202205020118

05/02/2022 03:56 PM Pages: 1 of 13 Fees: \$215.50

Skagit County Auditor, WA

Return Address:

Guardian Northwest Title and Escrow 1301 Riverside Dr / PO Box 1667 Mount Vernon, WA 98273

REVIEWED BY SKAGIT COUNTY TREASURER DEPUTY Lena Thompson DATE 05/02/2022

GNW 22-15087

Deposes and states as follows: The	FIDAVIT (LACK OF PROBATION OF PROBATION OF ASSESSMENT OF A		
of Ronald I Johnson Decedent/Grant at City REAL PROPERTY SUBJECT 3	Thurston Country	WA State)	02-15-20220
LOTS 8-13, BLOCK 14, 0	C.W. GRIEST'S PLAT OF GR	ASMERE	
P71028/4066-014-013-0009	cel/Account Numbers: (List All)	
See Attached			
(Attach full legal description	(s) of the property)		
Decedent left no Last Wil	l and Testament and no Comm	anity Property A	greement; or
(See attached copy) or Decedent left a Communi Auditor's File No.	and Testament which HAS NO ty Property agreement recorded in favo ich has been attached hereto; or	in or of the survivin	County as
X Decedent left a will which State of Washington as Super	is being/was probated in rior Court Cause No 20-4-	King -01743-1KNT _	_ County,

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Michael J Johnson, son				
Full name, age and relationship			· · · · · · · · · · · · · · · · · · ·	
8817 Thuja Ave SE	Yelm	WA.	98597	
Address	City	State	Zip	
James D Johnson, son				
Full name, age and relationship			· · · · · · · · · · · · · · · · · · ·	
142 Satsop Street	Ocean Shores	WA	98569	
Address	City	State	Zip	
Teresa A Johnson, daughter			•	
Full name, age and relationship		· · · · · · · · · · · · · · · · · · ·		
700 Elderberry Ave #218	Omak	WA	98841	
Address	City	State	Zip	
Suzanne Carpenter, daughter			r	
Full name, age and relationship				<u>-</u>
PO Box 1417	Omak	WA	98841	
Address	City	State	Zip	_
Jeanette McCallum, daughter			erp	
Full name, age and relationship				
1014 Norpoint Way NE	Tacoma	WA	98422	
Address	City	State	Zip	
	,	Ditte	Δψ	
Full name, age and relationship				
, g				
Address	City	State	Zip	
			4 -	
Full name, age and relationship				
Address	City	State	Zip	
	•			
Full name, age and relationship			· · · · · · · · · · · · · · · · · · ·	
·				
Address	City	State	Zip	
	*		Lip	
Full name, age and relationship				
Address	City	State	Zip	
	•	,	2.1/2	
Full name, age and relationship	· · · · · · · · · · · · · · · · · · ·			
Address	City	State	Zip	

(Attach more sheets if necessary)

	estate was approximately \$\(\frac{1}{20.00}\). Of which approximately \$\(\frac{1}{20.00}\), of which approximately \$\(\frac{1}{20.000}\), of the decedent.
	The Affianat further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None () OR those shown on an attachment (s) hereto ().
	The Affiant further declares that the decedent had () OR had never () received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.
	The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.
	Dated: 2-18-2022
	Michael Tohosoo Afficiant's full name Telephone number
	Alland s full name 1887 Thuia Auc SE Yelm WA 98597 Street City State Zip Code
	State of Washington County of Slagit
	I know or have satisfactory evidence that Michael 3 Johnson (Name of Person)
	is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.
	Dated: 2-18, 2022 Stongs Delias
+	(SEAL OF STADE) Residing at Mount Venn
	Notary Public in and for the State of WA Notary Public in and for the State of WA My appointment expires: June 27, 2024. (Based on REV 84 0017 (1/3/17)
	PUBLIC My appointment expires: <u>June</u> 27, 2024.
	(Based on REV 84 0017 (1/3/17) WASHIMMER (Based on REV 84 0017 (1/3/17)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$\frac{180,000.00}{\text{of which approximately \$\frac{105,000.00}{\text{of which approximately \$\frac{105,000.00}{\text{of which approximately \$\frac{1}{\text{of the decedent.}}}
The Affianat further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None () OR those shown on an attachment (s) hereto ().
The Affiant further declares that the decedent had () OR had never () received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.
The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.
Dated: $4-25=22$
Affiant's full name (signature) 1 42 SA + SOP ST Clean Shires A 985 69 Street Street State Tip Code
State of WA WA County of Brays Hav ber
I know or have satisfactory evidence that James D. Johnson (Name of Person)
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.
Dated: April 25, 20 22 Telay he De
(SEAL OF AMP) Residing at Ollan Shaves
Notary Public in and for the State of WA
My appointment expires: ()C+ 29, 2024.
(Based on REV 84 0017 (1/3/17)
WAS: WAS:

