## 202206010106

06/01/2022 03:53 PM Pages: 1 of 5 Fees: \$207.50 Skagit County Auditor, WA

Return Address:	
79,7 NE 2034 St	
19,7 NE 2034 ST Kenmon WA 9802	8
	REVIEWED BY SKAGIT COUNTY TREASURER DEPUTY Lena Thompson DATE .06/01/2022
	GNW 22-15834
AFFIDAVIT (LACK	OF PROBATE)
The undersigned affiant/grantee hardes P	School being first duly swom
Name of Afflant	
Deposes and states as follows: That they are a rightful ha	gir as listed on the heirs at law, to the real
Property described below, as is	45 Spires
of Jantfel A Stationship to decedent	who died on 9.13/19
as Kiph Car Decedent/Grantor King	Daie Daie
City County	State
REAL PROPERTY SUBJECT TO AFFIDAVIT: (Lis Abbreviated Legal Descriptions:	st all Properties)
Lot 14, Block 3, LAKE CAVANAUGH SUBD	DIVISION, DIVISION NO. 3,
according to Volume 6 of Plats, Pages 25 thre	ough 31, revised, inclusive, records of
Skagit County, Washington.	
Assessor's Property Tax Parcel/Account Numb	ers: (List All)
P103555/3939-003-020-0000	
(Attach full legal description(s) of the property)	
Decedent left no Last Will and Testament ar	nd no Community Property Agreement; or
Decedent left a Last Will and Testament who (See attached copy) or	ich HAS NOT been Probated or Revoked:
Decedent left a Community Property agreen	nent recorded in County as
Auditor's File No.	
an unrecorded agreement which has been attach	
Decedent left a will which is being/was prob	eated in County,
State of Washington as Superior Court Cause N	

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):

ull name, age and relationship	100	ar or or	y Spouse
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address	City	State	Zip
full name, age and relationship			
Address	City	State	Zip
ull name, age and relationship			
Address	City	State	Zip

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$					
Estate, including all expenses of the	Il obligations and creditor's claims of the decedent's e last illness, funeral and burial have been fully paid ose shown on an attachment (s) hereto ( ).				
the State of Washington, assistance	e decedent had ( ) OR had never ( ) received from consisting of nursing facility services, home and ospital and prescription drug services, or any type of				
Guardian Northwest Title Compatitle insurance upon properties or upon the representations set forth and hold Guardian Northwest Titall loss or damage, including attori	o enable the recording of a deed and to induce any and its underwriters to issue their policies of wned, in whole or part by the decedent in reliance hereinabove. The Affiant agrees to indemnify the Company and its underwriters harmless from rney fees, which it may suffer as a result of said				
reliance.  Dated: 5/25/2022	Elelelle")				
Charles P School	18 206-498-5553 Kenmon WH 98018				
Street City	State Zip Code				
State of Washington	County of Snohorush				
I know or have satisfactory evidence that					
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: May 31, 2022	Signalure of Notary Public				
(SEAL OR STAMP)	Residing at Snohonusu				
	Notary Public in and for the State of UJA				
ANGEL M MOSES	My appointment expires: 9.9, 20_23				
NOTARY PUBLIC #181033 NOTARY PUBLIC #181033 STATE OF WASHINGTON	(Based on REV 84 0017 (1/3/17)				
B COMMISSION EXPINES &					
SEPTEMBER 9, 2023					



## STATE OF WASHINGTON DEPARTMENT OF HEALTH

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**CERTIFICATE OF DEATH** 

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

CERTIFICATE NUMBER: 2019-041819

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

COUNTY OF DEATH: KING
DATE OF DEATH: SEPTEMBER 13, 2019
HOUR OF DEATH: 10:10 PM
SEX: FEMALE
SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

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

INTERVAL:

INTERVAL:

C: D:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP.

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: KEMMORE, 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

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: ÉVÉRETT, 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

DOH 422-132 (6/18)

6	Health	This is	a legal docun		olete in in	k and do			Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300
Stat	e File Number	F +		STATE OFF	ICE USE				T. 25
State	e riie Numoer	Fee N	lumber			Initials	Date		Affidavit Number
		Re	quired informa	tion must r	natch cur	rent infor	mation on recor	d	
۱	Record Type:	Birth	☐ Death		Marriage .		Dissolution	Divorc	:e)
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Required	<ol> <li>Father/Parent Full Bir First</li> </ol>		_	-	1	Parent Ful		se B for	Marriage or Dissolution)
ے	6. Name of Person Requ	Middle		st/Maiden Relationship	_ First to □S	alf	Middle  Guardian	☐ t=t	Last/Maiden ormant
1	o. Hame of Person Reg	desiring Contection.		Person on Re			☐ Funeral Director		
7. R	eturn Mailing Address:		•			<del></del>			
P	O Box or Street Address				Cit	,		State	Zip
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	l declare unde	r penalty of per	iury under the	laws of the	State of	Washing	on that the form	nina is	true and correct
16a.	Signature:						parent (if required)		THE CHICAGO
Deinte	ed name:		Date		Printed na	-			- ID-th-
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	· · · · · · · · · · · · · · · · · · ·		INSTRUCTIONS						
Book							ificate cannot be u		
• B	ired documentary proof irth/Marriage/Divorce red	cord • Militan	record (DD-214)		uii name an School trans				y proor include: mident Report
• C	ertificate of Naturalization		al/medical record		Passport				Resident card (I-551)
1. Q 2. TI	Certificates nly a parent(s), legal gua he proof(s) must match ary Ann Doe ocumentary proof must &	the asserted facti	s). For example,	if the affidavit	says the na	me should	nay change the birt t be Mary Ann Doe,	n certific the pro	ate of must show the name to be
	under 18					years or ol			
:	lf legal guardian(s), inclu Up to age one, last name	de centilea court d e can be changed d	rder proving guar Ince to either nar	olansnip ents' name on			n change his or her lle name is mission		rtificate ieces of documentary proof are
	certificate (can be any co	embination of the fi	rst, middle or last	names)*	require				local or adod-montally proor are
• 1	After age one, a court on	der is required to c	hange the last na	me					elled, or date of birth is incorrec
	No proof is required to ch To correct parent's inform			uired.			sumentary proof are s hirth date, place o		) or name, one documentary prog
•	To correct the sex of the				is requ				,
!	provider is required To change any part of the n certificate with request.	ame of a child using	Ihis form, signature	s from both pa	erents listed	on the certif	ficate are required. If	one pare	nt is deceased, submit a death,
	This affida	vit cannot be use	d to add a father	to a birth ce	ertificate (u	se paterni	ty acknowledgmer	nt form	DOH 422-032)
1.	information. Proof is requient registered domestic printering to informant is requesting to the contract of the contract in the contract of th	uired to make char artner, parent, sibli he change.	nges if requested ng or adult child o	by a family m or stepchild).	ember not i Marital statu	isted as the is requires	e informant on the o a certified copy of	ertificate a court o	change the non-medical e (family members are spouse order if someone other than the
2.	The medical information	(cause of death) n	nay be changed o	nly by the ce	rtifying phys	ician or the	e coroner/medical e	xaminer	
1. P	lage/Dissolution (Divor ersonal facts (minor spet o change the date or place	ling changes in na	me, date or place issolution, the off	of birth or re iciant (marria	sidence) ma ge) or clerk	y be chan of court (di	ged by the person vissolution) must con	vith one nplete a	piece of documentary proof nd submit the affidavit DOH 422-034 January 2015

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



