

recording requested by
After recording, return to:

Amrock
662 Woodward Ave.
Detroit, MI. 48226

Grantor (Name of Decedent): **Tricia M. Nilles**

Grantee (Heirs): _____

Abbreviated Legal Description: _____

PTN lot 12 block 3, ValleyHI ADD Vol 7 of plats , pg 25

Tax Parcel No(s). _____
231724905250

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA)

SS:

COUNTY OF Chelan)

The undersigned, Tricia M. Nilles, executes this affidavit relating to the estate of Jeremy Stitt (herein "Decedent"), who died on 12/20/2017, in the County of Chelan, State of WA, then being a resident of the City of Rehobastin, County of Chelan, State of WA. (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 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:) _____

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 & relationship _____

Name & relationship _____

Name & relationship _____

Name & 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 Chelan State of Washington, and described as follows:

[INSERT a complete legal description, or refer to attachment for full legal description]

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.

DATED: 10/16, 20 20

Tricia Nilles
(Signature)

Tricia Nilles
(Print or type full name)

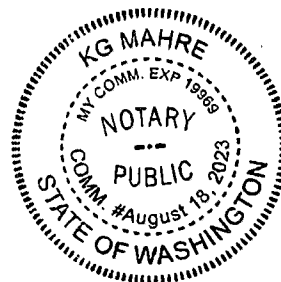
3284 Hansel Ln Peshastin WA 98847
(Full address and telephone number)

State of WA
County of Chelan

SUBSCRIBED and SWORN TO before me this 16 day of Oct, 20 20

by Tricia M Nilles proved to me on the basis of satisfactory evidence to be the person who appeared before me.

KG Mahre
Notary Public in and for the State of WA
residing at Douglas CO.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-055745

DATE ISSUED: 12/28/2017

FEE NUMBER: 22869

FIRST AND MIDDLE NAME(S): JEREMY CARSON
LAST NAME(S): STITT

AKA: CARSON STITT

AKA:

AKA:

COUNTY OF DEATH: KING
DATE OF DEATH: DECEMBER 20, 2017
HOUR OF DEATH: 09:41 AM
SEX: MALE AGE: 42 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: UNIVERSITY OF WASHINGTON MEDICAL CENTER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195

RESIDENCE STREET: 3284 HANSEL LANE
CITY, STATE, ZIP: PESHASTIN, WA 98847
INSIDE CITY LIMITS: YES COUNTY: CHELAN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

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

FATHER/PARENT: DAVID ALLEN STITT
MOTHER/PARENT: CHERYL MAE KOCH

BIRTH DATE:
BIRTHPLACE: SPOKANE, WA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CALL CREMATION SERVICES

MARITAL STATUS: SINGLE, NEVER MARRIED
SPOUSE: NOT APPLICABLE

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: DECEMBER 27, 2017

OCCUPATION: PROPERTY RENOVATION
INDUSTRY: REAL ESTATE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

FUNERAL FACILITY: PERSONAL ALTERNATIVE FUNERAL SERVICES

INFORMANT: CHERYL STITT
RELATIONSHIP: MOTHER
ADDRESS: 9006 S. SHERMAN RD. SPOKANE, WA 99224

ADDRESS: 749 N CENTRAL AVE
CITY, STATE, ZIP: KENT, WASHINGTON 98032
FUNERAL DIRECTOR: CALVIN L. TOLBERT

- CAUSE OF DEATH:
- A: ADVANCED LIVER FAILURE
INTERVAL: YEARS
 - B: CHRONIC ORTHOTOPIC LIVER TRANSPLANT REJECTION
INTERVAL: YEARS
 - C: BUDD-CHIARI SYNDROME STATUS POST ORTHOTOPIC LIVER TRANSPLANT
INTERVAL: YEARS
 - D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: END STAGE RENAL DISEASE

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

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

CERTIFIER NAME: MAYA NARAYANAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1959 NE PACIFIC ST (BOX 356100)
CITY, STATE, ZIP: SEATTLE, WA 98195
DATE SIGNED: DECEMBER 21, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: DECEMBER 27, 2017

EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 231724905250

Land situated in the Town of PESHASTIN in the County of Chelan in the State of WA

THE SOUTH 70 FEET OF LOT 12, BLOCK 3, VALLEYHI ADDITION, CHELAN COUNTY, WASHINGTON,
ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 7 OF PLATS, PAGE 25.
Parcel ID: 231724905250

Commonly known as: 3284 HANSEL LN, PESHASTIN, WA 98847