

Return Address:
Old Republic Title
1604 Hewitt Avenue
Everett, WA 98201
203321-LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Barbara Jean Cowen being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

wife of Thomas G. Cowen
Relationship to decedent *Decedent/Grantor*

who died on April 10, 2017 at
Date

Sedro Woolley Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 1 SP 02-0085, AFN 200208210078 (Ptn Tract B SP 30-89 AFN 8908180002
being pt SW NE and SE, NW Sec 20, T 36N, R 4 EWM

Assessor's Property Tax Parcel/Account Number: 360420-2-009-0200/P119463
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Barbara Jean Couvion - wife

Full name, age, relationship, address

Steven Couvion - son

Full name, age, relationship, address

Denise Alcantara - daughter

Full name, age, relationship, address

Linda Couvion - daughter

Full name, age, relationship, address

Jeanette Lightfoot - daughter

Full name, age, relationship, address

Diane Jenkins daughter

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 11/20/2021

Barbara Jean Couvion
Affiant's full name

360-630-5044
Telephone number

Burlington WA 98233
City State Zip Code

Barbara Jean Couvion 11/20/2021
Signature Date

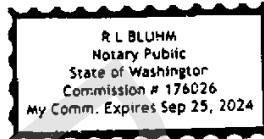
STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 20 day of Nov, 2021 by
Barbara Jean Couvion

R L Blumm
Signature

Notary Public
Title

My appointment expires: 9/25/2021



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-017384

DATE ISSUED: 04/17/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): THOMAS GARVIN
LAST NAME(S): COUVION

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 10, 2017
HOUR OF DEATH: 11:30 PM
SEX: MALE AGE: 91 YEARS
SOCIAL SECURITY NUMBER: !

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

BIRTH DATE: _____
BIRTHPLACE: SAMAMISH LAKE, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: BARBARA O'MASTERS

OCCUPATION: MECHANICAL ENGINEER
INDUSTRY: AEROSPACE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: BARBARA COUVION
RELATIONSHIP: WIFE
ADDRESS: 3395 OLD HIGHWAY 99 BURLINGTON, WA 98233

CAUSE OF DEATH
A: ALZHEIMER'S DEMENTIA
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,
ATRIAL FIBRILLATION, DIABETES MELLITUS TYPE TWO

DATE OF INJURY:
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: UNKNOWN
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 3395 OLD HIGHWAY 99
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER/PARENT: THOMAS A COUVION
MOTHER/PARENT: BERNICE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GETHSEMANE CEMETERY

CITY, STATE: FEDERAL WAY, WASHINGTON
DISPOSITION DATE: APRIL 19, 2017

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

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

CERTIFIER NAME: GILSON R. GIROTTO, DO
TITLE: DO
CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
DATE SIGNED: APRIL 12, 2017

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: APRIL 14, 2017

EXHIBIT A

PARCEL "A":

Lot 1 of Skagit County Short Plat No. 02-0085, approved August 21, 2002, and recorded August 21, 2002, under Auditor's File No. 200208210078, records of Skagit County, Washington and being a portion of Tract B of Skagit County Short Plat No. 30-89, approved August 10, 1989, and recorded August 18, 1989, in Volume 8 of Short Plats, page 154, under Auditor's File No. 8908180002, records of Skagit County, Washington; being a portion of the Southwest 1/4 of the Northeast 1/4 and the Southeast 1/4 of the Northwest 1/4 of Section 20, Township 36 North, Range 4 East, W.M.

Situate in the County of Skagit, State of Washington.

PARCEL "B":

An ingress, egress and utilities over, under and across that certain private driveway as set forth in Declaration recorded August 21, 2002, under Auditor's File No. 200208210079, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

END OF EXHIBIT A