

WHEN RECORDED MAIL TO:

North Meridian Title and Escrow, LLC
1133 Hwy 2, Suite A
Leavenworth, WA 98826
(509) 548-2257

DOCUMENT TITLE(S)

Certified Inheritance Lack of Probate Affidavit-Re-record to correct Relationship of Affiant to the Decedent

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

Tricia M. Nilles

GRANTEE(S):

ABBREVIATED LEGAL DESCRIPTION:

Ptn of Lot 12, Block 3, Valleyhi Addition, Chelan County

TAX PARCEL NUMBER(S):

231724905250




Chelan County, Washington
Skip Moore
Auditor
350 Orondo Street
Wenatchee, WA 98801

I, Skip Moore, Auditor of Chelan County, State of Washington do hereby certify that the foregoing instrument is a true and correct copy of the original thereof now on file in my office.

<u>Auditor File #</u>	<u>Document Type</u>	<u>Record Date</u>
2547595	AFFIDAVIT	7/2/2021

Given under my hand and official seal on 8/16/2021 10:15:44AM



Auditor

Deputy

ELECTRONICALLY RECORDED in Chelan County WA. Skip Moore, Auditor, Chelan County, WA. AFN # 2547595 Recorded 07/02/2021 at 09:08 AM, AFFD Page: 1 of 4, \$106.50, SIMPLIFILE LLC AMROCK, LLC

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: 251/24303250

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 S. H. Nilles (herein "Decedent"), who died on 12/20/2017, in the County of Chelan, State of WA, then being a resident of the City of Presnabin, 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 2/27/2009 [mm/dd/yyyy], under Recording No. 2298222, in Chelan 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]

☉ -- attached exhibit "A"

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

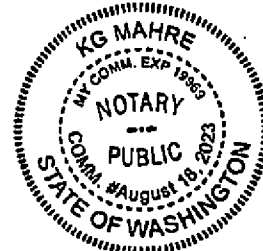
County of Chelan

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

by Tricia 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: 2017055745	DATE ISSUED: 12/28/2017 FEE NUMBER: 22868
FIRST AND MIDDLE NAME(S): JEREMY CARSON LAST NAME(S): STITT AKA: CARSON STITT	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
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	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
BIRTH DATE: BIRTH PLACE:	FATHER/PARENT: MOTHER/PARENT:
MARITAL STATUS: SINGLE, NEVER MARRIED SPOUSE: NOT APPLICABLE	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: FIRST CALL CREMATION SERVICES
OCCUPATION: PROPERTY RENOVATION INDUSTRY: REAL ESTATE EDUCATION: BACHELOR'S DEGREE US ARMED FORCES: NO	CITY, STATE: KENT, WASHINGTON DISPOSITION DATE: DECEMBER 27, 2017
INFORMANT: CHERYL STITT RELATIONSHIP: MOTHER ADDRESS: 9006 S. SHERMAN RD. SPOKANE, WA 99224	FUNERAL FACILITY: PERSONAL ALTERNATIVE FUNERAL SERVICES
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:	ADDRESS: 749 N CENTRAL AVE CITY, STATE, ZIP: KENT, WASHINGTON 98032 FUNERAL DIRECTOR: CALVIN L. TOLBERT
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: LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	CERTIFIER NAME: MAYA NARAYANAN, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 1959 NE PACIFIC ST (BOX 358100) CITY, STATE, ZIP: SEATTLE, WA 98195 DATE SIGNED: DECEMBER 21, 2017
IS TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: 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