

After recording, return to:

Theresa Morris
P.O. Box 843
Kalispell, MT 59903
CT 620048094

Grantor (Name of Decedent): Harry S. Morris
Grantee (Heirs): Theresa M. Morris
Abbreviated Legal Description: Lot(s): 3, Block: B, Cape Horn on the Skagit
Tax Parcel No.(s): P62901 / 3868-002-003-0008 and P62900

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

STATE OF WA
COUNTY OF Skagit

The undersigned, Theresa M. Morris, executes this affidavit relating to the estate of Harry S. Morris (herein "Decedent"), who died on December 29, 2010 in the County of Flathead, State of Montana, then being a resident of the City of Kalispell, County of Flathead, State of Montana. (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

EXHIBIT "A"
Legal Description

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): ex Spouse

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: Theresa M. Morris - ex wife

Name and relationship: Harry Steven Morris - son

Name and relationship: Emily Ann Morris - daughter

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:

Lot 3, Block B, CAPE HORN ON THE SKAGIT, according to the plat thereof recorded in Volume 8 of Plats, pages 92 through 97, records of Skagit County, Washington.

Situated in Skagit County, Washington.

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.

EXHIBIT "A"
Legal Description

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

Theresa M. Morris
Theresa M. Morris

Harry Steven Morris
Harry Steven Morris

Emily Ann Morris

State of Washington
County of Snohomish

Signed and sworn to (or affirmed) before me on July 16th, 2021 by Harry
Steven Morris (name of person making statement)

Amy Collora
Name: Amy Collora
Notary Public in and for the State of WA
Washington,
Residing at: King County
My appointment expires: 08/23/2024

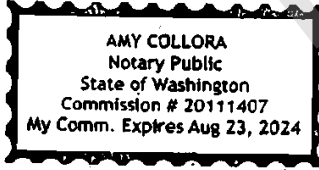


EXHIBIT "A"
Legal Description

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

Theresa M. Morris

Harry Steven Morris

Emily Ann Morris

State of ~~Washington~~ Montana
County of Yellowstone

Signed and sworn to (or affirmed) before me on 7-19-2021 by Emily Morris

(name of person making statement).

Name: Sam Merrick
Notary Public in and for the State of
Washington, Montana
Residing at:
Billings
My appointment expires: 2-23-2023

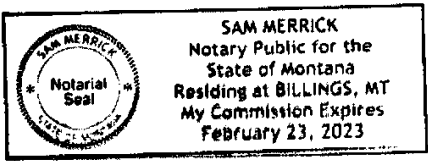


EXHIBIT "A"
Legal Description

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

Theresa M. Morris
Harry Steven Morris

Harry Steven Morris

Emily Ann Morris

State of Washington
County of Snohomish

Signed and sworn to (or affirmed) before me on July 16th, 2021 by Harry
Steven Morris (name of person making statement)

Amy Collora

Name: Amy Collora
Notary Public in and for the State of WA
Washington,
Residing at: King County
My appointment expires: 08/23/2024

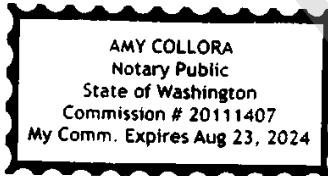


EXHIBIT "A"
Legal Description

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

Theresa M Morris
Theresa M. Morris

Harry Steven Morris

Emily Ann Morris
Emily Ann Morris

State of ~~Washington~~ Montana
County of Yellowstone

Signed and sworn to (or affirmed) before me on 7-19-2021 by Emily Morris
(name of person making statement).

Sgt Merrick
Name: Sgt Merrick
Notary Public in and for the State of
Washington, Montana
Residing at: Billings
My appointment expires: 2-23-2023

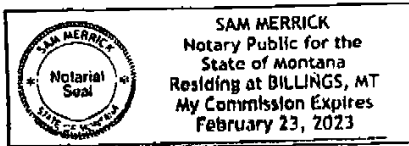
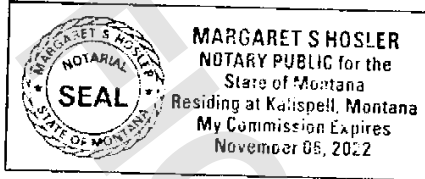


EXHIBIT "A"
Legal Description

~~State of Washington~~ MONTANA (ms 4)
County of Flycatcher

Signed and sworn to (or affirmed) before me on July 22, 2021 by _____
Theresa M Morris (name of person making statement).



Margaret S Hosler
Name: Margaret S Hosler
Notary Public in and for the State of
~~Washington~~, Montana (ms 4)
Residing at:
Kalispell, MT
My appointment expires:
11-06-2022

State of Washington
County of _____

Signed and sworn to (or affirmed) before me on _____ by _____

(name of person making statement).

Name: _____
Notary Public in and for the State of
Washington,
Residing at: _____
My appointment expires: _____

STATE OF MONTANA
CERTIFICATION OF VITAL RECORD



FLATHEAD COUNTY

CERTIFICATION OF A DEATH CERTIFICATE

FILE #: 201015-008590

FULL NAME OF DECEASED: Harry Steven Morris

SEX: Male

DATE OF DEATH: December 29, 2010

PLACE OF DEATH: KALISPELL

RACE: White

DATE OF BIRTH: [REDACTED]

BIRTHPLACE: Grand Coulee, Washington

MOTHER'S NAME: Patricia Ann [REDACTED]

FATHER'S NAME: Harry Junior Morris

MARITAL STATUS: Divorced

SPOUSE:

SOCIAL SECURITY NUMBER: [REDACTED]

VETERAN OF ARMED FORCES: Yes

RESIDENCE: Kalispell, Montana

FUNERAL FACILITY: Buffalo Hill Funeral Home

PLACE OF DISPOSITION: Buffalo Hill Crematory
Kalispell

METHOD OF DISPOSITION: Cremation

MANNER OF DEATH: Natural

DATE FILED: December 30, 2010

CAUSE OF DEATH:
a. Acute Myeloid Leukemia

ONSET:
one year

OTHER SIGNIFICANT CONDITIONS:
Not Recorded

NAME AND ADDRESS OF CERTIFIER:
Jason Schmidt , 31 3 Mile Drive, Kalispell, Montana 59901

DATE ISSUED: January 03, 2011

BY: Vera Christensen

331850

This certifies that this document is a true duplication
of the original information on file with the Department
of Public Health and Human Services.

Not Valid Unless Raised Seal Is Present

Clerk and Recorder

