

Return Address:

17826 79th dr NE
Arlynton WA. 98223

AFFIDAVIT (LACK OF PROBATE)

GNW 20-4645

The undersigned affiant/grantee Nicole Yan Wagner, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is Daughter
Relationship to decedent
of Sylvia J. Yan who died on 11/2/2019
Decedent/Grantor Date
at Everett Snohomish WA.
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

1124 N. 12th Pl Mount Vernon, WA. 98273. Recorded Oct 9, 2003
(0.1000 AC) Lot 19, Kulshan Ridge PUD, *AF#200310090064,
~~BEING PART OF THE SNOHOMISH COUNTY RECORDS OF SKAGIT COUNTY WA~~
Records of Skagit County WA

Assessor's Property Tax Parcel/Account Numbers: (List All)

P120399 48240000190000

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Neole Jene Yon-Wagner 50 Daughter
Full name, age and relationship

17826 79th dr. NE Arlington WA. 98223
Address City State Zip

Natalie Lyne Bennett 53 Daughter
Full name, age and relationship

17818 85th Ave. NE Arlington WA. 98223
Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

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Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip

Full name, age and relationship

Address City State Zip


(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 370,000.00 of which approximately \$ 310,000.00 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None () OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never () received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 12/10/2019 

Necole Jene Yon-Wagner 425-231-3731
Affiant's full name Telephone number

17826 79th dr. NE Arlington WA 98223
Street City State Zip Code

State of Washington County of Snohomish

I know or have satisfactory evidence that Necole Yon-Wagner
(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.

Will Dated: 12/10/2019, 2019 
Signature of Notary Public

(SEAL OR STAMP)

Residing at 12525-16th AVE. NW Tulalip

Notary Public in and for the State of Washington

My appointment expires: September 29, 2021

(Based on REV 84 0017 (1/3/17))



Will
09/29/21

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-049298

LOCAL FILE NUMBER: 4370

DATE ISSUED: 11/19/2019
FEE NUMBER: 311119FIRST AND MIDDLE NAME(S): SYLVIA JENE
LAST NAME(S): YONCOUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: NOVEMBER 02, 2019
HOUR OF DEATH: 10:55 PM
SEX: FEMALE AGE: 72 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: YOKOHAMA, JAPANMARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: NECOLE YON-WAGNER
RELATIONSHIP: DAUGHTER
ADDRESS: 17826 79TH DR. NE., ARLINGTON, WA 98223

CAUSE OF DEATH:

- A: CARDIAC ARREST AND RESPIRATORY ARREST SECONDARY TO CARDIOGENIC SHOCK
INTERVAL: 5-HOURS
- B: SEVERE LEFT VENTRICULAR SYSTOLIC DYSFUNCTION
INTERVAL: 5-HOURS
- C: ISCHEMIC HEART DISEASE
INTERVAL: 5-HOURS
- D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: SEVERE METABOLIC ACIDOSIS,
VENTRICULAR ARRHYTHMIASDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201RESIDENCE STREET: 1124 N. 12TH PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARSFATHER: CHARLES FRANCIS ATWELL
MOTHER: CLARICE ALYC [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYCITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: NOVEMBER 08, 2019

FUNERAL FACILITY: WELLER FUNERAL HOME

ADDRESS: 327 N MACLEOD AVE
CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223
FUNERAL DIRECTOR: ALLEN ICEMANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: VIVEK BHATIA, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1330 ROCKEFELLER AVE #225
CITY, STATE, ZIP: EVERETT, WA 98201
DATE SIGNED: NOVEMBER 08, 2019CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: JESSICA L. DYKSTRA
DATE RECEIVED: NOVEMBER 12, 2019