202304060125 04/06/2023 02:24 PM Pages: 1 of 4 Fees: \$206.50

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When recorded return to:

Craig Sjostrom Attorney at Law 1204 Cleveland Avenue Mount Vernon, Washington 98273 SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE 2023 11053 APD 1162013

> Amount PAD: V Skagit Co-Treasurer By K.D

AFFIDAVIT (LACK OF PROBATE)

The undersigned Affiant/Grantee, Cole Conrad Karns, being first duly sworn, deposes and states as follows:

That he is a rightful heir, as listed on heirs at law, to the real property described below, and is the surviving son of Charles O. Reitan, of Skagit County, Wash., who died on November 13th, 2001 in Skagit County, Wash.

REAL PROPERTY SUBJECT TO THIS AFFIDAVIT:

The North 170.91 feet of Govt. Lot 9, as measured by a line drawn parallel with and 170.91 feet South of the North line thereof, in Section 29, Township[36 North, Range 11 East, W.M.

Assessor's Property Tax Parcel/Account Number: P51874

Decedent left no Last Will or Community Property Agreement.

"Heirs at law" includes a surviving spouse, children, adopted children, issue of predeceased children or adopted children, parents, brothers and sisters of the Decedent. Affiant hereby identifies all heirs at law of the Decedent as follows:

Full Name and Address	Age	Relationship
Cole Conrad Karns 4843 Hazelgreen Road NE Salem, OR 97305	Legal	Surviving son of Decedent

LACK OF PROBATE AFFIDAVIT
PAGE 1

As of the date of death, the total value of the Decedent's entire estate was approximately \$3+1,250.77, of which all was the Decedent's separate property.

All obligations and creditor's claims of the Decedent's Estate, including all expenses of last illness, funeral and burial have been fully paid. In addition, the Decedent had never received from the State of Washington financial assistance consisting of nursing home facility services; home and community based services; related hospital and/or prescription drug services; or any type of medical assistance.

The undersigned makes this Affidavit to enable the recording of a deed and to induce a Washington title insurance company (and its underwriters) to issue their policies of title insurance upon properties owned, in whole or in part, by the Decedent in reliance set forth hereinabove. The undersigned agrees to indemnify and hold the applicable title insurance company and its underwriters harmless from all loss or damage, including attorney's fees, which it may suffer as a result of such reliance.

DATED: Dec. 21, 2022

COLE-CONRAD KARNS 4843 Hazelgreen Road NE Salem, OR 97305

STATE OF OREGON

COUNTY OF DESCHULES)

On this day personally appeared before me Cole Conrad Karns, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 218 day of December, 2022.

