

Return Address:

808 Washington St. W.
ALBANY, OR.
97321

LAND TITLE AND ESCROW

Order Number: 02-177639-OE

Real Estate Excise Tax
Exempt

State of OREGON

Skagit County Treasurer

County of Linn

By Marissa Guerrero

Affidavit No. 2020-4311

Date 10/19/2020

LACK OF PROBATE AFFIDAVIT

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

** as Personal Representative of the Estate of Joan Frances Thomas, deceased

1. This affidavit is made pursuant to RCW §245.197.
2. The full name of the decedent is: Marion Thomas
3. The decedent died on 6-18-20 (date) at Honolulu (City), Honolulu (County), HAWAII (State).
4. My/ Our relationship to the decedent is as follows:
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:

Unit 7, Fidalgo Marina Condo.

Tax ID Number: 4599-000-007-0006

8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to recording if required by the County.

9. The deceased is survived by the following heirs:

Full Name	Age	Relationship
<u>Joan Frances Thomas</u>	<u>89</u>	<u>mother</u>
		<u>wife</u>

<u>Mark Thomas</u> Full Name	<u>46</u> Age	<u>SON</u> Relationship	<input type="checkbox"/>
<u>Bill Thomas</u> Full Name	<u>61</u> Age	<u>SON</u> Relationship	<input type="checkbox"/>
<u>Matt Thomas</u> Full Name	<u>59</u> Age	<u>SON</u> Relationship	<input type="checkbox"/>
_____ Full Name	_____ Age	_____ Relationship	<input type="checkbox"/>

DATED this 13 day of October, 2020

[Signature]
Affiant's Signature

Mark Thomas, Personal Representative
Printed Name of Affiant

808 Washington St. SW.
ALBANY, OR. 97321
Address

State of: OREGON
County of: Linn

I certify that I know or have satisfactory evidence that MARK THOMAS, PERSONAL REPRESENTATIVE OF THE ESTATE OF JOAN FRANCES THOMAS Mark Thomas 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.

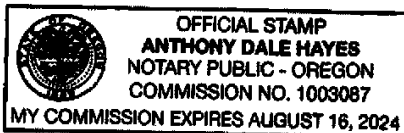
Dated: 10-13-2020

[Signature]
Signature

Branch Manager
Title

My appointment expires: 8-16-2024

Seal or Stamp



CERTIFICATE OF DEATH

STATE OF HAWAII
DEPARTMENT OF HEALTH



CERTIFICATE NO. **151 2013 - 004886**

Name of Decedent
MERRILL PARTICK THOMAS

City, Town or Location of Death
HONOLULU

County of Death
HONOLULU

Island of Death
OAHU

Actual or Presumed Date of Death Actual or Presumed Time of Death
June 18, 2013 1:47 PM

Date of Birth

Age at Death
80 YEAR(s)

Sex Race
MALE Caucasian

Citizenship
USA

Ever in Armed Forces?
YES

Social Security Number Marital Status
MARRIED

Surviving Spouse (if Wife, Name Prior to First Marriage)
Joan F. Heartt

Father's Name
William Thomas

Mother's Name (Prior to First Marriage)
Loma

Disposition

CREMATION

Cemetery/Crematory: OAHU CREMATORY

Date: June 21, 2013

Location: HONOLULU, HI 96817

Permit #: 79574

Funeral Home: ULTIMATE SERVICES

Certifier: Richa Sharma MD PRIVATE PHYSICIAN

Date Certified: June 20, 2013

Original Date Certified: June 20, 2013

Date Pronounced Dead: June 18, 2013

Time Pronounced Dead: 1:47 PM

Cause of Death:

- a. ACUTE RESPIRATORY FAILURE
- b. HEALTHCARE ASSOCIATED PNEUMONIA
- c. ACINETOBACTER BAUMANNII

Manner of Death: NATURAL CAUSES

Date Filed by State Registrar: June 20, 2013

OHSM 1.2 (Rev. 1/2013)

This copy serves as prima facie evidence of the fact of death in any court proceeding. (HRS 338-13(b), 338-19)

1189477

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE

UNOFFICIAL DOCUMENT

JUL 1 2013.

I CERTIFY THIS IS A TRUE COPY OF
ALVIN T. ONAKA, Ph.D.
STATE REGISTRAR