202509170038
09/17/2025 12:58 PM Pages: 1 of 4 Fees: $306.50
Skagit County Auditor, WA

After recording, return to:
Teresa Varnes
Chicago Title Company of Washington
425 Commercial St
Mount Vernon, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 09/17/2025

Grantor (Name of Decedent): Patrick D. Forcum
Grantee (Heirs): April Briceno
Abbreviated Legal Description: PTN TRACT 13, PLAT OF THE BURLINGTON ACREAGE PROPERTY
Tax Parcel No.(s): P62367 3867-000-013-2502

Chicago Title
620059633

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Florida

COUNTY OF Pinellas

The undersigned, April Briceno, executes this affidavit relating to the estate of Patrick D Forcum (herein "Decedent"), who died on December 31, 2024, in the County of Pinellas, State of Florida, then being a resident of the City of Burlington, County of Skagit, State of Washington.

(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.
   - ☐ other (identify:) _____

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: April C Briceno, daughter

Name and relationship: _____

Name and relationship: _____

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.

Signed by: April Briceno C67C8B9C25...

X _____
Signature

April Briceno
Print Name

State of Florida
County of Pinellas

This record was acknowledged before me on 8-27-2025 by April C Briceno
Physically Appeared + provided FL DL

_____
(Signature of notary public)
Notary Public in and for the State of Florida
My commission expires: 5/6/2026

DELORES A BAUCCO
State of Florida - Notary Public
Commission # HH 215846
My Commission Expires May 06, 2026

EXHIBIT "A"

Legal Description

For APN/Parcel ID(s): P62367 3867-000-013-2502

THAT PORTION OF THE WEST HALF OF TRACT 13, "PLAT OF THE BURLINGTON ACREAGE PROPERTY", AS PER PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 49, RECORDS OF SKAGIT COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT THE INTERSECTION OF THE WEST LINE OF SAID TRACT 13, WITH THE NORTH LINE OF THE STATE HIGHWAY RUNNING THROUGH SAID TRACT 13;

THENCE NORTH 0°17'15" WEST ALONG THE WEST LINE OF SAID TRACT 13, A DISTANCE OF 323.10 FEET TO THE TRUE POINT OF BEGINNING FOR THIS DESCRIPTION;

THENCE NORTH 80°02' EAST 90.0 FEET;

THENCE NORTH 0°17'15" WEST 80.00 FEET;

THENCE SOUTH 80°02' WEST 90.00 FEET;

THENCE SOUTH 0°17'15" EAST 80.00 FEET TO THE TRUE POINT OF BEGINNING;

TOGETHER WITH THAT PORTION OF VACATED COUNTRY ROAD LYING WEST OF THE ABOVE DESCRIBED PREMISES WHICH REVERTED TO SAID PREMISES BY OPERATION OF LAW.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2024227695

DATE ISSUED: JANUARY 9, 2025

DATE FILED: JANUARY 6, 2025

DECEDENT INFORMATION

NAME: PATRICK DEE FORCUM

DATE OF DEATH: DECEMBER 31, 2024 SEX: MALE [redacted] AGE: 078 YEARS

DATE OF BIRTH: [redacted] BIRTHPLACE: EVERETT, WASHINGTON, UNITED STATES

PLACE OF DEATH: NURSING HOME

FACILITY NAME OR STREET ADDRESS: SEASONS OF LARGO

LOCATION OF DEATH: CLEARWATER, PINELLAS COUNTY, 33764

RESIDENCE: 4175 E BAY DR, CLEARWATER, FLORIDA 33764, UNITED STATES COUNTY: PINELLAS

OCCUPATION, INDUSTRY: BOAT REPAIR, FISHING

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: WAYNE ELMO FORCUM

MOTHER'S/PARENT'S NAME: UNKNOWN

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: APRIL BRICENO

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 3736 25TH AVE N, ST PETERSBURG, FLORIDA 33713, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: JUSTINE KOMA, F059642

FUNERAL FACILITY: ABBEY AFFORDABLE CREMATION & FUNERAL SERVICE F041472
12541 B ULMERTON RD, LARGO, FLORIDA 33774

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: BAY AREA CREMATORY & PREP LLC
TAMPA, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): UNKNOWN DATE CERTIFIED: JANUARY 6, 2025

CERTIFIER'S NAME: SUNIT SRIVASTAVA

CERTIFIER'S LICENSE NUMBER: ME105069

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. DEMENTIA YEARS

b.

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

AUTOPSY PERFORMED? NO AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY: DID TOBACCO USE CONTRIBUTE TO DEATH? NO

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE TIME OF INJURY (24 HOUR): INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT: TYPE OF VEHICLE:

,STATE REGISTRAR

REQ: 2027301263

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.

DH FORM 1947 (08/01/2022)

CERTIFICATION OF VITAL RECORD

Florida Health

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED