07/23/2021 02:38 PM Pages: 1 of 5 Fees: \$107.50

Skagit County Auditor, WA

After recording, return to:

INSURED BY CHICAGO TITLE

	41004110,1
Grantor (Name of Decedent): _	VERNICE DARLENE WEBER
Grantee (Heirs):	
Abbreviated Legal Description:	LT 5, SKYLINE DIV. NO. 14
Tax Parcel No.(s): P102735 /	1600-000-005-0004
INHER (To Be Recorded for E	RITANCE LACK OF PROBATE AFFIDAVIT xcise Tax Affidavit Claiming Exempt Transfer of Ownership)
STATE OF KENTS	
COUNTY OF FORT	Ben
The undersigned, FREDS	executes this affidavit relating to the estate of
VERNICE DANKER	WCB (herein "Decedent"), who died on
in the County of SKA61	State of Washington, then being a resident of the
	, County of SICA 617 , State of WAS hing for
(A copy of the death certifica	
The undersigned, being first du 1. This Affidavit is to be rec- property described below.	ly sworn, on oath deposes and says: orded as an affirmation of facts showing that I am a rightful heir to the
Relationship of the Affiant to	the Decedent
2. The undersigned is (check	one):
the lawful surviving spo	use of the Decedent
☐ Surviving child of the D	ecedent
	ants 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.
	County, Washington.
other (identify:)	
Midavit (Lack of Probate) VA000080.doc / Undated: 04 28 20	Printed: 06.28.21 @ 11:48 AM by Tea

WA-CT-FNRV-02150.620019-620047187

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: Fredux K P. Weber, Spouse
	Name and relationship:
	Name and relationship:
	Name and relationship:
De	scription 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.
N	WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.
•	THIN LOS IN LET LOT, the distribution have exceeded the december on the date(s) set forth below.
	for P. Walur
7	Signature
,	Frederick P. Weber
Pri	nt Name
	unty of Jost Band
	ned and sworn to (or affirmed) before me on
•	CH
	Name: F. I. 60 RAOH
	Notary Public in and for the State of Washington,
	Residing at: Rich Mond, Til
	F I GORDON Notary 10 #8833854 Hy Commission Expires February 23, 2023 Hy Appointment expires:

EXHIBIT "A"Legal Description

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

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.

Affidavit (Lack of Probate) WA0000080,doc/Updated: 04.28.20 Printed: 06.28.21 @ 11:48 AM by TM WA-CT-FNRV-02150.620019-620047187

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-000827

DATE ISSUED: 01/16/2014

FEE NUMBER: 0000000029

GIVEN NAMES: VERNICE DARLENE LAST NAME: WEBER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 13,2014
HOUR OF DEATH: 10:10 P.M.

SEX: FEMALE

AGE: 16 YEARS

SOCIAL SECURITY NUMBER

HISPANIC ORIGIN: NO, NOT HISPANIC

RACE: WHITE

BIRTHDATE: N

BIRTHPLACE: ROSEAU, MINNESOTA

MARITAL STATUS: MARRIED

SPOUSE: FREDERICK PHILLIP WEBER

OCCUPATION: HOMEMAKER INDUSTRY: OWN HOME

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES? NO

INFORMANT: PHIL WEBER RELATIONSHIP: HUSBAND

ADDRESS: 4212 KINGSWAY, ANACORTES, WA 98221

METHOD OF DISPOSITION: CREMATION

RESIDENCE STREET: 4212 KINGSWAY

COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 18 YEARS

INSIDE CITY LIMITS? YES

FATHER: VERNON HOVDA

MOTHER: VALBORG MARIE

PLACE OF DISPOSITION: NORTHWEST CREMATORY CITY, STATE: ANACORTES, WA

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

DISPOSITION DATE: JANUARY 16,2014

FUNERAL 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:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

SEVERE HYPERTENSION

DATE 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

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE

PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ROB RIEGER, MD

ADDRESS: 2511 M AVENUE, SUITE A

DATE SIGNED: JANUARY 14,2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:

NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE

DATE(S): NONE

AUTOPSY: NO

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

TITLE: PHYSICIAN

CERTIFIER

CITY, STATE, ZIP: ANACORTES WA 98221

CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NJA #029 ATTENDING PHYSICIAN:

NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:

MEL PEDROSA

DATE RECEIVED: JANUARY 15,2014

DOH 01-003 (1/13)

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JAN 1 6 2014

Skagit County Health Department Howard Leibrand M.D. Health Officer ZZ00026819