UNOFFICIAL DOCUMENT

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09/23/2026 12:27 PM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor

Return Address:
DELORES BROWN
42050 W COLBY DR
MARICOPA, AZ 85138

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Dena Thompson
DATE 9.23.26

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee DELORES BROWN (*Name of Affiant*), being first duly sworn 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 WIFE (*Relationship to decedent*) of DAVID M BROWN (*Decedent/Grantor*), who died on 06/02/2002 (*Date*) at MOBILE (*City*) MARICOPA (*County*) ARIZONA (*State*)

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
[redacted] PARCEL # P17228 (1.9200 AC) That portion of Government Lot 2 section 25
[redacted] PARCEL #P17226, (2.7800 AC) That portion of Government Lot 2 section 25

See Attachment Exibit A

Assessor's Property Tax Parcel/Account Number: P17228, P17226
(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)

DAVID MALCOLM BROWN 64, SON
9736 SE 29TH AVE MILWAUKIE, OR 97222
Full name, age, relationship, address

DEBRA MAE COBB (BROWN) 63, DAUGHTER
301 W CORONADO RD PHOENIX,AZ85003
Full name, age, relationship, address

DONALD MACK BROWN 62, SON
235 THUNDERBIRD ST MOLALLA,OR97038
Full name, age, relationship, address

DENNIS MARK BROWN 60, SON
19565 S LELAND RD OREGON CITY,OR97(
Full name, age, relationship, address

Delores MAE Brown 90 Spouse
42050 W Colby Lane Maricopa AZ 85138
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

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Dated : Sept 14 2026

Delores Mae Brown
Affiant's full name

480 510 2189
Telephone number

42050 W Colby Dr
Street

Maricopa | AZ | 85138
City | *State* | *Zip Code*

Delores Mae Brown | Sept 14 2026
Signature | *Date*

State of Arizona County of Maricopa

I know or have satisfactory evidence that Delores M Brown
(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: 09/14/2026

Signature of Notary Public

(SEAL OR STAMP)

DAVID GREEN
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 652331
Expires August 5, 2027

Residing at: 1124 W Cornell Dr Tempe AZ

Notary Public in and for the State of Arizona

My appointment expires: Aug 5 2027

REV 84-0017 (1/3/17)

Exhibit A

(2.7800 AC) THAT PORTION OF GOVERNMENT LOT 2, SECTION 25, TOWNSHIP 33 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS:BEGINNING AT A POINT ON THE NORTHÐINE OF STATE HIGHWAY 9 AT HIGHWAY ENGINEERS STATION 81+00 AS REFERRED TO IN DEED FROM ALFRED N. CARLSON, ET UX, TO THE STATE OF WASHINGTON, DATEDÐEPTEMBER 22,1958, RECORDED NOVEMBER 5, 1958 UNDER SKAGIT COUNTY AUDITOR'S FILE NO. 572529; THENCE EASTERLY ALONG THE NORTHERLY LINE OF SAID HIGHWAY Ù, 190 FEET TO THE TRUE POINT OF BEGINNING;THENCE NORTH AT RIGHT ANGLES TO SAID HIGHWAY, 325 FEET,; THENCE EAST (NORTH 66-38-16 EAST) TO A POINT ON THE ÞAST LINE OF SAID GOVERNMENT LOT 2 WHICH IS 325 FEET NORTH OF THE NORTHERLY LINE OF SAID HIGHWAY 9; THENCE SOUTH ALONG THE EAST LINE OF SAID ÐOVERNMENT LOT 2 TO THE NORTH LINE OF SAID HIGHWAY 9;THENCE WESTERLY ALONG SAID NORTH LINE OF HIGHWAY 9 TO THE TRUE POINT OF BEGINNING; TOGETHERÐITH, AND OR INCLUDING, THAT PORTION OF SAID GOVERNMENT LOT 2 AS GRANTED TO DELORES BROWN AND DAVID M. BROWN BY DEED DATED DECEMBER 7, 1979 AND RECORDED UNDER SKAGIT COUNTY AUDITOR'S FILE NO. 7912140021; EXCEPT ROADS; EXCEPT THAT PORTION THEREOF LYING NORTHEASTERLY OF THE FOLLOWING ÝESCRIBED LINE: COMMENCING AT A POINT ON THE NORTH LINE OF STATE HIGHWAY 9 AT HIGHWAY ENGINEERS STATION 81+00 AS REFERRED TO IN DEED FROM ALFRED N. CARLSON, ET UX, TO THE STATE OF WASHINGTON, DATEDSEPTEMBER 22,1958, RECORDED NOVEMBER 5, 1958 UNDER SKAGIT COUNTY AUDITOR'S FILE NO 572529; THENCE EASTERLY ALONG THE NORTHERLY LINE OF SAID HIGHWAY 9, 190 FEET; THENCE NORTH AT RIGHT ANGLES TO SAID HIGHWAY, 25 FEET; THENCE EAST (NORTH 66-38-16 EAST)Ú DISTANCE OF 278.76 FEET TO THE BEGINNING OF LINE; THENCE SOUTH 27-56-14 EAST A DISTANCE OF 320.8 FEET, MORE OR LESS, TO A POINT ON THE NORTHERLY RIGHT-ÐF-WAY OF STATE HIGHWAY 9 AND THE TERMINUS OF LINE.

