

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 09/12/2025

After recording, return to:  
Kathleen Alaniz  
The Estate of Lois Leona Hill  
5112 Graystone Lane,  
Houston, TX 77069

Chicago Title  
620059205

Grantor (Name of Decedent): Charles Edwin Hill

Grantee (Heirs): Lois Leona Hill

Abbreviated Legal Description: LTS 4 TO 15, BLK 13, PLAT OF THE TOWN OF MONTBORNE

Tax Parcel No.(s): P74591/4135-13-014-0007

### **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, Kathleen Alaniz, executes this affidavit relating to the estate of Charles Edwin Hill (herein "Decedent"), who died on August 3, 2000 in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, 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:)

**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: Lois Leona Hill - Spouse

Name and relationship: James D Hill son

Name and relationship: Martha a Mann daughter

Name and relationship: Kathleen M Alaniz daughter

**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:

LOTS 4 TO 15, BLOCK 13, PLAT OF THE TOWN OF MONTBORNE ACCORDING TO THE  
 PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 80, RECORDS OF SKAGIT  
 COUNTY WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

**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.

Kathleen Alaniz  
 Signature

Kathleen Alaniz  
 Print Name

State of Texas  
 County of Harris

This record was acknowledged before me on 09/05/2025 by

Kathleen Alaniz  
 (Signature of notary public)  
 Notary Public in and for the State of Texas  
 My commission expires: 06/25/2026



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                                                                                                                                                                                             |                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| LOCAL FILE NUMBER<br><b>586</b>                                                                                                                                                                                                                                                                                                                                  |                                                                                 | STATE FILE NUMBER<br><b>146</b>                                                                                                                                                             |                                                                              |
| 1 NAME<br>First Middle Last<br><b>CHARLES EDWIN HILL</b>                                                                                                                                                                                                                                                                                                         |                                                                                 | 2 SEX (M / F)<br><b>Male</b>                                                                                                                                                                |                                                                              |
| 3 DEATH DATE (Mo. Day, Yr.)<br><b>August 3, 2000</b>                                                                                                                                                                                                                                                                                                             |                                                                                 |                                                                                                                                                                                             |                                                                              |
| 4 AGE LAST BIRTHDAY (Yr.)<br><b>83</b>                                                                                                                                                                                                                                                                                                                           | 5 UNDER 1 YEAR<br>MOS DAYS HOURS MINS                                           | 6 UNDER 1 DAY<br>HOURS MINS                                                                                                                                                                 | 7 BIRTHDATE (Mo. Day, Yr.)<br><b>[REDACTED]</b>                              |
| 8 BIRTHPLACE (City, State or Foreign Country)<br><b>Ozark, Arkansas</b>                                                                                                                                                                                                                                                                                          |                                                                                 | 9 WAS DECEDENT EVER IN U.S. ARMED FORCES?<br>(Yes / No) <b>Yes</b>                                                                                                                          |                                                                              |
| 10 COUNTY OF DEATH<br><b>Skagit</b>                                                                                                                                                                                                                                                                                                                              |                                                                                 |                                                                                                                                                                                             |                                                                              |
| 11 CITY, TOWN OR LOCATION OF DEATH<br><b>Mount Vernon</b>                                                                                                                                                                                                                                                                                                        |                                                                                 | 12 PLACE OF DEATH—IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME<br>1 HOME 2 IN TRANSPORT 3 EMERG. REMOVAL PTN 4 HOSP 5 NUR HOME 6 OTHER PLACE<br><b>Affiliated Health Services</b> |                                                                              |
| 13 SMOKING IN LAST 15 YEARS? (Yes / No)<br><b>No</b>                                                                                                                                                                                                                                                                                                             |                                                                                 |                                                                                                                                                                                             |                                                                              |
| 14 MARITAL STATUS—Married<br>Never Married, Widowed, Divorced (Specify)<br><b>Married</b>                                                                                                                                                                                                                                                                        |                                                                                 | 15 SURVIVING SPOUSE (If wife, give maiden name)<br><b>Lois Leona Iaeger</b>                                                                                                                 |                                                                              |
| 16 SOCIAL SECURITY NO.<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                                      |                                                                                 | 17 DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) College (1-4 or 5+)<br><b>12</b>                                                              |                                                                              |
| 18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)<br><b>Commercial Fisherman</b>                                                                                                                                                                                                                                      |                                                                                 | 19 KIND OF BUSINESS OR INDUSTRY<br><b>Fishing</b>                                                                                                                                           |                                                                              |
| 20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)<br>(Yes / No) Specify: <b>No</b>                                                                                                                                                                                               |                                                                                 | 21 RACE (Specify)<br><b>White</b>                                                                                                                                                           |                                                                              |
| 22 RESIDENCE—NUMBER AND STREET<br><b>18111 Montborne Rd</b>                                                                                                                                                                                                                                                                                                      | 23 CITY/TOWN OR LOCATION<br><b>Mount Vernon</b>                                 | 24 INSIDE CITY LIMITS? (Yes / No)<br><b>No</b>                                                                                                                                              | 25A COUNTY<br><b>Skagit</b>                                                  |
| 25B LENGTH OF RES. IN CO.<br><b>22 Yrs</b>                                                                                                                                                                                                                                                                                                                       | 26 STATE<br><b>WA</b>                                                           | 27 ZIP CODE<br><b>98274</b>                                                                                                                                                                 |                                                                              |
| 28 FATHER'S NAME—FIRST, MIDDLE, LAST<br><b>Coy Hill</b>                                                                                                                                                                                                                                                                                                          |                                                                                 | 29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME<br><b>Mary [REDACTED]</b>                                                                                                                    |                                                                              |
| 30 INFORMANT—NAME<br><b>Lois L. Hill</b>                                                                                                                                                                                                                                                                                                                         |                                                                                 | 31 MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP<br><b>18111 Montborne Rd, Mount Vernon, Washington 98274</b>                                                                 |                                                                              |
| 32 BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>                                                                                                                                                                                                                                                                                                  | 33 DATE (Mo. Day, Yr.)<br><b>08/09/2000</b>                                     | 34 CEMETERY/CREMATORY—NAME<br><b>Bear Creek Cemetery</b>                                                                                                                                    |                                                                              |
| 35 LOCATION—CITY/TOWN, STATE<br><b>Snohomish, Washington</b>                                                                                                                                                                                                                                                                                                     |                                                                                 | 36 FUNERAL DIRECTOR SIGNATURE<br><b>X Michael Bauer</b>                                                                                                                                     |                                                                              |
| 37 NAME OF FACILITY<br><b>Bauer Funeral Chapel, Inc.</b>                                                                                                                                                                                                                                                                                                         |                                                                                 | 38 ADDRESS OF FACILITY<br><b>701 1st Street<br/>Snohomish, Washington 98290</b>                                                                                                             |                                                                              |
| TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN                                                                                                                                                                                                                                                                                                                     |                                                                                 | TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER                                                                                                                                         |                                                                              |
| 39 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED<br>SIGNATURE AND TITLE<br><b>X Schoenrock MD</b>                                                                                                                                                                                                    |                                                                                 | 43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.<br>SIGNATURE AND TITLE<br><b>X</b>        |                                                                              |
| 40 DATE SIGNED (Mo. Day, Yr.)<br><b>August 3, 2000</b>                                                                                                                                                                                                                                                                                                           | 41 HOUR OF DEATH (24 Hrs.)<br><b>0715</b>                                       | 44 DATE SIGNED (Mo. Day, Yr.)                                                                                                                                                               | 45 HOUR OF DEATH (24 Hrs.)                                                   |
| 42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br><b>Gary Schoenrock MD</b>                                                                                                                                                                                                                                                    |                                                                                 | 46 PRONOUNCED DEAD (Mo. Day, Yr.)                                                                                                                                                           | 47 HOUR PRONOUNCED DEAD (24 Hrs.)                                            |
| 48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)<br><b>Gary Schoenrock MD 1315 E Division St Mount Vernon, WA</b>                                                                                                                                                                                                         |                                                                                 | 49 ME/CORONER FILE NUMBER                                                                                                                                                                   |                                                                              |
| 50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:                                                                                                                                                                                                                                                                                        |                                                                                 |                                                                                                                                                                                             |                                                                              |
| IMMEDIATE CAUSE (Final disease or condition resulting in death)<br>DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST |                                                                                 | INTERVAL BETWEEN ONSET AND DEATH<br><b>1994-present</b>                                                                                                                                     |                                                                              |
| A <b>Prostate Cancer</b><br>DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                                                                                                                                                                                                      |                                                                                 | INTERVAL BETWEEN ONSET AND DEATH                                                                                                                                                            |                                                                              |
| B<br>DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                                                                                                                                                                                                                             |                                                                                 | INTERVAL BETWEEN ONSET AND DEATH                                                                                                                                                            |                                                                              |
| C<br>DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                                                                                                                                                                                                                             |                                                                                 | INTERVAL BETWEEN ONSET AND DEATH                                                                                                                                                            |                                                                              |
| D<br>DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                                                                                                                                                                                                                             |                                                                                 | INTERVAL BETWEEN ONSET AND DEATH                                                                                                                                                            |                                                                              |
| 51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:                                                                                                                                                                                                                                          |                                                                                 | 52 AUTOPSY? (Yes / No)<br><b>No</b>                                                                                                                                                         | 53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)<br><b>No</b> |
| 54 ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify)                                                                                                                                                                                                                                                                                                         | 55 INJURY DATE (Mo. Day, Yr.)                                                   | 56 HOUR OF INJURY (24 Hrs.)                                                                                                                                                                 | 57 DESCRIBE HOW INJURY OCCURRED.                                             |
| 58 INJURY AT WORK? (Yes / No)                                                                                                                                                                                                                                                                                                                                    | 59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify) | 60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE                                                                                                                                             |                                                                              |
| 61 RECORD AMENDMENT (Registrar use only)<br>ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE                                                                                                                                                                                                                                                                           |                                                                                 | 62 REGISTRAR SIGNATURE<br><b>X Sandra Delits, Deputy</b>                                                                                                                                    |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 | 63 DATE RECEIVED (Mo. Day, Yr.)<br><b>AUG - 8 2000</b>                                                                                                                                      |                                                                              |



DOH-01-003 (5/98)

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