MARRIED
SPOUSE: SHELLY MARTINIOCCUPATION: HEAD PRINTER
INDUSTRY: FROZEN FOOD COMPANY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NOINFORMANT: SHELLY FOLDEN
RELATIONSHIP: WIFE
ADDRESS: 19384 CLARENCE LN MOUNT VERNON, WA 98273PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 19384 CLARENCE LANE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARSFATHER: PETE FOLDEN
MOTHER: ELIZABETH [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: FEBRUARY 07, 2014FUNERAL FACILITY: GILBERTSON FUNERAL HOME
ADDRESS: 27001 88TH AVE NW/PO BOX 1569
CITY, STATE, ZIP: STANWOOD WA 98292
FUNERAL DIRECTOR: DAVID BRANDTCAUSE OF DEATH:
A. RIGHT LOWER LOBE PNEUMONIA
INTERVAL: DAYS
B. NEUTROPENIA
INTERVAL: DAYS
C. NON SMALL CELL CARCINOMA LUNG
INTERVAL: MONTHS
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? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: DONALD G. SPIELMANN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: FEBRUARY 03, 2014STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLECASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
NEL PEDROSA
DATE RECEIVED: FEBRUARY 06, 2014NUMBER(S): NONE
DATE(S): NONE

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DOH 01-003 (1/13)