



202508180074

08/18/2025 03:58 PM Pages: 1 of 4 Fees: \$306.50  
Skagit County Auditor

GILBERT LAW FIRM  
8490 MUKILTEO SPEEDWAY #215  
MUKILTEO, WA. 98275

**AFFIDAVIT OF INHERITANCE NON- PROBATE**

The undersigned affiant/**GRANTEE, NANCY A. TELLESBO**, as her separate estate, and the surviving spouse of **IRVING KEITH TELLESBO, GRANTOR**, being first duly sworn deposes and states as follows: That she is the surviving spouse of **IRVING KEITH TELLESBO**, who died on September 18, 2013, a copy of which death certificate is attached hereto as Exhibit "A" incorporated herein by this reference, and is the rightful heir to the real property described below located in Skagit County, Washington..

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

THE NORTH ½ OF THE SOUTHEAST ¼ OF THE SOUTHEAST ¼ SECTION 30, TOWNSHIP 33 NORTH, RANGE 10 EAST, W.M.;  
EXCEPT ROAD;

EXCEPT THE EAST 30 FEET THEREOF CONVEYED TO SKAGIT COUNTY FOR ROAD PURPOSES, BY DEED DATED NOVEMBER 16, 1963 AND RECORDED NOVEMBER 19, 1963 AS AUDITOR'S FILE NO. 643327;  
EXCEPT THE WEST 10 ACRES THEREOF;

AND EXCEPT THE NORTH 30 FEET OF THE REMAINDER, AS CONVEYED BY CONTRACT DATED APRIL 26, 1974 UNDER AUDITOR'S FILE NO. 801879 SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Tax Parcel #: 331030-4-005-0000 / P18800

Decedent left a Last Will and Testament that has not been probated. The undersigned is entitled to the above described real property. "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent.

The undersigned acknowledges that without a full probate of the estate, there may be an additional excise tax requirement under WAC 458-61A-202.

All the debts of the decedent's and/or the marital community, including but not limited to all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid.

The decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

Dated this 15 day of August, 2025.

  
\_\_\_\_\_  
NANCY A. TELLESBO

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SNOHOMISH )

On this day personally appeared before me **NANCY A. TELLESBO** to me known or provided satisfactory proof to be the individual described in and who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed and for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 15 day of August, 2025.



Q C A118  
NOTARY PUBLIC in and for the State of  
Washington, residing at Mukilteo  
My commission expires: 12-9-27

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-017333

LOCAL FILE NUMBER: 3222

DATE ISSUED: 10/02/2013

FEE NUMBER: 0000311013

GIVEN NAMES: IRVING KEITH  
LAST NAME: TELLESBO

SUFFIX: SR

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: SEPTEMBER 18, 2013  
HOUR OF DEATH: 11:20 A.M.  
SEX: MALE  
AGE: 80 YEARS

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MED. CENTER  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 22820 SR 530  
CITY, STATE, ZIP: DARRINGTON, WASHINGTON 98241  
INSIDE CITY LIMITS? NO.

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 27 YEARS

BIRTHDATE: [REDACTED]  
BIRTHPLACE: EVERETT, SNOHOMISH CNTY, WASHINGTON

FATHER: JOHN TELLESBO  
MOTHER: ELLA [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: NANCY ANN SCHERRER

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: AMERICAN MEMORIAL ASSOC. #69  
CITY, STATE: RENTON, WA  
DISPOSITION DATE: SEPTEMBER 24, 2013

OCCUPATION: LOG SCALER  
INDUSTRY: TIMBER  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

FUNERAL FACILITY: AMERICAN MEMORIAL FUNERAL DIRECTORS  
ADDRESS: 3125 COLBY AVE, SUITE C  
CITY, STATE, ZIP: EVERETT WA 98201  
FUNERAL DIRECTOR: STAN HARDING

INFORMANT: NANCY TELLESBO  
RELATIONSHIP: WIFE  
ADDRESS: 22820 SR 530, DARRINGTON, WA, 98241

- CAUSE OF DEATH:
- A. SUSPECTED CARDIOGENIC AND SEPTIC SHOCK  
INTERVAL: 3+ DAYS
  - B. SUSPECTED PNEUMONIA / INTRA-ABDOMINAL INFECTION  
INTERVAL: 3+ DAYS
  - C. END STAGE RENAL FAILURE; UNKNOWN ETIOLOGY  
INTERVAL: 3+ YEARS
  - 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:

STATUS OF DECEASED, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: RESIDENCE

NUMBER(S): 2013065217  
DATE(S): 09/24/2013

WANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: SHARON FIGENSHAW, ARNP  
TITLE: ARNP  
CERTIFIER:  
ADDRESS: 1700 13TH STREET  
CITY, STATE, ZIP: EVERETT WA 98201  
DATE SIGNED: SEPTEMBER 21, 2013

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 13SN 3321

ATTENDING PHYSICIAN:  
GARY SCHILLHAMMER MD

LOCAL DEPUTY REGISTRAR:  
KEELY CANNON  
DATE RECEIVED: SEPTEMBER 23, 2013

DOH 01-003 (4/11)

Exhibit "A"

