

After recording, return to:  
Shirley R. Johnson  
500 W. Camino Encanto Apt. 197  
Green Valley, AZ 85614

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 08/16/2023

CHICAGO TITLE  
620054702

Grantor (Name of Decedent): Leslie T. Johnson  
Grantee (Heirs): Shirley R. Johnson  
Abbreviated Legal Description: PTN LT 40, THE "PLAT OF EAGLEMONT, PHASE 1A"  
Tax Parcel No.(s): P104306 / 4621-000-040-0009

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

STATE OF Arizona  
COUNTY OF Pima

The undersigned, Shirley R. Johnson, executes this affidavit relating to the estate of Leslie T. Johnson (herein "Decedent"), who died on May 15, 2022, in the County of Pima, State of Arizona, then being a resident of the City of Green Valley, County of Pima, State of Arizona.

(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): \_\_\_\_\_

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(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 R. Johnson (Spouse)

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.

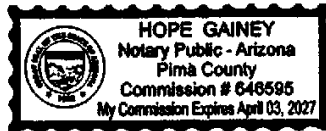
Shirley R. Johnson  
Signature

Shirley R. Johnson  
Print Name

State of Arizona  
County of Pima

This record was acknowledged before me on August 11, 2023 by  
Shirley R. Johnson

Hope Gainey  
(Signature of notary public)  
Notary Public in and for the State of Arizona  
My commission expires: 4/3/2027



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P104306 / 4621-000-040-0009**

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LOT 40, OF THE "PLAT OF EAGLEMONT, PHASE 1A", RECORDED JANUARY 25, 1994 IN VOLUME 15 OF PLATS, PAGE(S) 130 TO 146, UNDER AUDITOR'S FILE NO. 9401250031.

TOGETHER WITH THAT PORTION OF THE NORTHEAST ¼ OF SECTION 27, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M., HEREIN REFERENCED TO AS PARCEL "A", DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF LOT 40 IN THE "PLAT OF EAGLEMONT, PHASE 1A", RECORDED JANUARY 25, 1994, IN VOLUME 15 OF PLATS, PAGE(S) 130 TO 146, UNDER AUDITOR'S FILE NO. 9401250031;  
THENCE SOUTH 1°15'52" WEST ALONG THE SOUTHERLY EXTENSION OF THE WEST LINE OF SAID LOT 40, A DISTANCE OF 19.72 FEET;  
THENCE SOUTH 72°38'16" EAST A DISTANCE OF 72.86 FEET TO THE SOUTHEAST CORNER OF SAID LOT 40;  
THENCE NORTH 53°14'14" WEST ALONG THE SOUTH LINE OF SAID LOT 40, A DISTANCE OF 69.12 FEET;  
THENCE NORTH 89°37'13" WEST A DISTANCE OF 13.73 FEET TO THE POINT OF BEGINNING.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF ARIZONA  
CERTIFICATION OF VITAL RECORD

ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATH

State File Number  
102-2022-030196

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>LESLIE, THOMAS, JOHNSON</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>05/15/2022</b>	
4. SEX <b>MALE</b>	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH	7. AGE <b>92 YEARS</b>		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>GREEN VALLEY, PIMA, 85614</b>					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>NURSING HOME/LONG TERM CARE - SILVER SPRINGS</b>					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>CHAMBERLAIN, SOUTH DAKOTA</b>		11. MARITAL STATUS <b>MARRIED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>SHIRLEY, RUTH, STENNETT</b>	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>500 W CAMINO ENCANTO, GREEN VALLEY, PIMA, AZ, 85614</b>					
14. DECEDENT'S HISPANIC ORIGIN(S) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		15. DECEDENT'S RACE(S) <b>WHITE</b>		16. EVER IN ARMED FORCES <b>YES</b>	
17. OCCUPATION <b>SALES MANAGER</b>					
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>OTIS, JOHNSON</b>			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>MAYME, [REDACTED]</b>		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>SHIRLEY, RUTH, JOHNSON</b>				21. RELATIONSHIP <b>SPOUSE</b>	
22. INFORMANT'S MAILING ADDRESS <b>500 W CAMINO ENCANTO, GREEN VALLEY, AZ, 85614</b>					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>SENSIBLE CREMATION AND FUNERALS 109 W GRANT ROAD, TUCSON, AZ, 85705</b>			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>CURTIS, PATRICK, CROSBY</b>		25. LICENSE NUMBER <b>FDL-01779</b>
26. METHOD(S) OF DISPOSITION <b>CREMATION</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>TUCSON CREMATION SERVICES, TUCSON, AZ, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
29. A. IMMEDIATE CAUSE OF DEATH <b>PROTEIN CALORIE MALNUTRITION</b>				30. APPROXIMATE INTERVAL <b>UNKNOWN</b>	
31. B. DUE TO OR AS A CONSEQUENCE OF: <b>ANOREXIA</b>				32. APPROXIMATE INTERVAL <b>UNKNOWN</b>	
33. C. DUE TO OR AS A CONSEQUENCE OF: <b>NEUROCOGNITIVE IMPAIRMENT</b>				34. APPROXIMATE INTERVAL <b>UNKNOWN</b>	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:			38. INJURY? <b>NO</b>	39. INJURY AT WORK? <b>NO</b>	40. MANNER OF DEATH <b>NATURAL DEATH</b>
			41. TIME OF DEATH <b>11:46 AM</b>	42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.				44. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>BARI, OROZCO</b>	
45. CERTIFIER'S ADDRESS <b>1785 E SKYLINE DRIVE #181, TUCSON, AZ, 85718</b>				46. DATE CERTIFIED <b>05/19/2022</b>	

Date Registered: 05/24/2022

Date Issued: 05/25/2022

VS-49 Rev. 12/2017

J3643634



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA, Revised 07/2016

*Krystal Colburn*  
**KRYSTAL COLBURN  
ASSISTANT STATE REGISTRAR**

ARIZONA DEPARTMENT  
OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.