

After recording, return to:

**INSURED BY  
CHICAGO TITLE**  
67004718,7

Grantor (Name of Decedent): VERNICE DARLENE WEBER  
Grantee (Heirs): FREDERICK P WEBER  
Abbreviated Legal Description: LT 5, SKYLINE DIV. NO. 14  
Tax Parcel No.(s): P102735 / 4600-000-005-0004

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF TEXAS  
COUNTY OF Fort Bend

The undersigned, FREDERICK P. WEBER executes this affidavit relating to the estate of VERNICE DARLENE WEBER (herein "Decedent"), who died on 01/13/2014 in the County of SKAGIT, State of Washington, then being a resident of the City of ANACORTES, County of SKAGIT, State of WASHINGTON.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

- 2. The undersigned is (check one):
  - the lawful surviving spouse of the Decedent
  - Registered domestic partner of the Decedent
  - Surviving child of the Decedent
  - One (1) 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): \_\_\_\_\_

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: Frederick P. Weber, Spouse  
Name and relationship: \_\_\_\_\_  
Name and relationship: \_\_\_\_\_  
Name and relationship: \_\_\_\_\_

**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:  
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Frederick P. Weber  
Signature

Frederick P. Weber  
Print Name

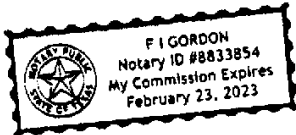
State of ~~Washington~~ Texas  
County of ~~Skagit~~ Fort Bend

Signed and sworn to (or affirmed) before me on 07/21/2021 by FREDERICK P. WEBER (name of person making statement).

F. F. Gordon

Name: F. F. GORDON  
Notary Public in and for the State of Washington,  
Residing at: RICHMOND, TX  
My appointment expires:

02/23/2023



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P102735 / 4600-000-005-0004**

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LOT 5, SKYLINE DIV. NO. 14, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 15 OF PLATS, PAGE(S) 73 AND 74, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-000827

DATE ISSUED: 01/16/2014

FEE NUMBER: 000000029

GIVEN NAMES: VERNICE DARLENE  
LAST NAME: WEBERCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 13, 2014  
HOUR OF DEATH: 10:10 P.M.  
SEX: FEMALE  
AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITEBIRTHDATE: [REDACTED]  
BIRTHPLACE: ROSEAU, MINNESOTAMARITAL STATUS: MARRIED  
SPOUSE: FREDERICK PHILLIP WEBEROCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NOINFORMANT: PHIL WEBER  
RELATIONSHIP: HUSBAND  
ADDRESS: 4212 KINGSWAY, ANACORTES, WA 98221PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: ISLAND HOSPITAL  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 4212 KINGSWAY  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 18 YEARSFATHER: VERNON HOVDA  
MOTHER: VALBORG MARIE [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: JANUARY 16, 2014FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

## CAUSE OF DEATH:

- A. RESPIRATORY FAILURE  
INTERVAL: HOURS
- B. METASTATIC BREAST CANCER TO LIVER  
INTERVAL: 2-3 MONTHS
- C.  
INTERVAL:
- D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
SEVERE HYPERTENSIONDATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: ROB RIEGER, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 2511 M AVENUE, SUITE A  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: JANUARY 14, 2014STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE

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CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA #029  
ATTENDING PHYSICIAN:  
NOT APPLICABLELOCAL DEPUTY REGISTRAR:  
MEL PEOROSA  
DATE RECEIVED: JANUARY 15, 2014

