

After recording, return to:

Janet Forrest
4092 King Dr.
West Richland, WA 99353REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/23/2026Chicago Title
245480149Grantor (Name of Decedent): Aina C. ForrestGrantee (Heirs): Janet Forrest

Abbreviated Legal Description: LT 52, SKYLINE NO. 8

Tax Parcel No.(s): ~~PP50709~~ / 3824-000-052-0005
PS9709**INHERITANCE LACK OF PROBATE AFFIDAVIT****(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**STATE OF WashingtonCHICAGO TITLE
620062244COUNTY OF BentonThe undersigned, Janet Forrest, executes this affidavit relating to the estate of Aina C. Forrest (herein "Decedent"), who died on 6-27-1993 in the County of Yakima, State of Washington, then being a resident of the City of West Richland, County of Benton, 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: Janet Forrest, daughter
 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:

LOT 52, SKYLINE NO. 8, AS PER PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS,
 PAGES 72 THROUGH 74, 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.

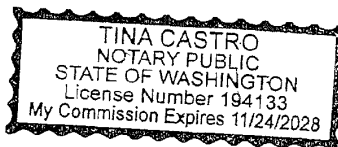
Janet Forrest
 Signature

Janet Forrest
 Print Name

State of Washington
 County of Benton

This record was acknowledged before me on 06/17/2026 by

Janet Forrest
 (Signature of notary public)
 Notary Public in and for the State of Washington
 My commission expires: 11/24/2028



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

812

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Aina, Middle: C., Last: Forrest			2. SEX (M/F) Female		3. DEATH DATE (Mo., Day, Yr.) 6/27/93								
4. AGE LAST BIRTH- Day (Yr.) 78		5. UNDER 1 YEAR MOS. DAYS HOURS MINS		7. BIRTHDATE (Mo., Day, Yr.) [REDACTED]		8. BIRTHPLACE (City, State or Foreign Country) Frisco, Idaho		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) NO		10. COUNTY OF DEATH Yakima			
11. CITY, TOWN OR LOCATION OF DEATH Yakima				12. PLACE OF DEATH--BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM/OUTPAT 4. HOSP. 5. NUR HOME 6. OTHER PLACE St. Elizabeth Medical Center				13. SMOKING IN LAST 15 YEARS? (Yes/No) No					
14. MARITAL STATUS--Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Elmer Forrest		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Accountant		19. KIND OF BUSINESS OR INDUSTRY Accounting		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: white	
22. RESIDENCE--NUMBER AND STREET 786 S. 38th Ave.		23. CITY/TOWN OR LOCATION Richland		24. INSIDE CITY LIMITS? (Yes/No) Yes		25. COUNTY Benton		26. LENGTH OF RES. IN CO. 1 yr		27. STATE WA		28. ZIP CODE 99352	
29. FATHER'S NAME--FIRST, MIDDLE, LAST [REDACTED]				30. MOTHER'S NAME--FIRST, MIDDLE, MAIDEN SURNAME [REDACTED]				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP Elmer Forrest 786 S. 38th Ave. West Richland, WA 99352					
32. BURIAL/CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo., Day, Yr.) 7/2/93		34. CEMETERY/CREMATORY NAME Sunset Memorial Gardens		35. LOCATION--CITY/TOWN, STATE Richland, Wa.		36. FUNERAL DIRECTOR SIGNATURE X [Signature]				37. NAME OF FACILITY Smith Funeral Home 8th and Franklin Sunnyside, Wa.	
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature] M.D.						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. SIGNATURE AND TITLE X [Signature]							
40. DATE SIGNED (Mo., Day, Yr.) 29 June 93		41. HOUR OF DEATH (24 Hrs.) 1923		44. DATE SIGNED (Mo., Day, Yr.)		45. HOUR OF DEATH (24 Hrs.)		46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. D.W. Williams, M.D.				47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER--PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. D.W. Williams, M.D. 402 S. 12th Ave. Yakima, WA 98902						49. MEDICORONER FILE NUMBER							
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death). 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. A. <i>Cerebral aneurysm</i> DUE TO, OR AS A CONSEQUENCE OF: B. <i>Compensated heart failure</i> DUE TO, OR AS A CONSEQUENCE OF: C. <i>Art. Sch. Heart - Rht.</i> DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONSET AND DEATH <i>4 hours</i> <i>2 weeks</i> <i>20 years</i>													
51. OTHER SIGNIFICANT CONDITIONS--CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE <i>Aluminum</i> <i>Alcohol</i>				52. AUTOPSY? (Yes/No) NO		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) NO							
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) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. SIGNATURE X [Signature]				63. DATE RECEIVED (Mo., Day, Yr.) JUL 07 1993					

DOI-01-003 (5/92)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THIS OFFICIAL SEAL.

This is to CERTIFY, that the foregoing is a true copy (photographic)
of the original certificate of death on file in the Yakima County Health
District Office.

JUL 14 1993

OFFICIAL SEAL

Date

AA368146