Return Address:

Guardian Northwest Title and Escrow 1301 Riverside Dr / PO Box 1667 Mount Vernon, WA 98273

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee	Teresa A Johnson	being first duly	sworn
Deposes and states as follows: That	t they are a rightful heir as listed on the	heirs at law, to t	he real
Property described below, as is	daughter		
of Ronald T Johnson	Relationship to decedent		02-15-20220
Decedent/Granto	Thurston County	WA	02-13-20220
atCity	County	State	
REAL PROPERTY SUBJECT T Abbreviated Legal Description	O AFFIDAVIT: (List all Properties)		
LOTS 8-13, BLOCK 14, 0	C.W. GRIEST'S PLAT OF GRAS		
100		·	
Assessor's Property Tax Parc P71028/4066-014-013-0009	el/Account Numbers: (List All)		
See Attached			
(Attach full legal description(s) of the property)		·
Decedent left no Last Will	and Testament and no Commun	ity Property A	greement; or
(See attached copy) or	and Testament which HAS NOT		or Revoked:
Decedent left a Community	y Property agreement recorded in	1	County as
Auditor's File No. an unrecorded agreement which	in favor och has been attached hereto; or	of the survivin	g spouse or
X Decedent left a will which		ing	_ County,

Return Address:

Guardian Northwest Title and Escrow 1301 Riverside Dr / PO Box 1667 Mount Vernon, WA 98273

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee	Suzanne Carpenter	, being first duly	sworn
Deposes and states as follows: That th	ne of Affiant nev are a rightful heir as listed on the	heirs at law, to t	he real
Property described below, as is	daughter		
of Konald I Johnson	ationship to decedent	who died on	02-15-20220
Decedent/Grantor at	Thurston County	WA	
REAL PROPERTY SUBJECT TO Abbreviated Legal Descriptions	County AFFIDAVIT: (List all Properties)	State	
LOTS 8-13, BLOCK 14, C.V	W. GRIEST'S PLAT OF GRA	SMERE	
		· · · · · · · · · · · · · · · · · · ·	
			<u>.</u>
Assessor's Property Tax Parcel/ P71028/4066-014-013-0009	Account Numbers: (List All)		
See Attached			
(Attach full legal description(s)	of the property)		
Decedent left no Last Will ar	nd Testament and no Commun	ity Property A	greement; or
Decedent left a Last Will and (See attached copy) or	l Testament which HAS NOT	been Probated	or Revoked:
Decedent left a Community I	Property agreement recorded is		County as
Auditor's File Noan unrecorded agreement which	has been attached bereto: or	of the survivin	g spouse or
X Decedent left a will which is	being/was probated in K	ing	_ County,
State of Washington as Superior	Court Cause No 20-4-0	1743-IKNT	

	of death the total value of the decedent's entire of which approximately \$ edent.
Estate, including all expenses of the	l obligations and creditor's claims of the decedent's last illness, funeral and burial have been fully paid use shown on an attachment (s) hereto ().
the State of Washington, assistance	decedent had () OR had never () received from consisting of nursing facility services, home and espital and prescription drug services, or any type of
Guardian Northwest Title Compa title insurance upon properties ow upon the representations set forth and hold Guardian Northwest Tit all loss or damage, including attor reliance.	enable the recording of a deed and to induce ny and its underwriters to issue their policies of rned, in whole or part by the decedent in reliance hereinabove. The Affiant agrees to indemnify le Company and its underwriters harmless from ney fees, which it may suffer as a result of said
Dated: 2/23/22	
Suzanne Jil Carpe Affiant's full name 601 Okoma Dr O	nter 509-846-423 o Mak Wa 98841 State Zip Code
State of Washington	State Zip Code County of OKANOSAN
I know or have satisfactory evidence	County of OKanozan that Suzanne Carpenter (Name of Person)
is the person who appeared before m this affidavit and acknowledged it to purposes mentioned in this affidavit.	e, and said person acknowledged that (he/she) signed be (his/her) free and voluntary act for the uses and
Dated: February 23, 2022	Signature of Notory Public
(SEAL OR STAMP)	Residing at 10 to Main
WESTAL W.	Notary Public in and for the State of Washington
STAN TANK	My appointment expires: May 16, 2022
OTAA OTAA OTAA May 16, 2025 No. 192655 OF WAST	(Bused on REV 84 0017 (1/3/17)
What was a second	