(1.9200 ac) THAT PORTION OF GOVERNMENT LOT 2, SECTION 25, TOWNSHIP 33 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE NORTH LINE OF STATE HIGHWAY 9 AT HIGHWAY ENGINEERS STATION 81+00 AS ÐEFERRED TO IN DEED FROM ALFRED N. CARLSON, ET UX, TO THE STATE OF WASHINGTON,DATED SEPTEMBER 22, 1958, ÐECORDED NOVEMBER 5, 1958 UNDER SKAGIT COUNTY AUDITOR'S FILE NO. 572529; THENCE EASTERLY ALONG THE NORTHERLY LINE OF SAID HIGHWAY 9, 190 FEET TO THE TRUE POINT OF BEGINNING, THENCE NORTH AT RIGHT ANGLES TO SAID HIGHWAY, 325 FEET,THENCE EAST (NORTH 66-38-16 EAST) TO A POINT ON THE EAST LINE OF SAID GOVERNMENT LOT 2 WHICH IS 325 FEET NORTH OF THE NORTHERLY LINE OF SAID HIGHWAY 9, THENCE SOUTH ALONG THE EAST LINE OF SAID GOVERNMENT LOT 2 TO THE NORTH LINE OF SAID HIGHWAY 9, THENCE WESTERLY ALONG SAID NORTH LINE OF HIGHWAY 9 TO THE TRUE POINT OF BEGINNING;TOGETHER WITH , AND OR INCLUDING, THAT PORTION OF SAID GOVERNMENT LOT 2 AS GRANTED TO DELORES BROWN AND DAVID M, BROWN BY DEED DATED DECEMBER 7, 1079 AND RECORDED UNDER SKAGIT COUNTY AUDITOR'S FILE 7912140021; EXCEPT ROADS; EXCEPT THAT PORTION THEREOF LYING SOUTHWESTERLY OF THE FOLLOWING DESCRIBED LINE: COMMENCING AT A POINT ON THE NORTH LINE OF STATE HIGHWAY 9 AT HIGHWAY ENGINEERS STATION 81+00 AS REFERRED TO IN DEED FROM ALFRED N. CARLSON, ET UX, TO THE STATE OF WASHINGTON, DATED SEPTEMBER 22,1958, RECORDED NOVEMBER 5, 1958 UNDER SKAGIT COUNTY AUDITOR'S FILE 572529;THENCE EASTERLY ALONG THE NORTHERLY LINE OF SAID HIGHWAY 9, 190 FEET; THENCE NORTH AT RIGHT ANGLES TO SAID HIGHWAY, 325 FEET, THENCE EAST (NORTH 66-38-16EAST) A DISTANCE OF 278.76 FEET TO THE BEGINNING OF LINE A DISTANCE OF 320.88 FEET, MORE OR LESS, TO A POINT
ON THE NORTHERLY RIGHT-OF-WAY OF STATE HIGHWAY 9 AND THE TERMINUS OF LINE

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STATE OF ARIZONA
CERTIFICATION OF VITAL RECORD

Not Valid for Official Use

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
DEATH NO. D-102-2002-021735

