

Return Address:

Larry C. Colvin +
Beverly A. Ryan

REVIEWED BY
 SKAGIT COUNTY TREASURER
 DEPUTY Lena Thompson
 DATE 08/20/2026

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Larry C. Colvin, being first duly sworn
Name of Affiant

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

Property described below, as is Father
Relationship to decedent
 of Lauren Ann Bennett who died on 12/19/25
Decedent/Grantor Date
 at Odenton Anne Arundel Maryland
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: Lot 1 of Anacortes Short Plat
ANA-03-005, recorded 7/30/03, AF# 20030730 0145
being a portion of the NW 1/4 of the NE 1/4 of
Sect. 25, Twp 35 N, R. 1 East, W.M.

Assessor's Property Tax Parcel/Account Numbers: (List All)

P31997/350125-0-039-0004

(Attach full legal description(s) of the property)

☒ Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
 (See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
 Auditor's File No. _____ in favor of the surviving spouse or
 an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
 State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent: "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent (including those not inheriting part of the decedent's estate):

Larry C. Colvin, 79, Father

Full name, age and relationship

x 8706 Nature's Trail Ct. 104 Odenton MD 21113

Address

City

State

Zip

Beverly A. Ryan 74, Mother

Full name, age and relationship

x 473 Benfro Ct Glen Burnie MD 21060

Address

City

State

Zip

Alison ~~Alison~~ D. Kuiper 47 sister

Full name, age and relationship

x 511 Gladhill Rd. Odenton MD 21113

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

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Full name, age and relationship

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City

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Zip

(Attach more sheets if necessary.)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 467,000 of which approximately \$ 0 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (☒ OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never (☒ received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 08-15-2026

Larry C. Colvin
(Print full name)

410-353-8935
~~410-530-0014~~ J.C.C.
Telephone number

8706 NATURES TRAIL CT. UNIT 104 ODENTON, MD. 21113
Street City State Zip Code

State of MARYLAND County of ANNE ARUNDEL

I know or have satisfactory evidence that Larry C. Colvin
(Name of Person)

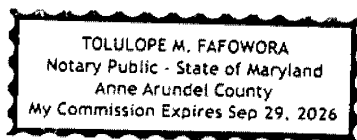
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: August 15, 2026

[Signature]
Signature of Notary Public

(SEAL OR STAMP)

Residing at 7741 Venice Ln, Severn, MD. 21144



Notary Public in and for the State of Maryland

My appointment expires: Sept 29, 2026

(Based on REX-840017 (1-3-17))

CERTIFICATION OF VITAL RECORD

VIEW PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

STATE OF MARYLAND

Maryland Department of Health
Division of Vital Records

Certificate of Death

File Number 32025MD049748

1. Decedent's Name, AKA Name (if any) LAUREN ANN BENNETT LAUREN ANN COLVIN			2. Date of Death 12/19/2025		3. Time of Death 1912	
4a. Facility Name 8706 NATURES TRAIL CT 104			4b. City, Town or Location of Death ODENTON		4c. County of Death ANNE ARUNDEL	
5. Social Security Number [REDACTED]		6. Sex FEMALE	7. Age 43 Years	8. Date of Birth [REDACTED]		9. Birthplace MARYLAND
10a. Usual Residence of Decedent 10a. State MARYLAND		10b. County ANNE ARUNDEL		10c. City, Town or Location ODENTON		10d. Inside City Limits? NO
10e. Address 8706 NATURE TRAIL CT 104					10f. Zip Code 21113	
11. Marital Status DIVORCED (AND NOT REMARRIED)		12. Ever in Armed Forces? NO		13. Hispanic Origin? NO		14. Race WHITE
15. Decedent's Education ASSOCIATE		16a. Decedent's Usual Occupation SALES REPRESENTATIVE		16b. Business/Industry BEVERAGE COMPANY		
17. Father's Name LARRY C COLVIN			18. Mother's Name Prior to First Marriage BEVERLY [REDACTED]			
19. Surviving Spouse's Name						
20a. Informant's Name ALISON D KUIPER		20b. Informant's Relationship SISTER		20c. Informant's Mailing Address 511 GLADHILL RD ODENTON MARYLAND 21113		
21a. Method of Disposition CREMATION		21b. Place of Disposition PATAPSCO CREMATORY		21c. Date of Disposition 12/26/2025		21d. Location 244 8TH AVE NW GLEN BURNIE MARYLAND 21061
22a. Signature of Funeral Service Licensee WILLIAM D BERKEY, JR		22b. License No M00666		22c. Name and Address of Funeral Facility SIMPLICITY CREMATION & FUNERAL SERVICES, 244 8TH AVENUE NW GLEN BURNIE MARYLAND 21061		
23a. Part I. Disease, injuries, or complications that directly caused the death Items a, b, c and d: Due to (or as a consequence of)						Approximate Interval Between Onset and Death
Immediate Cause (final disease or condition resulting in death)						
Conditions, if any, leading to immediate causes						
a. BLUNT FORCE HEAD INJURIES						
b.						
c.						
d.						
Part II. Other significant conditions contributing to death but not resulting in the underlying cause in Part I						23b. Did tobacco use contribute to cause of death? UNK
24a. Was an autopsy performed? YES		24b. Were autopsy findings available prior to completion of cause of death? YES		25a. Was case referred to medical examiner? YES		25b. Medical Examiner Countersignature
26. Place of Death DECEDENT'S HOME		27. Manner of Death ACCIDENT		28a. Date of Injury 12/19/2025		28b. Time of Injury UNK
28c. How Injury Occurred SUBJECT FELL		28d. Injury at Work? NO		28e. Transportation Injury? NO		28f. Place of Injury MULTI-FAMILY APT.
28g. Location of Injury 8706 NATURES TRAIL CT 104 ODENTON MARYLAND 21113						
29a. Certifier Type MEDICAL EXAMINER		29b. Signature and Title of Certifier NICOLE HARVILLA, M.D.			29c. License No O.C.M.E.	
					29d. Date Signed 12/20/2025	
30a. Name of person who completed cause of death NICOLE HARVILLA				30b. Address of person who completed cause of death 900 W. BALTIMORE STREET BALTIMORE MARYLAND 21223		
For Office Use Only: MEDICAL amendment 01/09/2026 fields 23a, 27, 28a, 28b, 28c, 28d, 28e, 28f, 28g;						
31. Date Filed 12/22/2025		32. Registrar at Filing Crystal D. Weaver			33. Date Issued January 30, 2026	

34. This is to certify that this is a true and correct copy of the official record on file in the office of the Maryland Division of Vital Records.

Registrar's Signature



5245403

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL
OF VITAL RECORDS CLEARLY EMBOSSED.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE