

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

AFFIDAVIT (LACK OF PROBATE)

Additional Grantees: Teresa A. Johnson, Suzanne Carpenter, Jeanette McCallum

The undersigned affiant/grantee Michael J Johnson, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is son

of Ronald T Johnson *Relationship to decedent* who died on 02-15-20220
Decedent/Grantor

at Thurston County WA
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

LOTS 8-13, BLOCK 14, C.W. GRIEST'S PLAT OF GRASMERE

Assessor's Property Tax Parcel/Account Numbers: (List All)

P71028/4066-014-013-0009

See Attached

(Attach full legal description(s) of the property)

 Decedent left no Last Will and Testament and no Community Property Agreement; or

 Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

 Decedent left a Community Property agreement recorded in County as
Auditor's File No. in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

X Decedent left a will which is being/was probated in King County,
State of Washington as Superior Court Cause No. 20-4-01743-1KNT .

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				
Full name, age and relationship				
PO Box 1417	Omak	WA	98841	
Address	City	State	Zip	
Jeanette McCallum, daughter				
Full name, age and relationship				
1014 Norpoint Way NE	Tacoma	WA	98422	
Address	City	State	Zip	
Full name, age and relationship				
Address	City	State	Zip	
Full name, age and relationship				
Address	City	State	Zip	
Full name, age and relationship				
Address	City	State	Zip	
Full name, age and relationship				
Address	City	State	Zip	
Full name, age and relationship				
Address	City	State	Zip	

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 190,000.00 of which approximately \$ 105,000.00 was the separate property of the decedent.

The Affiant 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

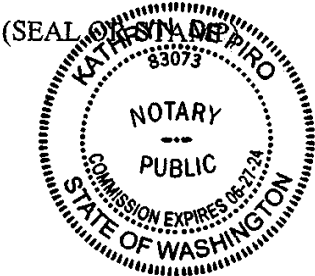
Michael J Johnson
Affiant's full name *Telephone number*
8817 Thuja Ave SE Yelm WA 98597
Street *City* *State* *Zip Code*

State of Washington County of Skladit

I know or have satisfactory evidence that Michael J 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 Kathryn Debus
Signature of Notary Public



Residing at Mount Vernon

Notary Public in and for the State of WA

My appointment expires: June 27, 2024

(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 \$ 180,000.00 of which approximately \$ 105,000.00 was the separate property of the decedent.

The Affiant 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
[Signature] 360 541 9650
Affiant's full name (signature) Telephone number
142 SATSOP ST Ocean Shores WA 98569
Street City State Zip Code

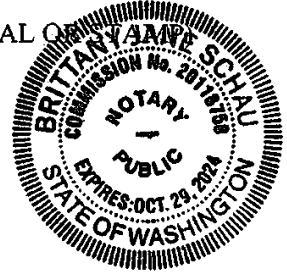
State of WA WA County of Grays Harbor

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, 2022 [Signature]
Signature of Notary Public

(SEAL OF) Residing at Ocean Shores



Notary Public in and for the State of WA

My appointment expires: Oct 29, 2024

(Based on REV 84 0017 (1/3/17))

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
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real
daughter

Property described below, as is _____
Relationship to decedent
of Ronald T Johnson _____ who died on 02-15-20220
Decedent/Grantor

at _____ Thurston County WA
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: _____
LOTS 8-13, BLOCK 14, C.W. GRIEST'S PLAT OF GRASMERE

Assessor's Property Tax Parcel/Account Numbers: (List All)

P71028/4066-014-013-0009

See Attached
(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in King _____ County,
State of Washington as Superior Court Cause No. 20-4-01743-1KNT

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ _____ of which approximately \$ _____ was the separate property of the decedent.

The Affiant 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: 2-23-22
Teresia A Johnson 509 557 9542
Affiant's full name Telephone number

Street City State Zip Code

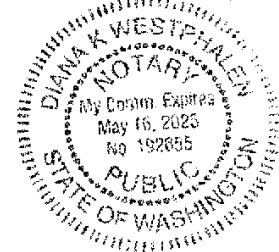
State of Washington County of Okanogan

I know or have satisfactory evidence that Teresia A 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: February 23, 2022 Diana K Westphalen
Signature of Notary Public

(SEAL OR STAMP)



Residing at 10 N Main

Notary Public in and for the State of Washington

My appointment expires: May 16, 2025

(Based on REV 84 0017 (1/3/17))

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
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real
Property described below, as is daughter

of Ronald T Johnson *Relationship to decedent* who died on 02-15-2022
Decedent/Grantor
at Thurston County WA
City County State

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(Attach full legal description(s) of the property)

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Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in King County,
State of Washington as Superior Court Cause No. 20-4-01743-1KNT

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ _____ of which approximately \$ _____ was the separate property of the decedent.

