09/10/2021 10:39 AM Pages: 1 of 4 Fees: \$206.50

Skagit County Auditor, WA

After recording, return to: Charalene I. Turner 16447 Birdie Lane Burlington, WA 98233

CHICAGO TITLE W20049074 Grantor (Name of Decedent): Grantee (Heirs): Abbreviated Legal Description: Lot(s): 39, 40 and 41, Crater Lake Beach Club No. 1 Tax Parcel No.(s): P64695 / 3892-000-041-0006, P64693 / 3892-000-039-0000 and P64694 / 3892-000-040-0007 INHERITANCE LACK OF PROBATE AFFIDAVIT (To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership) STATE OF COUNTY OF Skewit The undersigned, Charalene I Tuknek, executes this affidavit relating to the estate of ) hn James Tuknek (herein "Decedent"), who died on 6-3-2010 in the County of Skeet , State of MA , then being a resident of the \_\_\_\_, State of \_\_\_<del>\</del>\/<del>/</del> , County of (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.

Affidavit (Lack of Probate) WA0000080.doc / Updated: 04.28.20

Printed: 09.08.21 @ 04:40 PM by JD WA-CT-FNRV-02150.620019-620049074

## **INHERITANCE LACK OF PROBATE AFFIDAVIT**

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership) (continued)

other (identify:)
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: Charalene T. Turner, sporse
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 estat located in the County of Skagit, State of Washington, and described as follows:
Lof \$39, 40 and 41, "PLAT OF CRATER LAKE BEACH CLUB, DIVISION NO. 1", according to the plat recorded in Volume 8 of Plats, Pages 51 and 52, 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.
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.
Charalene I Turier  by Deanna Babiy herattorney in her  Charalene I Turner  by Deanna Babington herattorney in hart  Britt Hama
Signature Signature
Charalene I Taxner 1
Print Name
State of Washington
County of SKaglt
Signed and sworn to (or affirmed) before me on Stormor of Will by (name of person making statement).
Olyson the dead
NOTARY PUBLIC
STATE OF WASHINGTON  ALYSIA HUDSON  Notary Public in and for the State of Washington
Residing at: (11.11)(1)(1)
License Number 183699 My Commission Expires 03-01-2024  My appointment expires: () 3 () 1 () 3 () 1 () 3 () 3 () 3 () 3
03 01 V024

Affidavit (Lack of Probate) WA0000080.doc / Updated: 04.28.20

Printed: 09.08.21 @ 04:40 PM by JD WA-CT-FNRV-02150.620019-620049074

John James Turner	Local File Number 48 10	Washing	iton State Certi		State File Nur	nber	
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Section   Price   Pr		James	Turner	ر ا	an 3, 2010		The same of the same
Bandon   B	3. Sex (M/F) 4a. Age – La				rity Number	6. County	of Death
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45. Location of Injury. Number & Street:  City or Town:  County.  County.  Stale:  Zip Code+ 4:  47. If transportation injury, specify: Direct/Operator: Passenger   Other (Specify) Phase and the to the catalysis and phase and the time, data, and phase and the to the catalysis and manners  X.  48. Name and Address of Certifier - Physician Medical Examiner or Coroner (Type or Print) Bryan H. Murray, M.D. 251/1 M. Avenue, Suite C. Anacortes, WA. 98221  50. Hour of Death (24hrs) State of Certifier St. License Number Dr.  54. License Number MD00043410  55. ME/Coroner File Number St. Date Received µimporrory St. Date Receiv	IMMEDIATE CAUSE (Final disease condition resulting in death)  Sequentially list conditions, if any, to the cause listed on line a. Enter UNDERLYING CAUSE (disease or that initiated the events resulting in death)LAST  35. Other significant conditions conditions.  38. Manner of Death	ing the etiology. DO NOT AB  e or	Dulling in the underlyin	ditional lines if necessary.  Fibro 51)  Let b (or as a consequence of):  Let o (or as a consequenc	36. Autopsy?  ☐ Yes EPN 42 days before death ys to 1 year before d	37, Were complete to the compl	Interval between Onset 6  S 4 1 1)  Interval between Onset 6  Interval between Onset 6  Interval between Onset 8  Interval
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## 09/10/2021 10:39 AM Page 4 of 4 Center for Health Statistics P.O. Box 9709 Olympia, WA 98507-9709 (360) 236-4300

## W Health **Affidavit for Correction** This is a legal Document. Complete in ink and do not alter.

		OFFICE US		Lame was a second					
State File Number	Fee Nighton		Initials Date	Affidavit Number					
Use the section below for requesting any changes on the record.									
Record Type Birth	Death		☐ Marriage						
1 Name on except			2. Date of Even	t: 3. Place of Event: (City or County)					
4. Father's Full Name (For 3ir	th . (Hosband for Marriage or Disso	olution) 5. M	other's Full Nan	ne (For Birth): (Wife for Marriage or Dissolution)					
	The Record is Inco	orrect or Inc	omplete as folk						
; The Rec	cord now shows:	7.		The True fact is:					
8.		9.							
0.		]							
10.		11.							
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14 Trepresent the person a	11	iardian	Informant	Telephone Number:					
Funeral Director Other (Specify)  I declare under pensity of perguly under the laws of the State of Washington that the forgoing is true and correct.									
certificate must be required write- All changes must be established Examples of decurrentary proof	ascential. An item may be changed by control of the detect was resued to read documentary proof submitted was	eceive a repla- rith the affidar Medical Ri	cement copy free o vit ecord cord (DD-214)	changes must be made by court order. The incorrect f charge.  School Record  Voter's Registration Card (if it bears an effective date)  Alien Registration Card (front and back)					
2. The incor(s) must match a some to be Main As a dead of the sum and the feet of match a sum and the	13/y A. Doe of M.A. Doe does not per years old or nave been established is in logal guerdian may change the change. Subsequent changes will require the mothern enacted name or father changes require a certified copy of a chicken gos require a certified copy of a chicken gos require a certified copy of a chicken and a father to a birth certified copy.	tample, if the a rove the name within five yea within five yea confined it are a certified it are name (if procount ordered it letting and significate, (Use the ors (if avidencial)	ffidavit says the nailis Mary Ann Doe. It's of birth, the with an affidavit to topy of a court ordesent on the certific mame change. Minothing an affidavit for paternity affidavit e confirming such p	or correction, provided: pred name change. pale) or any combination of the two, providing changes may be made with an affidavit and correction (until their child's 18th birthday). position is presented) may change the non-medical					
2. The metalization from that 3. If it is less than such Days than such Days Oct.  Marriage/Dissouthon (for vice) Care	lause of death) incorbe changed only from date of death please contact the references	county health	department where	the death occurred to make changes.					
1 Person realist transitions pro- 2 Programge the date or class	elling changes is name, date or prace religional rasperur rassolution, the office	of birth or resi ant (marriage)	dence) may be cha or cierk of court (d	inged by affidavit (with proof) by the person. issolution) must sign the affidavit.					
DOMESTICATION OF THE CONTRACT									

\*CERTIFIED\*

JUN 09 2010

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