



201608250012

Skagit County Auditor

\$76.00

8/25/2016 Page

1 of

4 10:44AM

Return Address:

Mary Lou Caudill
9879 Seacrest Ln
Brow WA. 98232

AFFIDAVIT (LACK OF PROBATE)

Brad Sloan

Notary

, being first duly sworn, deposes and says:

The undersigned affiant is a rightful heir, as listed on heirs at law, to the real property described below, and is wife (relationship to decedent) of James Randolph Caudill (decedent), who died on (date) Feb 8 2015, at Rancho Mirage Riverside Ca.
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Tract 9 Corrected Supplement
Plate No 18 Lannoner Tidelands Full
legal Description is attached Exhibit

Assessor's Property Tax Parcel/Account Number: 74489
(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)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20163723
AUG 25 2016

(Page 1 of 3)

REV 84 0017 (6/24/16)

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

Full name, age, relationship, address

Mickelle ~~Caudill~~ Denise Caudill (54) Step daughter
9611 24th PINE Lake Stevens

Full name, age, relationship, address

Cindy Lynn Caudill (53) Step daughter
11316 181st Dr. NE ~~Shoreline WA~~ Granite Falls WA. 98252

Full name, age, relationship, address

Michael Randolph Caudill (46) Step Son
1329 West 10th St Port Angeles WA. 98363

Full name, age, relationship, address

Paul Timothy Caudill (45) Step Son
PO Box 1151 Forks WA. 98331

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 8/25/16

Affiant's full name
Mary Lou Caudill

Telephone number
360 746-6286 360 391-1618

Bow WA 98232
City State Zip Code

Mary Lou Caudill 8/25/16
Signature Date

State of Washington County of Skagit

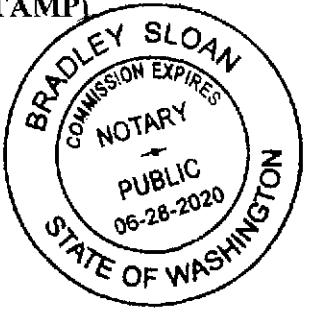
I know or have satisfactory evidence that Mary Lou Caudill
(name of person)

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: 8, 25, 2016

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mount Vernon

Notary Public in and for the State of WA

My appointment expires: 6, 20, 2020

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA CERTIFICATE OF DEATH

3052015028321

3201533001667

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, MARKS, STAMPS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE RANDOLPH		3. LAST (Family) CAUDILL	
4. DATE OF BIRTH mm/dd/yyyy [REDACTED]		5. AGE Yrs. 76		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY WA		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SPO* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 02/08/2015		8. HOUR (24 Hour) 1105	
13. EDUCATION - Highest Level Completed (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ENTREPRENEUR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RESTAURANT		19. YEARS IN OCCUPATION 59	
20. DECEDENT'S RESIDENCE (Street and number, or location) 9875 SEA CREST LANE					
21. CITY BOW		22. COUNTY/PROVINCE SKAGIT		23. ZIP CODE 98232	
24. YEARS IN COUNTY 29		25. STATE/FOREIGN COUNTRY WA			
28. INFORMANT'S NAME, RELATIONSHIP MARY CAUDILL, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or route number, city or town, state and zip) 9875 SEA CREST LANE, BOW, WA 98232		
29. NAME OF SURVIVING SPOUSE/SRD* - FIRST MARY		30. LAST (BIRTH NAME) INMAN			
31. NAME OF FATHER/PARENT - FIRST PAUL		32. LAST CAUDILL		34. BIRTH STATE WA	
35. NAME OF MOTHER/PARENT - FIRST MARGARET		36. LAST (BIRTH NAME) [REDACTED]		38. BIRTH STATE WA	
39. DISPOSITION DATE mm/dd/yyyy 02/12/2015		40. PLACE OR FINAL DISPOSITION - RESIDENCE OF MARY CAUDILL 9875 SEA CREST LANE, BOW, WA 98232			
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT FITZHENRY-WIEFELS		45. LICENSE NUMBER FD2951		46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
47. DATE mm/dd/yyyy 02/11/2015					
101. PLACE OF DEATH EISENHOWER MEDICAL CENTER					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input type="checkbox"/> Dentist's home <input type="checkbox"/> Other			
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 39000 BOB HOPE DRIVE		106. CITY RANCHO MIRAGE	
107. CAUSE OF DEATH Enter the chain of events -- disease, trauma, or complications -- that directly caused death. EXCLUDE under terminal events such as cardiac arrest, respiratory arrest, or circulatory arrest without showing etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) ACUTE RESPIRATORY DISTRESS SYNDROME Sequentially list conditions, if any, leading to cause on Line A. State UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) ACUTE PULMONARY EMBOLISM (C) HYPERCOAGULABLE STATE NATURAL ETIOLOGY UNKNOWN					
108. BIRTH REPORTED TO GOVERNMENT (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1 WK 2015-01694		109. BIRTH REPORTED TO GOVERNMENT (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1 WK		110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YRS	
111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input type="checkbox"/>					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. INFERIOR VENA CAVA FILTER PLACEMENT 02/02/2015					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent's Attended Since <input type="checkbox"/> Decedent's Last Seen Alive <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER DANIEL LOPEZ M.D.		116. LICENSE NUMBER A52410	
117. DATE mm/dd/yyyy 02/29/2015		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DANIEL LOPEZ M.D. 78120 WILDCAT DRIVE, PALM DESERT, CA 92211		119. DATE mm/dd/yyyy 02/08/2015	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER			127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS.

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

Feb 18, 2015

DATE ISSUED

Dr. Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

* 001311143 *

FRENCO (Rev) 01/12

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

