

Return Address:

Guardian Northwest Title & Escrow
1301 Riverside Drive, Suite B
Mount Vernon, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/21/2026

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Scott Coleman, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Son

Relationship to decedent

of Steven Coleman

Decedent/Grantor

, who died on April 29, 2026

Date

at Austin

City

Travis

County

Texas

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 14, Plat of Spinnaker Cove Division 2

Assessor's Property Tax Parcel/Account Number: P122911/4859-000-014-0000
(Attach full legal description of the property)

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of _____)

Scott Coleman, 57, Son, 1250 Grassy Field Rd Austin, TX 78737

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 7/15/26

Scott Coleman

Affiant's full name

512-296-7268

Telephone number

1250 Grassy Field Road

Austin

Street
TX

78737

City

State

Zip Code

Signature

7/15/26

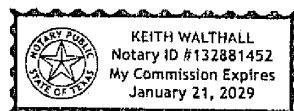
Date

State of TEXAS County of HAYSI know or have satisfactory evidence that Scott Coleman
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 7 / 15 / 26

Signature of Notary Public

(SEAL OR
STAMP)Residing at: TRAVIS CO.Notary Public in and for the State of TEXASMy appointment expires: 1 / 21 / 2029

This form is an example of an affidavit that can be used, however it may not fulfill all needs and other versions are acceptable. Please see full text of bill below.

- (1) In order to receive an exemption under RCW §2.45.010(3)(a) from the tax in this chapter on real property transferred as a result of a devise by will or inheritance the following documentation must be provided to the county treasurer:
- (a) If the property is being transferred under the terms of a community property agreement, a copy of the recorded agreement and a certified copy of the death certificate;
 - (b) If the property is being transferred under the terms of a trust instrument, a certified copy of the death certificate and a copy of that portion of the trust instrument showing the authority of the grantor;
 - (c) If the property is being transferred under the terms of a probated will, a certified copy of the letters testamentary or in the case of intestate administration, a certified copy of the letters of administration showing that the grantor is the court-appointed executor, executrix, or administrator;
 - (d) In the case of joint tenants with right of survivorship and remainder interests, a certified copy of the death certificate;
 - (e) If the property is being transferred pursuant to a court order, a certified copy of the court order requiring the transfer, and confirming that the grantor is required to do so under the terms of the order;
 - (f) If the community property interest of the decedent is being transferred to a surviving spouse or surviving domestic partner absent the documentation set forth in (a) through (e) of this subsection, a certified copy of the death certificate and a signed lack of probate affidavit from the surviving spouse or surviving domestic partner affirming that he or she is the sole and rightful heir to the property;
 - (g) If the real property is transferred to one or more heirs by operation of law, or transferred under a will that has not been probated, but absent the documentation set forth in (a) through (e) of this subsection, a certified copy of the death certificate and a signed lack of probate affidavit affirming that the affiant or affiants are the sole and rightful heirs to the property;
 - (h) When real property is transferred as described in (g) of this subsection (1) and the decedent-transferor had also inherited the property from his or her spouse or domestic partner but never transferred title to the property into the decedent-transferor's name, the transferee or transferees must provide: (i) A certified copy of the death certificates for the decedent-transferor and the spouse or domestic partner from whom the decedent-transferor inherited the real property; and (ii) a lack of probate affidavit affirming that the affiant or affiants are the rightful heirs to the property; or
 - (i) If the property is being transferred pursuant to a transfer on death deed, a certified copy of the death certificate.
- (2) The documentation provided to the county treasurer under this section must also be recorded with the county auditor.
- (3) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.
- (a) "Heir" has the same meaning as provided in RCW 11.02.005;
 - (b) "Lack of probate affidavit" means a signed and notarized document declaring that the affiant or affiants are the rightful heir or heirs to the property and containing the following information:
 - (i) The names of the affiant or affiants;
 - (ii) The relationship of the affiant or affiants to the decedent;
 - (iii) The names of all other heirs of the decedent living at the time of the decedent's death;
 - (iv) A description of the real property;
 - (v) Whether the decedent left a will that includes a devise of real property; and
 - (vi) Any other information the department may require.

Print as many page two's as you need to account for all Heirs.

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

EXHIBIT A

Lot 14, PLAT OF SPINNAKER COVE DIVISION 2, as per plat recorded as Auditor's File No. 200505180106, records of Skagit County, Washington.

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

May 06 2026
STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-26-075161

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
STEVEN LAURENCE COLEMAN		APRIL 29, 2026	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)
MALE		85	FORT WAYNE, IN
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH		
	☒ Married ☐ Widowed (but not remarried) ☐ Divorced (but not remarried) ☐ Never Married ☐ Unknown		
9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)		10a. RESIDENCE STREET ADDRESS	
		4401 JESSIE HEIGHTS DR	
10b. APT. NO.		10c. CITY OR TOWN	
438		AUSTIN	
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?
TRAVIS	TEXAS	78731	☒ Yes ☐ No
11. FATHER/PARENT 2 NAME PR. OR TO FIRST MARRIAGE		12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE	
LAURENCE FERGUSON COLEMAN		LOIS VIRGINIA	
13. PLACE OF DEATH (CHECK ONLY ONE)			
☒ Inpatient ☐ ERO/ambulatory ☐ DCA ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)			
14. CITY/TOWN, ZIP -- (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)		16. FACILITY NAME (If not institution, give street address)	
TRAVIS AUSTIN, 78705		ASCENSION SETON MEDICAL CENTER-AUSTIN	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)	
SCOTT COLEMAN - SON		1250 GRASSY FIELD RD, AUSTIN, TX 78737	
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Mausoleum ☐ Other (Specify)		LYNNETTE DAVIS, BY ELECTRONIC SIGNATURE - 117041	
21. Section		21. Block	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)	
PARKCREST CREMATORY		AUSTIN, TX	
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
NEPTUNE SOCIETY-AUSTIN		911 W. ANDERSON LANE, SUITE 101, AUSTIN, TX 78757	
26. CERTIFIER (Check only one)			
☒ Certifying physician: To the best of my knowledge, death occurred due to the cause(s) and manner stated.			
☐ Medical Examiner/Judge of the Peace: On the basis of examination, and/or investigations, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER
MEHAK ALI, BY ELECTRONIC SIGNATURE		MAY 3, 2026	V5725
30. TIME OF DEATH (Actual or presumed)		31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)	
09:30 PM		MEHAK ALI 1201 WEST 38TH STREET, AUSTIN, TX 78705	
32. TITLE OF CERTIFIER		33. PART 1. 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. ENTER ONLY ONE CAUSE ON EACH.	
MD		Approximate interval Onset to death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		3 DAYS	
a. ACUTE RESPIRATORY FAILURE		Due to (or as a consequence of):	
b. LUNG ABSCESS		5 DAYS	
c. PNEUMONIA		7 DAYS	
d. NA		NA	
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.			
34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No			
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No			
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?	
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined		☐ Yes ☒ No	
38. IF FEMALE		39. IF TRANSPORTATION INJURY, SPECIFY	
☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY	40c. INJURY AT WORK? ☐ Yes ☒ No
		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City, State, Zip Code)		40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR

FOR NUMBER 00004448431865

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED May 07 2026

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

TARADAS
STATE REGISTRAR