

After recording, return to:
James Peck
Estate of James D. Peck

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 04/19/2023

CHICAGO TITLE COMPANY
620053767

Grantor (Name of Decedent): James D. Peck
Grantee (Heirs): Shirley M Peck
Abbreviated Legal Description: UNIT 531, BLDG 2, CASCADE COMMONS, A CONDO
Tax Parcel No.(s): P125124 / 4906-002-531-0000

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington

COUNTY OF Skagit

The undersigned, Shirley M Peck, executes this affidavit relating to the estate of James D. Peck (herein "Decedent"), who died on 12/15/2010 in the County of Skagit, State of Washington, then being a resident of the City of Burlington, County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):
 the lawful surviving spouse of the Decedent
 Registered domestic partner of the Decedent
 Surviving child of the Decedent
 One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
 other (identify): _____

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(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: Shirley M Peck, wife
Name and relationship: _____
Name and relationship: _____
Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

X James R Peck
Signature

X JAMES R Peck
Print Name

State of Arizona
County of Maricopa

This record was acknowledged before me on 4-18-2023 by
James R. Peck

[Signature]
(Signature of notary public)
Notary Public in and for the State of Arizona
My commission expires: 2-6-2024



JUSTINA STITTSWORTH
Notary Public - Arizona
Maricopa Co. / #674883
Expires 02/06/2024

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P125124 / 4906-002-531-0000

UNIT 531, BUILDING 2, CASCADE COMMONS, A CONDOMINIUM, ACCORDING TO THE DECLARATION THEREOF RECORDED UNDER RECORDING NO. 200610030110, AND SURVEY MAP AND PLANS RECORDED UNDER RECORDING NO. 200610030109, RECORDS OF SKAGIT COUNTY, WASHINGTON, AND ANY AMENDMENTS THERETO.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 106270 Washington State Certificate of Death State File Number _____

1. Legal Name (Last, First, Middle, Last Suffix) James Donald Peck 2. Death Date Dec, 15, 2010

3. Sex (M/F) Male 4a. Age - Last Birthday 84 Years 4b. Under 1 Year Months Days _____ 4c. Under 1 Day Hours Minutes _____ 6. County of Death Skagit

8a. Birthplace (City, Town, or County) Detroit 8b. (State or Foreign Country) Michigan 9. Decedent's Education 10+ Years/ No Diploma

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No 11. Decedent's Race(s) White 12. Was Decedent ever in U.S. Armed Forces? Yes No

13a. Residence - Number and Street (e.g., 624 SE 5th St), include Apt. No.: 531 Neff Circle 13b. City or Town Burlington

13c. Residence - County Skagit 13d. Tribal Reservation Name (if applicable) _____ 13e. State or Foreign Country Washington 13f. Zip Code - 4 98233 13g. Inside City Limits? Yes No Unk.

14. Estimated length of time at residence 20 Years 15. Marital Status at Time of Death Married 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Shirley Mae Ellingsen

17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED) Cook 18. Kind of Business/Industry (Do not use Company Name) Marine

19. Father's Name (Last, Middle, Last Suffix) Rorman Peck 20. Mother's Name Before First Marriage (First, Middle, Last Suffix) Joslyn _____

21. Informant's Name Shirley M. Peck 22. Relationship to Decedent Wife 23. Mailing Address - Number and Street or R.F.D. No., City or Town, State, Zip 531 Neff Circle Burlington Washington 98233

24. Place of Death - (If Death Occurred in a Hospital) Nursing Home/ Long Term Care Center

25. Facility Name (If not a facility, give number & street or location) Life Care Center Of Skagit Valley 1462 W. SR 20 26a. City, Town, or Location of Death Sedro-Woolley 26b. State WA 27. Zip Code 98284

28. Method of Disposition Cremation 29. Place of Final Disposition (Name of cemetery, crematory, other place) First Cremation Services LLC 30. Location-City/Town, and State Kent, Washington

31. Name and Complete Address of Funeral Facility Affordable Burial & Cremation Services 14068th SR 736 Mount Vernon Washington 98273 32. Date of Disposition Dec, 17, 2010

33. Funeral Director Signature Timothy Donovan

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (final disease or condition resulting in death) → a. Acute Myocardial Infarction Interval between Onset & Death Yours

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). AST

b. _____ Due to (or as a consequence of) Interval between Onset & Death _____

c. _____ Due to (or as a consequence of) Interval between Onset & Death _____

d. _____ Due to (or as a consequence of) Interval between Onset & Death _____

35. Other significant conditions contributing to death but not resulting in the underlying cause given above Atrial fibrillation; Dementia 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Undetermined Suicide Pending 39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 40. Did tobacco use contribute to death? Yes No Probably Unknown

41. Date of Injury (if injury) _____ 42. Hour of Injury (if injury) _____ 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) _____ 44. Injury at Work? Yes No Unk.

45. Location of Injury - Number & Street, City or Town, County, State, Zip Code - 4

46. Describe how injury occurred _____ 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify) _____

48a. Certifying Physician Michelle Powell, MSN, ARNP 48b. Medical Examiner/Coroner _____

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Michelle Powell, MSN, ARNP 1400 E. Kincaid, Mount Vernon WA, 98274 50. Hour of Death (24hrs) 0550 Hours

51. Name and Title of Attending Physician if other than Certifier (Type or Print) _____ 52. Date Signed (mm/dd/yyyy) 12/16/10

53. Title of Certifier Nurse Pract. 54. License Number AP 3000 2568 55. ME/Coroner File Number NJA 607 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature Cornie Anderson, Deputy 58. Date Received (mm/dd/yyyy) DEC 17 2010

59. Amendments _____



Affidavit for Correction

I, the undersigned, do hereby certify that the above and do not offer any other information.

STATE OF WASHINGTON ONLY

On this day of the month of the year 19

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CERTIFIED

JAN 03 2011

Howard Leibrand

Skagit County Public Health Department
Howard Leibrand M.D., Health Officer

0000008523

UNOFFICIAL DOCUMENT