

UNRECORDED INSTRUMENT



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Skagit County Auditor
3/9/2017 Page

1 of 5 \$77.00
2:05PM

Filed for Record at request of
and return to:
STILES LAW INC., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Address: 9402 Claybrook Road, Sedro Woolley, WA 98284
Legal: MEADOW LANE ADD LT 6 & S1/2 LT 7
Tax Parcel # P67402 / 3953-000-007-0004

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, DEBRA LOUDEN, executes this affidavit relating to the estate of CHARLES WILLIAM HEITMAN, the Decedent, who died on February 4, 2012, in the County of Skagit, State of Washington, then being a resident of the City of Sedro Woolley, County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

DEBRA LOUDEN, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The affiant is (check one):

- The lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One 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:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Debra Loudon 9312 Claybrook Road Sedro Woolley, WA 98284	legal	daughter

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:

Lot Six (6) and the South one-half (1/2) of Tract (Lot) Seven (7) of MEADOW LANE ADDITION, SKAGIT COUNTY, WASHINGTON, as per plat recorded in Volume 8 of Plats, page 16, records of Skagit County.

5. Status of the Will (if any)

- The decedent left no Will that devises real property.
- The decedent left a Will that devises real property.
- The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated December 29, 2003. The Will devises and states that:

III (A) I hereby give, devise and bequeath all of the rest, residue and remainder of my property of every kind, nature and description, wheresoever located or situated, to Debra S. Loudon.

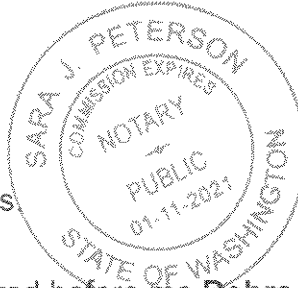
DATED: 2-3-, 2017

Debra Loudon
Debra Loudon - Affiant

STATE OF WASHINGTON)

COUNTY OF SKAGIT)

) SS)



On this day personally appeared before me **Debra Loudon** to me known to be the individual(s) 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, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 3rd day of Feb., 2017.

Sara J. Peterson

Notary Public in and for the State of Washington,
residing at 300 Ferry St. Seaside, WA 98254
My appointment expires 1-11-2021

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON DEPARTMENT OF HEALTH

99-10 Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any): First Middle LAST Suffix CHARLES WILLIAM HEITMAN		2. Death Date Feb. 4, 2012	
3. Sex (M/F) Male	4a. Age - Last Birthday 82	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
5. [Redacted]		6. County of Death Skagit	
7a. Birthplace (City, Town, or County) Dickinson		7b. (State or Foreign Country) North Dakota	
8. Decedent's Education High School Graduate			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No		11. Decedent's Race(s) Caucasian	
12. Was Decedent ever in U.S. Armed Forces? No			
13a. Residence: Number and Street (e.g. 624 SF 5 th St.) (Include Apt. No.) 9402 Claybrook Road		13b. City or Town Sedro-woolley	
13c. Residency County Skagit		13d. Inbal Reservation Name (if applicable)	
13e. State or Foreign Country Washington		13f. Zip Code - 4 98284	
13g. Inside City Limits? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
14. Estimated length of time of residence 49 years		15. Marital Status at Time of Death Widowed	
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Deputy Police Chief		18. Kind of Business/Industry (Do not use Company Name) Law Enforcement	
19. Father's Name (First, Middle, Last, Suffix) Charles A. Heitman		20. Mother's Name Before First Marriage (First, Middle, Last) Helen Julia [Redacted]	
21. Informant's Name Debra Louden		22. Relationship to Decedent Daughter	
23. Mailing Address (Home and Street or R.F.D. No., City or Town, State, Zip) 9312 Claybrook Rd Sedro-woolley, WA 98284			
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) 9402 Claybrook Road		26a. City, Town, or Location of Death Sedro-woolley	
		26b. State WA	
		27. Zip Code 98284	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory	
30. Location City/Town, and State Mount Vernon, Washington			
31. Name and Complete Address of Funeral Facility Lemley Chapel, Inc. 1008 Third Street Sedro-woolley, WA 98284		32. Date of Disposition Feb 7, 2012	
33. Funeral Director Signature Charles S. Ruhl # 1179			
Cause of Death (See instructions and examples)			
34. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT abbreviate. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. DILATED CARDIOMYOPATHY Due to (as the consequence of) Interval between Onset & Death: 128 YEARS			
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. _____ Interval between Onset & Death: _____			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above ARRHYTHMIC FIBRILLATION, HYPERTENSION, HYPERLIPIDEMIA			
36. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		39. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
40. Date of Injury (mm/yyyy)		41. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
42. Hour of Injury (24hrs)		43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area)	
44. Location of Injury Number & Street		45. City or Town County State Zip Code + 4	
46. Describe how injury occurred 47. If transportation injury, specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician [Signature] MD		48b. Medical Examiner/Coroner	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Jonathan Gamson, MD 2116 E Section Mount Vernon, WA 98274			
50. Name and Title of Attending Physician if other than Certifier (Type or Print)		51. Hour of Death (24hrs) Unknown	
52. Title of Certifier Physician		53. Date Signed (mm/yyyy) February 6, 2012	
54. License Number MD00036055		55. ME/Coroner File Number 021-12	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		57. Registrar Signature [Signature] Deaths Regi	
58. Date Received (mm/yyyy) FEB -7 2012		59. Amendments	

Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.
STATE OFFICE USE ONLY

Enter the death number
Date of death
County of death
Municipality of death

Use the section below for requesting any changes on the record.

1. Name of the person: _____
2. Date of birth: _____
3. Date of death: _____
4. Cause of death: _____
5. Place of death: _____
6. Name of informant: _____
7. Relationship to informant: _____
8. Name of funeral director: _____
9. Name of cemetery: _____
10. Name of burial place: _____
11. Name of crematorium: _____
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All changes must be established by documentary proof submitted with the affidavit.

This affidavit cannot be used to amend a name on a birth certificate. Use the paternity affidavit form (SN CHS 0211).

This affidavit cannot be used to amend a name on a birth certificate. Use the paternity affidavit form (SN CHS 0211).

VERIFIED
FEB 07 2012
skagit County Public Health Department
Howard Leibbrand Health Officer

VV00261138

