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05/21/2026 12:48 PM Pages: 1 of 5 Fees: \$307.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2026.1524  
MAY 21 2026

Amount Paid \$ 0  
Skagit Co. Treasurer  
By LT Deputy

Grantor (Name of Decedent): EVA LOUISE TUSZYNSKI

Grantee (Heirs): GARY H. THOMAS a/k/a GARY H. TUSZYNSKI

Abbreviated Legal Description(s):

NE Quarter, Section 36, Township 34, Range 04

Tax Parcel No. (s): P113882 / XrefID 4722-000-041-0000

**INHERITANCE LACK OF PROBATE**

**(To be recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

The undersigned affiant, GARY H. THOMAS A/K/A GARY H. TUSZYNSKI, being first duly sworn, executes this affidavit relating to the estate of EVA LOUISE TUSZYNSKI (herein "Decedent"), who died on August 5, 2005, in the County of Skagit, State of Washington, then being a resident of Mount Vernon, 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 one of the rightful heirs 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 \_\_\_\_\_.

**Names of All Heirs of the Decedent**

3. That all heirs at law of the decedent that were living at the time of decedent's death are listed below:

*"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 identified all heirs at law of the decedent:*

GARY H. THOMAS a/k/a GARY H. TUSZYNSKI  
Age: 77  
Relationship: son  
Address: 41317 S. Skagit Hwy, Concrete WA 98237

**Description of the Property**

4. That the following real property was owned by the Decedent at the time of death, located in County of King, State of Washington, and described as follows:

LOT 41, NOOKACHAMP HILLS PUD, PHASE I, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 17 OF PLATS, PAGE 26 THROUGH 31, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Assessor's Property Tax Parcel/Account Number: P113882 / XrefID 4722-000-041-00007  
Physical address: 17098 Brook Court, Mount Vernon WA 98274

**Status of the Will (if any)**

Decedent DID LEAVE A LAST WILL AND TESTAMENT which has not been probated or revoked. In addition, no probate is being filed, and no personal representative has been appointed for the estate. THAT affiant acknowledges, and so states, that each and all of the obligations against the estate of said decedent, if any, will be his responsibility to pay or provide for.

THAT affiant agrees that the ownership of the above described property shall be transferred to GARY H. THOMAS A/K/A GARY H. TUSZYNSKI This affidavit is made pursuant to RCW 11.62.010.

GARY H. THOMAS A/K/A GARY H. TUSZYNSKI  
Affiant's full name

360 826 4946  
Telephone number

4133 S SKAGIT BLVD  
Street

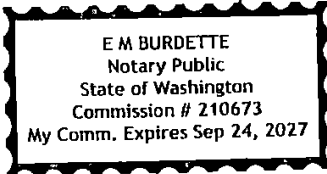
CONROE WA 98237  
City State Zip Code

[Signature] 5/19/26  
Signature Date

STATE OF WASHINGTON )  
 ) SS.  
County of Skagit )

On this day personally appeared before me GARY H. THOMAS A/K/A GARY H. TUSZYNSKI to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 19<sup>th</sup> day of May, 2026.



EMBurdette  
Notary Public in and for the State of Washington  
Residing at: Burkington WA  
My Commission expires: 9.24.2027

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 605-05 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix 2. Death Date  
 Eva Louise TUSZYNSKI Aug 5, 2005

3. Sex (M/F) 4a. Age - Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. [Redacted] 6. County of Death  
 F 88 Months Days Hours Minutes Skagit

7a. Birthplace (City, Town, or County) 7b. (State or Foreign Country) 9. Decedent's Education  
 Charleston South Carolina HS Graduate

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: 11. Decedent's Race(s) 12. Was Decedent ever in U.S. Armed Forces? No  
 No White No

13a. Residence: Number and Street (e.g., 624 SE 5<sup>th</sup> St.) (include Apt. No.) 13b. City or Town  
 17098 Brook Court Mount Vernon

13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. Inside City Limits?  
 Skagit Washington Washington 98273- [Redacted]  Yes  No  Unk

14. Estimated length of time at residence. 15. Marital Status at Time of Death 16. Surviving Spouse's Name (Give name prior to first marriage)  
 4y Widowed

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name)  
 Homemaker Home

19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name (First, Middle, Last)  
 Pat Canterbury Cornelia [Redacted]

21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RFD No. City or Town State Zip  
 Gary Tuszynski Son 41317 South Skagit Hwy Concrete WA 98237-

24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital:  
 Decedent's Residence

25. Facility Name (If not a facility, give number & street or location) 26a. City, Town, or Location of Death 26b. State 27. Zip Code  
 17098 Brook Court Mount Vernon WA 98273-

28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State  
 Burial El Camino Memorial Park San Diego, California

31. Name and Complete Address of Funeral Facility 32. Date of Disposition  
 Hawthorne Funeral Home 1925 E. College Way Mount Vernon, WA 98273-0398 8-16-2005

33. Funeral Director Signature X *[Signature]*

34. 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. Add additional lines if necessary.  
 Cause of Death (See instructions and examples)  
 IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Unspecified natural causes Interval between Onset & Death: minutes  
 Due to (or as a consequence of):  
 Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST  
 b. Due to (or as a consequence of): Interval between Onset & Death:  
 c. Due to (or as a consequence of): Interval between Onset & Death:  
 d. Due to (or as a consequence of): Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above 36. Autopsy? 37. Were autopsy findings available to complete the Cause of Death?  
 Probable proton EVA  Yes  No  Yes  No

38. Manner of Death 39. If female 40. Did tobacco use contribute to death?  
 Natural  Homicide  Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  Yes  Probably  
 Accident  Undetermined  Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  No  Unknown  
 Suicide  Pending  Unknown if pregnant within the past year

41. Date of Injury (mm/dd/yyyy) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work?  
 [Redacted] [Redacted] [Redacted]  Yes  No  Unk

45. Location of Injury: Number & Street: Apt. No. City or Town: County: State: Zip Code + 4:  
 Describe how injury occurred 47. If transportation injury, specify:  
 Driver/Operator  Pedestrian  
 Passenger  Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the causes, and manner stated. 48b. Medical Examiner/Coroner - On the basis of examination, a determination is made in my opinion, that death occurred at the time, date, and place, and due to the causes, and manner stated.  
 X [Redacted] X *[Signature]*

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 50. Hour of Death (24hrs)  
 Bruce Bacon Skagit County Courthouse, Mount Vernon, WA 98273 Late PM hour

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (mm/dd/yyyy)  
 [Redacted] 08/10/2005

53. Title of Certifier 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner?  
 Coroner [Redacted] 124-05  Yes  No

57. Registrar Signature 58. Date Received (mm/dd/yyyy)  
 X *[Signature]* Deputy AUG 10 2005

59. Amendments



