

Return Address:

7917 NE 203rd St
Kenmore WA 98028

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/01/2022

GNW 22-15834

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Charles P Schrid, being first duly sworn
Name of Affiant

Depos 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 to his husband
Relationship to decedent

of Jennifer A Schrid who died on 9/13/19
Decedent/Grantor Date

at Kirkland King W.A.
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

Lot 14, Block 3, LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 3,
according to Volume 6 of Plats, Pages 25 through 31, revised, inclusive, records of
Skagit County, Washington.

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

P103555/3939-003-020-0000

(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 _____ County,
State of Washington as Superior Court Cause No. _____.

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):

Charles P. Scheid, Surviving Spouse
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

Full name, age and relationship

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Full name, age and relationship

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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 \$ 1,000,000 of which approximately \$ 0 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: 5/25/2022
Charles P Scheid 206-498-5353
Affiant's full name Telephone number
7917 NE 803st Kenmore WA 98028
Street City State Zip Code

State of Washington County of Snohomish

I know or have satisfactory evidence that Charles P. Scheid
(Name of Person)

is the person who appeared before me, and said person acknowledged that (he) signed this affidavit and acknowledged it to be (his) free and voluntary act for the uses and purposes mentioned in this affidavit.

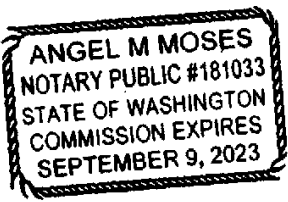
Dated: May 31, 2022 Angel M Moses
Signature of Notary Public

(SEAL OR STAMP) Residing at Snohomish

Notary Public in and for the State of WA

My appointment expires: 9.9, 2023

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



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-041819

DATE ISSUED: 09/25/2019
FEE NUMBER: 310919

FIRST AND MIDDLE NAME(S): JENNIFER ALICE
LAST NAME(S): SCHEID

COUNTY OF DEATH: KING
DATE OF DEATH: SEPTEMBER 13, 2019
HOUR OF DEATH: 10:10 PM
SEX: FEMALE AGE: 61 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: EVERETT, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CHARLES PRESTON SCHEID

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: CHARLES PRESTON SCHEID
RELATIONSHIP: SPOUSE
ADDRESS: 7917 NE 203RD STREET, KENMORE, WA 98028

CAUSE OF DEATH:
A: LUNG CANCER
INTERVAL: 8 MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPICE
FACILITY OR ADDRESS: EVERGREENHEALTH HOSPICE CARE
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034

RESIDENCE STREET: 7917 NE 203RD STREET
CITY, STATE, ZIP: KENMORE, WA 98028
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 42 YEARS

FATHER/PARENT: MILTON VERNON GERHARDT
MOTHER/PARENT: VIOLET MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLE

CITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: SEPTEMBER 24, 2019

FUNERAL FACILITY: A SACRED MOMENT FUNERAL SERVICE

ADDRESS: 1910 120TH PLACE SE, #102
CITY, STATE, ZIP: EVERETT, WASHINGTON 98208
FUNERAL DIRECTOR: CHAR C. BARRETT

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

CERTIFIER NAME: ANN MARIE O'NEILL, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 12040 NE 128TH ST, MS9
CITY, STATE, ZIP: KIRKLAND, WA 98034
DATE SIGNED: SEPTEMBER 16, 2019

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

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: SEPTEMBER 24, 2019

DCH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