The Affiant 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: 2/23/22

Suzanne Jill Carpenter 509-846-4230
Affiant's full name Telephone number
601 Okoma Dr Okanogan Wa 98841
Street City State Zip Code

State of Washington County of Okanogan

I know or have satisfactory evidence that Suzanne Carpenter
(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: February 23, 2022 Diana K Westphalen
Signature of Notary Public

(SEAL OR STAMP) Residing at 10 N Main

Notary Public in and for the State of Washington

My appointment expires: May 16, 2022

(Based on REV 84 0017 (1/3/17))



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
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real
Property described below, as is daughter

of Ronald T Johnson *Relationship to decedent*
Decedent/Grantor who died on 02-15-2022

at Thurston County WA
City *County* *State*

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: _____

LOTS 8-13, BLOCK 14, C.W. GRIEST'S PLAT OF GRASMERE

Assessor's Property Tax Parcel/Account Numbers: (List All)

P71028/4066-014-013-0009

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(Attach full legal description(s) of the property)

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Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in King _____ County,
State of Washington as Superior Court Cause No. 20-4-01743-1KNT

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ _____ of which approximately \$ _____ was the separate property of the decedent.

The Affiant 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

Jeanette M. McCallum 253 324-0578
Affiant's full name Telephone number

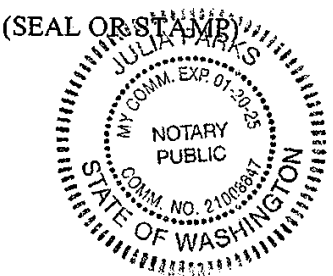
1014 Norpoint Way Tacoma WA 98422
Street City State Zip Code

State of Washington County of King

I know or have satisfactory evidence that Jeanette M. McCallum
(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: February 25, 2022 [Signature]
Signature of Notary Public



Residing at Federal Way, WA 98023

Notary Public in and for the State of WA

My appointment expires: January 20, 2025.

(Based on REV 84 0017 (1/3/17))

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.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-007735

DATE ISSUED: 04/27/2022
FEE NUMBER:

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:

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

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

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

BIRTH DATE:
BIRTHPLACE: SEATTLE, WA

FATHER: EDWIN ERIC JOHNSON
MOTHER:

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

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

OCCUPATION: WAREHOUSEMAN
INDUSTRY: CITY PORT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

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

INFORMANT: JEANETTE MCCALLUM
RELATIONSHIP: DAUGHTER
ADDRESS: 4014 NORPOINT WAY NE TACOMA, WA 98422

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF WASHINGTON -
TUMWATER
ADDRESS: 455 NORTH ST SE
CITY, STATE, ZIP: TUMWATER, WASHINGTON 98501
FUNERAL DIRECTOR: KARLENE GAUSSOIN

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: YEARS
B: A FIB
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: SHEREE HARVEY
TITLE: ARNP
CERTIFIER ADDRESS: 3030 LIMITED LANE NW
CITY, STATE, ZIP: OLYMPIA, WA 98502
DATE SIGNED: FEBRUARY 17, 2020

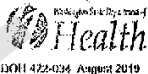
LOCATION OF INJURY:

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

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

IS THIS TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

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

		Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47014 Olympia, WA 98504-7014 360-236-4300	
This is a legal document. Complete in ink and do not alter.					
STATE OFFICE USE ONLY					
State File Number		Fee Number	Initials	Date	Affidavit Number
Required information must match current information on record					
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)					
1. Name on Record:		2. Date of Event:		3. Place of Event:	
1. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			2. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)					
7. Return Mailing Address:					
Telephone Number:			Email Address:		
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:					
The record currently shows:			The true fact is:		
8.			9.		
10.			11.		
12.			13.		
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.					
14a. Signature:			14b. Signature of 2 nd parent (if required):		
Printed name:		Date:	Printed name:		Date:
INSTRUCTIONS - go to www.doh.wa.gov for more information					
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:					
• Birth/Marriage/Divorce record		• Military record (DD-214)	• School transcripts	• Social Security Number Report	
• Certificate of Naturalization		• Hospital/medical record	• Copy of Passport / Enhanced ID	• Green/Permanent Resident card (I-551)	
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.					
Birth Certificates					
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.					
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.					
3. Proof documentation must be five or more years old or established within five years of birth.					
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DCH 422-159).					
Child under 18					
• If legal guardian(s), include certified court order proving guardianship.					
• Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parent's name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.					
• No proof is required to change the first or middle name.*					
• To correct parent's information, one proof documentation is required.					
• To correct the sex of the child, one proof documentation from a medical provider is required.					
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.					
• Adult (18 years or older)					
• Only the adult can change his or her birth certificate.					
• If the first or middle name is missing, three pieces of proof documentation are required.					
• If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.					
• To correct parent's birth date, place of birth, or name, one proof documentation is required.					
Death Certificates					
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executor/administrator, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.					
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.					
Marriage/Dissolution (Divorce) Certificates					
1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.					
2. 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

D. Abdulrahik, MD, MPH

Hanyara Abdulrahik, MD, MPH
HEALTH OFFICER/REGISTRAR

THURSTON COUNTY
PUBLIC HEALTH & SOCIAL SERVICES
OLYMPIA, WASHINGTON



0 5 4 9 4 3 1 0

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.