

After recording, return to:
Carol D. Garberg
1603 Osceola Street
Dothan, AL 36303

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 05/11/2026

Grantor (Name of Decedent): Glenn Garberg
Grantee (Heirs): Carol D. Garberg
Abbreviated Legal Description: UNIT 3, FARMINGTON SQUARE CONDOMINIUM
Tax Parcel No.(s): P121248/4828-000-003-0000 Chicago Title
620061630

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, Carol D Garberg, executes this affidavit relating to the estate of Glenn Garberg (herein "Decedent"), who died on 12/30/2008, 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): _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
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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: Carol D. Garberg, 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:

UNIT 3, FARMINGTON SQUARE CONDOMINIUM, ACCORDING TO THE DECLARATION THEREOF RECORDED JANUARY 28, 2004, UNDER AUDITOR'S FILE NO. 200401280083, AND SURVEY MAP AND PLANS THEREOF RECORDED JANUARY 28, 2004, UNDER AUDITOR'S FILE NO. 200401280084, 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.

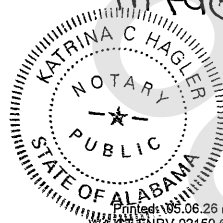
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Carol D Garberg by Mark A. Johnson as Attorney in fact
 Signature

Carol D Garberg, by Mark A. Johnson
 Print Name as Attorney in fact

State of Alabama
 County of Houston

This record was acknowledged before me on May 12, 2026 by Carol D. Garberg, by Mark A. Johnson as Attorney in fact
KATRINA C HAGLER
 (Signature of notary public)
 Notary Public in and for the State of Alabama
 My commission expires: 11-22-2026



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1170-08						8 75649	
1. Legal Name (include AKA's if any) First Middle LAST		GLENN GARBERG		2. Death Date		Dec. 30, 2008	
3. Sex (M/F)		4a. Age - Last Birthday		4b. Under 1 Year		4c. Under 1 Day	
Male		83 Years					
5. Social Security Number		6. County of Death					
		Skagit					
7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education	
		La Crosse		Washington		Some College No Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify:		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes			
NO		White		Yes			
13a. Residence Number and Street (e.g., 524 SE 5 th St.) (Include Apt. No.)		13b. City or Town		13c. Inside City Limits?			
730 Farmington Drive		Burlington		☐ Yes ☐ No ☒ Unk			
13d. Residence County		13e. State or Foreign Country		13f. Zip Code + 4		13g. Inside City Limits?	
Skagit		Washington		98233		☐ Yes ☐ No ☒ Unk	
14. Estimated length of time at residence:		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to last marriage)			
60 Years		Married		Carol Diane Gunstead			
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT use RETIRED))		18. Kind of Business/Industry (Do not use Company Name)					
Vice President/Branch Manager		Retail Banking					
19. Father's Name (First, Middle, Last, Suffix)		20. Mother's Name (First, Middle, Last)					
Perry Garberg							
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Carol Garberg		Wife		730 Farmington Dr. Burlington, WA 98233			
24. Place of Death, if Death Occurred in a Hospital		25. Facility Name (If not a facility, give number & street or location)		26a. City, Town, or Location of Death			
		Life Care of Mount Vernon 2120 East Division Street		Mount Vernon WA 98273			
26b. State		27. Zip Code					
WA		98273					
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City, Town, and State			
Cremation		Cady Cremation Services		Kent, Washington			
31. Name and Complete Address of Funeral Facility		32. Date of Disposition					
Affordable Burial & Cremation Services, LLC, 17910 SR 536, Mount Vernon, WA 98273		Jan. 6, 2009					
33. Funeral Director Signature X		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)		Interval between Onset & Death			
		a. Aortic dissection		Immediately			
		Due to (or as a consequence of):		Interval between Onset & Death			
		b. Diabetes Hypertension		Years			
		Due to (or as a consequence of):		Interval between Onset & Death			
		c.		Interval between Onset & Death			
		Due to (or as a consequence of):		Interval between Onset & Death			
		d.		Interval between Onset & Death			
		35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy? ☐ Yes ☒ No			
		coronary artery disease, Hyperlipidemia		37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No			
38. Manner of Death		39. If female		40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No			
☒ Natural ☐ Homicide ☐ Undetermined ☐ Suicide ☐ Pending		☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death					
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		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		46. Describe how injury occurred		47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)			
City or Town County State Zip Code + 4							
48a. Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated		48b. Medical Examiner/Coroner: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated					
X Dr. Henning Pforte, M.D. 1400 East Kincaid St. Mount Vernon, WA 98274		X					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		50. Hour of Death (24hrs)		51. Date Signed (mm/dd/yyyy)			
		1310 Hours		1/2/2009			
52. Title of Certifier		53. License Number		54. ME/Coroner File Number		55. Was case referred to ME/Coroner? ☒ Yes ☐ No	
M.D.				NJA# 08-609			
56. Registrar Signature		57. Date Received (mm/dd/yyyy)					
X Cassia Anderson, Deputy		JAN - 6 2009					
58. Amendments							