

Return Address:

Land Title + Escrow
3010 Commercial Ave
Anacortes WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 04/03/2026

State of Washington

County of Skagit

Land Title and Escrow Order #60029315-352

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared CARL LAMONT
ROBINSON Affiant(s), being by me first duly sworn upon
his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: CORAELIA HICKMAN HIGHTOWER
3. The decedent died on 12/16/24 (date) at MESQUITE (City), DALLAS (County),
TEXAS (State).
4. My/Our relationship to the decedent is as follows:
I AM THE SON
5. I am / We are the rightful heirs to the property described herein.
6. Decedent left no last Will; or Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)
Abbreviated legal: Lot 5, View Heights
Tax ID Number: 4210-000-005-0003/P78277
8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to the recording.

9. The deceased is survived by the following heirs:

<u>CARL LAMONT ROBINSON</u>	<u>56</u>	<u>SON</u>
Full Name	Age	Relationship
_____	_____	_____
Full Name	Age	Relationship
_____	_____	_____
Full Name	Age	Relationship
_____	_____	_____
Full Name	Age	Relationship
_____	_____	_____
Full Name	Age	Relationship
_____	_____	_____

Carl L. Robinson
 Affiant's Signature
CARL L. ROBINSON
 Printed Name of Affiant
3401 Willbroglen Dr
MESQUITE, TX 75150
 Address

State of: Texas
 County of: Dallas

I certify that I know or have satisfactory evidence that Carl L. Robinson is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

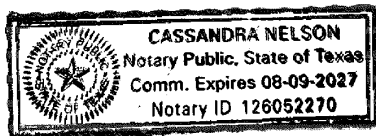
Dated: March 20th 2026

Cassandra Nelson
 Signature

Notary
 Title

My appointment expires: 08-09-2027

Seal or Stamp



Order No.: 60029315-352

EXHIBIT "A"

Lot 5, VIEW HEIGHTS, according to the plat thereof, recorded in Volume 10 of Plats, page 45, records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

THE ADDRESS FOR THE EXHIBIT "A" ABOVE IS AS FOLLOWS:

1607 25th Street, Anacortes, WA 98221

TITLE COMPANIES INSURE PROPERTIES BASED ON THE LEGAL DESCRIPTION
(NOT THE PROPERTY ADDRESS),

AND THE PROPERTY ADDRESS IS NOT A PART OF THE LEGAL DESCRIPTION.

THE PROPERTY ADDRESS HAS BEEN ADDED TO THIS PAGE FOR REFERENCE ONLY.

STATE OF TEXAS CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS Dec 27 2024 STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-24-221346

1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last) CORDELIA HICKMAN HIGHTOWER (Before Marriage) DUNN 2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) DECEMBER 15, 2024

3. SEX FEMALE 4. DATE OF BIRTH (mm-dd-yyyy) 5. AGE-Last Birthday (Years) 60 6. BIRTHPLACE (City & State or Foreign Country) SEATTLE, WA 7. SOCIAL SECURITY NUMBER 8. MARITAL STATUS AT TIME OF DEATH Married 9. SURVIVING SPOUSE'S NAME (if spouse; give name prior to first marriage) PATRIK SWANJUNG

10a. RESIDENCE STREET ADDRESS 1607 25TH ST 10b. APT. NO. 10c. CITY OR TOWN ANACORTES 10d. COUNTY SKAGIT 10e. STATE WASHINGTON 10f. ZIP CODE 98221 10g. INSIDE CITY LIMITS? Yes

11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE JOHN DUNN 12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE 13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: Hospitall ER/Outpatient DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice Facility Nursing Home Decedent's Home Other (Specify) SON'S RESIDENCE 14. COUNTY OF DEATH DALLAS 15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) MESQUITE, 75150 16. FACILITY NAME (if not institution, give street address) 3401 WILLOWGLEN DRIVE.

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED CARL ROBINSON - SON 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 3401 WILLOWGLEN DRIVE, MESQUITE, TX 75150

19. METHOD OF DISPOSITION Burial Cremation Donation Entombment Other (Specify) 20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CHRISTOPHER JORDAN, BY ELECTRONIC SIGNATURE - 115105 21. Section Block Lot Space

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) ROLLING OAKS CREMATORY 23. LOCATION (City/Town, and State) COPPELL, TX 24. NAME OF FUNERAL FACILITY SINGING HILLS FUNERAL HOME 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 6221 UNIVERSITY HILLS BLVD., DALLAS, TX 75241

26. CERTIFIER (Check only one) Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. Medical Examination of the Place - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 27. SIGNATURE OF CERTIFIER LINUS J MILLER, BY ELECTRONIC SIGNATURE 28. DATE CERTIFIED (mm-dd-yyyy) DECEMBER 23, 2024 29. LICENSE NUMBER D7835 30. TIME OF DEATH (Actual or presumed) 12:19 AM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) LINUS J MILLER - 18801 LBJ FRWY #315, MESQUITE, TX 75150 32. TITLE OF CERTIFIER DO

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH. IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE CARDIORESPIRATORY FAILURE Due to (or as a consequence of): METASTASIS TO INTRATHORACIC NODES Due to (or as a consequence of): MALIGNANT NEOPLASM OF THE LUNG Due to (or as a consequence of):

PART 2. ENTER OTHER CAUSE GIVEN IN PART 1. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CHRONIC LYMPHOCYTIC LEUKEMIA 34. WAS AN AUTOPSY PERFORMED? Yes No 35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

36. MANNER OF DEATH Natural Accident Suicide Homicide Pending Investigation Could not be determined 37. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Previously Probably Unknown 38. IF FEMALE: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to one year before death Unknown if pregnant within the past year 39. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Passenger Pedestrian Other (Specify)

40a. DATE OF INJURY (mm-dd-yyyy) 40b. TIME OF INJURY 40c. INJURY AT WORK? Yes No 40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) 40e. LOCATION (Street and Number, City, State, Zip Code) 40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED 42a. REGISTRAR FILE NO. 01006777 42b. DATE RECEIVED BY LOCAL REGISTRAR DECEMBER 27, 2024 42c. REGISTRAR

EDR NUMBER: 00004448056277

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Jan 02 2025 TARA DAS STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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