



202609140037

09/14/2026 11:24 AM Pages: 1 of 4 Fees: \$306.50
Skagit County Auditor

Return Address

304 Barry Loop.
Mount Vernon.
WA, 98274

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026 3006
SEP 14 2026

Amount Paid \$0
Skagit Co. Treasurer
By KO Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kirstine M. Macias, 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 Spouse.

of David J. Macias, Relationship to decedent Spouse, who died on 6/28/2024
Decedent/Grantor Date
at Gilbert Maricopa Arizona
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

(0.1600 ac) Lot 85, Digby Heights phase 1,
according to the plat thereof, recorded April 115
2009, Under Auditor's file no. 200904150063
Recorded Skagit County, Washington.

Assessor's Property Tax Parcel/Account Number: P128501
(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 2)

Kirstine M. Macias 63, spouse, 304 Barry Loop
Full name, age, relationship, address Mount Vernon, WA 98274

Myles J. Macias, 33, son, 304 Barry Loop
Full name, age, relationship, address Mount Vernon, WA 98274

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: 1/26/26
Kirstine Mary Macias.
 Affiant's full name
(360) 708-0188
 Telephone number
304 Barry Loop
Mount Vernon Street WA 98274
 City State Zip Code
[Signature] 1/26/26
 Signature Date

State of WA County of SKagit

I know or have satisfactory evidence that

Kir Macias
 (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: 1/26/26

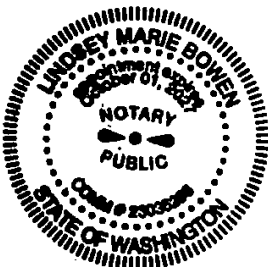
(SEAL OR
STAMP)

[Signature]
 Signature of Notary Public

Residing at: MT Vernon WA

Notary Public in and for the State of WA

My appointment expires: 01/27



STATE OF ARIZONA
CERTIFICATION OF VITAL RECORD

91140037

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ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

State File Number
102-2024-034803

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) DAVID, JOSE, MACIAS		2. AKA'S (IF ANY)		3. DATE OF DEATH 06/28/2024	
4. SEX MALE	5. SOCIAL SECURITY NUMBER		6. DATE OF BIRTH		7. AGE 70 YEARS
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH GILBERT, MARICOPA, 85297					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) HOSPICE FACILITY - HOSPICE OF THE VALLEY - LUND HOME					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) LAKEWOOD, CALIFORNIA		11. MARITAL STATUS MARRIED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) KIRSTINE, MARY, CRAWLEY	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 4275 S LAS VILLA WAY, GOLD CANYON, PINAL, AZ, 85118					
14. DECEDENT'S HISPANIC ORIGIN(S) HISPANIC		15. DECEDENT'S RACE(S) WHITE		16. EVER IN ARMED FORCES NO	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) LEO, MACIAS		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) MARY, HELEN			
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) KIRSTINE, MARY, MACIAS				21. RELATIONSHIP SPOUSE	
22. INFORMANT'S MAILING ADDRESS 4275 S LAS VILLA WAY, GOLD CANYON, AZ, 85118					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON SUPERSTITION CREMATION AND FUNERAL SERVICE 398 E OLD WEST HIGHWAY, APACHE JUNCTION, AZ, 85119			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON CAROL ANN, HORNE		25. LICENSE NUMBER FDL-01709
26. METHOD(S) OF DISPOSITION CREMATION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY SUPERSTITION CREMATION AND FUNERAL SERVICES, APACHE JUNCTION, AZ, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29. A. IMMEDIATE CAUSE OF DEATH AMYOTROPHIC LATERAL SCLEROSIS				30. APPROXIMATE INTERVAL YEARS	
31. B. DUE TO OR AS A CONSEQUENCE OF				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF				36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I		38. INJURY? NO		39. INJURY AT WORK?	
		41. TIME OF DEATH 05:04 AM		40. MANNER OF DEATH NATURAL DEATH	
		42. WAS AN AUTOPSY PERFORMED? NO		43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER CERTIFICATION					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH SUSAN, L, CYMBOR			45. DATE CERTIFIED 06/28/2024
46. CERTIFIER'S ADDRESS 2020 E WOODSIDE COURT, GILBERT, AZ, 85297					

Date Registered: 07/03/2024

Date Issued: 07/08/2024

VS-49 Rev. 12/2017

This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA
Revised 07/2016

Krystal Colburn
KRISTAL COLBURN
ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT
OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE