

**Return Address:**

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**LAND TITLE & ESCROW**

Order Number: 01-182182-O

State of Washington

County of Skagit

**LACK OF PROBATE AFFIDAVIT**

BEFORE ME, this undersigned authority, on this day personally appeared Jan 22, 2021,  
Teresa R. Symonds Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

- 2. This affidavit is made pursuant to RCW 82.45.197.
- 2. The full name of the decedent is: Kurt Thomas Symonds
- 3. The decedent died on 1-21-2020 (date) at Seattle (City), King (County), Washington (State).
- 4. My/ Our relationship to the decedent is as follows:  
Spouse
- 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:

Lot 11-13, Block 4, "GRIFFIN'S FIRST ADDITION TO THE CITY OF ANACORTES," as per plat recorded in Volume 1 of Plats, page 43, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

Tax ID Number: P57241, P58898, P58897

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>Trisha Marie Miller</u>	<u>36</u>	<u>daughter</u>

Full Name	Age	Relationship
Jack Louis Symonds	30	Son
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship

DATED this 22 day of Jan., 2021

Teresa R Symonds  
Affiant's Signature

Teresa R Symonds  
Printed Name of Affiant

2619 - Q Avenue  
Anacortes, WA  
Address

State of: Washington

County of: Skagit

I certify that I know or have satisfactory evidence that Teresa R Symonds 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: Jan 22, 2021

[Signature]  
Signature Richard C Reeves  
Notary Public  
Title

My appointment expires: 11/29/2023





# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-004516

DATE ISSUED: 02/03/2020  
FEE NUMBER: 310220

FIRST AND MIDDLE NAME(S): KURT THOMAS  
LAST NAME(S): SYMONDS

COUNTY OF DEATH: KING  
DATE OF DEATH: JANUARY 29, 2020  
HOUR OF DEATH: 03:18 PM  
SEX: MALE AGE: 60 YEARS  
SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ANACORTES, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: TERESA ROSE FAULKNER

OCCUPATION: FIBERGLASS FINISHER  
INDUSTRY: MARINE  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: NO

INFORMANT: TERESA ROSE SYMONDS  
RELATIONSHIP: WIFE  
ADDRESS: 2619 Q AVE., ANACORTES, WA 98221

CAUSE OF DEATH:  
A: RESPIRATORY FAILURE  
INTERVAL: 8 DAYS  
B: EMPYEMA, POSTOBSTRUCTIVE PNEUMONIA  
INTERVAL: 8 DAYS  
C: SQUAMOUS CELL CARCINOMA OF THE LUNG  
INTERVAL: 3 MONTHS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE 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: VIRGINIA MASON HOSPITAL  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101

RESIDENCE STREET: 2619 Q AVE  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 36 YEARS

FATHER: JACK LEWIS SYMONDS  
MOTHER: JOYCE LOUISE I

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: JANUARY 31, 2020

FUNERAL FACILITY: FUNERAL & CREMATION CARE

ADDRESS: 1400 112TH AVE SE  
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004  
FUNERAL DIRECTOR: MICHAEL GALAVIZ

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JACLYN LEMON, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1100 9TH AVENUE  
CITY, STATE, ZIP: SEATTLE, WA 98101  
DATE SIGNED: JANUARY 29, 2020

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: JACLYN LEMON, MD

LOCAL DEPUTY REGISTRAR: DIANE BOGAN  
DATE RECEIVED: JANUARY 31, 2020