Return Address:

Guardian Northwest Title and Escrow 1301 Riverside Dr / PO Box 1667 Mount Vernon, WA 98273

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee	Jeanette McCallum	, being first duly	sworn
Deposes and states as follows: That	ame of Affiant they are a rightful heir as listed on the	heirs at law, to t	he real
Property described below, as is	daughter		
of Konaid I Johnson	elationship to decedent	who died on	02-15-202 2 0
at	Thurston County	WA	
REAL PROPERTY SUBJECT TO Abbreviated Legal Description	O AFFIDAVIT: (List all Properties)	State	
LOTS 8-13, BLOCK 14, C	.W. GRIEST'S PLAT OF GRA	SMERE	
		··········	
			
		· · · · · · · · · · · · · · · · · · ·	
Assessor's Property Tax Parce P71028/4066-014-013-0009	el/Account Numbers: (List All)		
See Attached			
(Attach full legal description(s	of the property)		
Decedent left no Last Will	and Testament and no Commun	ity Property A	greement; or
Decedent left a Last Will at (See attached copy) or	nd Testament which HAS NOT	been Probated	or Revoked:
Decedent left a Community	Property agreement recorded in	1	County as
Auditor's File No an unrecorded agreement whic	in favor on the has been attached hereto; or	of the survivin	g spouse or
X Decedent left a will which i State of Washington as Superio	is being/was probated in K or Court Cause No 20-4-01	ing 743-1KNT _	_County,

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ of which approximately \$
estate was approximately \$ of which approximately \$ was the separate property of the decedent.
The Affianat further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None () OR those shown on an attachment (s) hereto ().
The Affiant further declares that the decedent had () OR had never () received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.
The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.
Dated: Feb 25, 2022
Jeane HC M: McCallum 253 324-0578
Dated: Feb 25, 2022 Jeane HC M: McCallum 253324-0578 Alliant's full name LOLU Norpoint WAY TACONA Was 98422 Street State Zip Code
State of Washington County of hing
I know or have satisfactory evidence that <u>Jeans He M. Mc Callum</u>
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.
Dated: February 25, 2022 Signature of Notary Public
(SEAL OR STAME) Residing at Federal Way, WA 98023
Notary Public in and for the State of WA
Notary Public in and for the State of WA Notary Public in and for the State of WA My appointment expires: January 20, 2025.
(Based on REV 84 0017 (1/3/17)
下就 <i>可是</i> 对意味的医育身体。

EXHIBIT "A" Property Description

Closing Date:

January 31, 2022

Buyer(s):

Granite Properties Investments LLC

Property Address:

44934 Compton Lane, Concrete, WA 98237

PROPERTY DESCRIPTION:

Lots 8 through 13, inclusive, Block 14, "C.W. GRIEST'S PLAT OF GRASSMERE", as per plat recorded in Volume 3 of Plats, page 94, records of Skagit County, Washington.

TOGETHER WITH that portion of the vacated alley running through said block, that has reverted to said lots by operation of law.

PROPERTY DESCRIPTION

File No.: 21-12266-KH

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 04/27/2022 FEE NUMBER

CERTIFICATE NUMBER: 2020-007735

FIRST AND MIDDLE NAME(S): RONALD THEODORE LAST NAME(S): JOHNSON

COUNTY OF DEATH: THURSTON DATE OF DEATH: FEBRUARY 15, 2020 HOUR OF DEATH: 09:47 PM

SEX: MALE AGE: 83 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: WIDOWED SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: WAREHOUSEMAN INDUSTRY: CITY PORT

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED US ARMED FORCES: YES

INFORMANT: JEANETTE MCCALLUM RELATIONSHIP: DAUGHTER

ADDRESS: 1014 NORPOINT WAY NE TACOMA, WA 98422

CAUSE OF DEATH:

A: CONGESTIVE HEART FAILURE

INTERVAL: YEARS

B: A FIB

INTERVAL: YEARS
C:

INTÉRVAL:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP: COUNTY:

DESCRIBE HOW INJURY OCCURRED:

TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME FACILITY OR ADDRESS: 8817 THUJA AVE SE CITY, STATE, ZIP: YELM, WASHINGTON 98597

RESIDENCE STREET: 8817 THUJA AVE SE CITY, STATE, ZP: YELM, WA 98597 INSIDE CITY LIMITS: NO COUNTY: THURSTON TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: EDWIN ERIC JOHNSON MOTHER:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SOUTH SOUND CREMATORY

CITY, STATE: LACEY, WASHINGTON DISPOSITION DATE: FEBRUARY 24, 2020.