OFFICIAL STAMP
JOYCE JONES
NOTARY PUBLIC-OREGON
COMMISSION NO. 998635
MY COMMISSION EXPIRES APRIL 2, 2024

NOTARY PUBLIC in and for the State of Oregon, residing at

My commission expires: 04-02-2024

Name: Joyce Sone

LACK OF PROBATE AFFIDAVIT
PAGE 2

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Health CERTIFICATE OF DEATH

146

TATE FILE NUMBER

1. NAME First	Middle	. · Last		2. SEX (M / F)	3. DEATH DAT	E (Mo, Day, Yr)		
CHARLES	. 4.	DETTAN		Male	Novem	ber 13, 2001		
4. AGE LAST BIRTH- 5. UNDER 1 YEAR 6. UNDER			PLACE tate or Foreign Country)	9. WAS DECE	DENT EVER 13.	COUNTY OF DEATH		
56 MDS DAYS HOURS		Minn	eapolis, MN	(ves / M/d		Skagit		
11. CITY TOWN OR LOCATION OF DEATH								
Marblemount	5992 B&					Yes		
	SPOUSE (if wife, give maiden name)		16. SOCIAL SECURITY NO	D. 17.	DECEDENT'S EDUC (Specify only highes	ATION t grade completed)		
Divorced (Specify)				Eer	nentary/Secondary (0			
N Divorced				1	12	21. RACE (Specify)		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) 19. KIND OF BUSINESS OR INDUSTRY 20. Was Decedent of Hispa Yes or No. If Yes, specific control of the Cont				ncestry) (Specify nto Rican, etc.)	21. HACE (Specily)		
Assemblyman /	∖ircraft Manufa		(Yes / No) Specify:	No		White		
22. RESIDENCE - NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS?	25A. COUNTY	25B. LENGTH RES. IN C	OF 28. STATE O.	27. ZIP CODE		
5992 B&W Road	Marblemount	No No	Skagit	3 yrs	WA	98267		
28. FATHER'S NAME — FIRST, MIDDLE, LAST	1102220110	29	MOTHER'S NAME - FIRST, N	MIDDLE, MAIDEN SL	RNAME			
A Orlando Melvin	Reitan		Gloria					
30. INFORMANT - NAME	31. MAILING ADD		STREET OR RFD NO.	CITY OR TOW		STATE ZIP		
Ron Reitan	1966 Po		St Klamath		R 97601			
32. BURIAL, CREMATION 33. DATE (Mo. Day, Yr) REMOVAL, OTHER (Specify)	34. CEMETERY/CREMATORY -			}				
Cremation Nov 15, 200	Mount Verno	n Crema	atory	Mount V	ernon, W	<i>I</i> A		
x Kickard lawler		1 Inc	1008 Third St	Sedro-V	loollev.	WA 98284		
TO BE COMPLETED ON Y BY CE		1	TO BE COMPL	ETED ONLY BY ME	ICAL EXAMINER	OR CORONER		
39. TO THE BEST OF MY KNOWLEDGE, DEATH	OCCURRED AT THE TIME, DATE AND	PLACE	43. ON THE BASIS OF EXAMIN	ATION AND/OR INV	ESTIGATION, IN MY	OPINION DEATH OCCURRED AT ATED.		
AND WAS DUE TO THIS CAUSE(S) STATED. SIGNATURE AND TITLE			SIGNATURE AND TICLE	A	0 11.12 01.002(0) 01.	,		
£ x			x /Ju	uf/20	ca-	45. HOUR OF DEATH (24 Hrs)		
40. DATE SIGNED (Mg B), YI)	41. HOUR OF DEATH (24 Hrs)	44. DATE SIGNED (Mo, Day, Yr) ur/				
S TOTAL TO THE STATE OF THE STA	42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 45. PRONOUNCED DEAD (Mo., Del. Yr) 47. HOUR PRONOUNCED							
						(24 Hrs) 1910		
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) 49. MEJCORONER FILE NUMBER								
Bruce Bacon, Coroner	Administrat	tion B	ldg. Mount Ve	rnon, WA	98273	149-01		
50. ENTER THE DISEASES, INJURIES, OR COMPLI								
IMMEDIATE CAUSE (Final disease or	, ,	\mathcal{D}_{\bullet}	•		18	NTERVAL BETWEEN ONSET AND		
condition resulting in death).	return of	18 M	4			NTERVAL BETWEEN ONSET AND		
DYING, SUCH AS CARDIAC OR	ONSEQUENCE OF:	<u> </u>	15 /lead		ļi	3/1		
RESPIRATORY ARREST, SHOCK, OR B. PLUE TO, OR AS A O	CONSEQUENCE OF:		17			NTERVAL BETWEEN ONSET AND		
CAUSE ON EACH LINE. Sequentially list conditions, if any,					1.			
	CONSEQUENCE OF:					NTERVAL BETWEEN ONSET AND		
injury which initiated events resulting in death) LAST.					1			
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RE	SULTING IN TH	E UNDERLYING CAUSE GIVEN A	BOVE: 52. AUTO	(No) 53. V	VAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)		
Â			SCRIBE HOW INJURY OCCUR	DED:				
H 54. ACC. SUICIDE, HOM., UNDET., 55. INJURY DATE (OR PENDING INVEST. (Specify)	(24 Hrs)	UHY 57. DI	If in florter	guns ho	+ wown	-d - handgun		
54. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. ISPOEIN SS. INJURY DATE ING. Day, YI) 54. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. ISPOEIN SS. INJURY DATE ING. Day, YI) 55. HOUR OF INJURY ST. DESCRIBE HOW INJURY OCCURRED: SELF INFLICATE GUMS hot wound - handgun Self inflicted guns hot wound - handgun HOUR.								
58. INJURY AT WORK? (Sec. 1/) BLOG., ETC. (Specify)	AT HOME, FARM, STREET, FACTORY, C	OFFICE 60. LC	CATION STREET OR RED NO	D., CITY/TOWN, STA	rE			
(Yes / No) BLDG., ETC. (Specify)	Home	_	92 BEW Rd	makbl	emount	WA 98267		
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY REVIEWED BY	DATE 82. REGISTRAF	E0.	10	1	- 6	3. DATE RECEIVED (Mo. Day, Yr)		
NOV 15 2001								



DOH 01-003 (5/99)