FUNERAL DIRECTOR: KARLENE GAUSSOIN

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF WASHINGTON -TUMWATER ADDRESS: 455 NORTH ST SE CITY, STATE, ZIP: TUMWATER, WASHINGTON \$8501

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
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: SHEREE HARVEY TITLE: ARNP CERTIFIER ADDRESS: 3030 LIMITED LANE NW CITY, STATE, ZIP: OLYMPIA, WA 98502 DATE SIGNED: FEBRUARY 17, 2020

CASE REFERRED TO ME/CORONER: NO FILE NUMBER: 20-0340-02 NJA ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUSAN BUCKALEW DATE RECEIVED: FEBRUARY 20, 2020

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		use a Driver's lis	ense, Social Sec	irity card, or	hospital	decorative	; birth cortificate :	is proof (locument	ation.
la r	h Certificates Inly a parent(s), legal gua	ardian (if the chic	is under 28), or the	e named indi	yidual (it 18	3 or older)	may change the bi	rih certific	ato.	
2. 3	the proof(s) must match	the asserted fac	t(s). For example, i	f the efficiavit	says the r	ame shou	ld be Mary Ann Do	e, tha pro	र्ज कामडो डी।	ow the name to be
	Aasy Ann Doe. Yout documentation must	the five or inere	ware old oi: establi	afaul wilhin fi	ve veaes o	f bidh.				
3. T	and decamentation must his affidavil cannot be de	ed to add a pure	nt to a birth carlifus	ate (uso Ackr	owledgme	nt of Parer	ntage form D CH 42	2-159).		
	d under 48				Adult (18	yours or s	okjer) an churge his or h		กได้ใชยโล	
0	if legal guardian(s), inclu Up to age one or up to e	ao seraneo court ne vear followina	uruer proving guar Jie filing of an Ackn	aransuu). nwiedgemen						oof documentation are
-	of Purentage form, last n	ame can be chan	ged once to either p	sarents' name	requir	od.				
	on cordicate (can be any thereafter, a court order in	y combination of t is required to cha	ne first, middle or k age the last game	nsi names);			e and/or (ast name , pieces of proof do			aith and/or day of birth ikad.
9	No proof is required to st	ionge the first or	middle name.*		• To cui	rect paren				e proof dacumentation
υ	To correct parent's inform To correct the sex of the	nation, one proof	documentation is re tocumentation from	equired. a medical	js roq	ured.				
٥	provider is remired									
	"To change any part of the r certificate with request,	nome of a child using	this form, algorature	s irom both pa	gods listee	on the ser	tificate are requirest.	If one pare	ad is deceas	eed, suchmit is doedle
Dos 1.	th Certificates Only the informant may	chango flas poo-r	aedical information	without oron	f document	lation. The	funeral director, es	cecusors/a	dinipistaat	us, or a family
١,,	member may change the	e non-modical inf	ormation with proof	documentati	on. Family	meinbers	are spouse or region	stered da	neslic part	ner, parent, sibling, or
	adult child or stepshild, i The medical information	Marital siatus red	aires a certified con	art order it so	ийо эноэм	er than tho	infortasmi is reque	eting the	change.	
Z, Silaw	dage/Disseltation /Olym	col Cortificates								
14 1	Porsonal facts (religer spe-	ltina chanaes ia r	iaine, date or place	of birth, or re	esidence) (nay be cha	anged by the perso	n with on	a piece of j	proof documentation.
12, 1	To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.									

CERTIFIED DUSCHER

Dimyara Abdelmakt, MD, MPU 119ALTROCEICER/RUGISTRAR

THURSTON COUNTY
PUBLIC HEALTH & SOCIAL SERVICES
OLYMPIA, WASHINGTON

Confileste not valid unless the Seni of the State of Washington changes rolor when heat explice.