CERTIFICATE OF DEATH

1. NAME OF DECEASED	A. FIRST: DAVID	B. MIDDLE: MERRILL	C. LAST: BROWN	2. SEX: MALE	3. DATE OF DEATH: MONTH: JUNE	DAY: 2,	YEAR: 2002
4A. RACE (e.g., white, black, American Indian, (specify tribe) etc.) SPECIFY: WHITE	4B. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY YES OR NO): NO	4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): YES				
6. PLACE OF DEATH: A. COUNTY: MARICOPA	B. TOWN OR CITY: MOBILE	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): 44015 SOUTH 71ST AVENUE	D. ☐ DOA ☐ OP EMER. ☐ IN PATIENT				
[redacted]	8A. AGE (YEARS LAST BIRTHDAY): 65	B. IF UNDER 1 YEAR MOS. DAYS	C. IF UNDER 1 DAY HRS. MIN.	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED	10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): DELORES CARLSON		
11. STATE AND CITY OF BIRTH (If not in USA, name country): OREGON, OREGON CITY	12. CITIZEN OF WHAT COUNTRY? SPECIFY: USA	13. SOCIAL SECURITY NO.: [redacted]	14A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): MILLWRIGHT	B. KIND OF BUSINESS OR INDUSTRY: CONCRETE			
15. USUAL RESIDENCE: A. STATE: ARIZONA	B. COUNTY: MARICOPA	C. TOWN OR CITY: MOBILE	D. ZIP CODE: 85239	16. HOW LONG IN ARIZONA? 4 YEARS	17. EDUCATION HIGHEST GRADE COMPLETED: A. ELEMENTARY-SECONDARY (0-12)	B. COLLEGE (1-4 or 5+): 2	
15A. STREET ADDRESS OF R.F.D.: 44015 S. 71ST AVENUE	15B. INSIDE CITY LIMITS? (SPECIFY Yes or No): NO	15C. ON RESERVATION (SPECIFY Yes or No): NO	18. PREVIOUS STATE OF RESIDENCE: OREGON				
19. FATHER'S NAME: A. FIRST: DAVID	B. MIDDLE: WALLACE	C. LAST: BROWN	20. MOTHER'S MAIDEN NAME: A. FIRST: FERN	B. MIDDLE: [redacted]	C. LAST		
21. INFORMANT'S SIGNATURE ▶ DELORES BROWN	22. RELATIONSHIP TO DECEASED: WIFE	ADDRESS: STREET NO.: 44015 SOUTH 71ST AVENUE	CITY AND STATE: MOBILE, AZ	ZIP CODE: 85239			
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify): CREMATION	25. DATE: 6/5/2002	26. CEMETERY OR CREMATORY, NAME/LOCATION: PHOENIX, ARIZONA SERENITY MORTUARY SERVICES	27A. EMBALMER'S SIGNATURE ▶ NOT EMBALMED	B. CERT. NO.			
28. FUNERAL HOME NAME: LOWMANS ARIZONA FUNERAL HOME	STREET ADDRESS: 717 WEST DOBBINS ROAD	CITY AND STATE: PHOENIX, AZ	29A. FUNERAL DIRECTOR or person acting as such (SIGNATURE): WILLIAM S. LOWMAN	B. CERT. NO.: 497			

To be completed by CERTIFYING PHYSICIAN ONLY:
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
30. SIGNATURE ▶ AND TITLE: [signature] MD
31. DATE SIGNED (Mo., Day, Year): 6 3 02
32. HOUR OF DEATH: 2323
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):

To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY:
ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.
34. SIGNATURE ▶ AND TITLE:
35. DATE SIGNED (Mo., Day, Year):
36. HOUR OF DEATH:
37. PRONOUNCED DEAD (Mo., Day, Year) ON:
38. PRONOUNCED DEAD (Hour) AT:

39. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print): HAROLD MEYEROWITZ, MD 6245 W. CHANDLER BLVD. #E4 CHANDLER, ARIZONA
40. AUTHORIZED FOR CREMATION (SPECIFY): ☒ Yes ☐ No
41. MEDICAL EXAMINER'S SIGNATURE: [signature]
42. DATE REGISTERED: JUN 13 2002
43. REG. FILE NO.: 12177
44. REGISTRAR'S SIGNATURE ▶ Sondra L Bazzell
45. REG. DISTRICT: 0705
46. DATE RECD. IN STATE OFFICE: SEP 19 2002

47. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST. PART I

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)	myocardial infarction	hours
B. DUE TO OR AS A CONSEQUENCE OF:	coronary artery disease	years
C. DUE TO OR AS A CONSEQUENCE OF:		

48. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:
49. AUTOPSY (Specify Yes or No): NO
50. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): YES

51. MANNER OF DEATH: ☐ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED	52. DATE OF INJURY: MO DAY YR	53. HOUR M	54. INJURY AT WORK? (Specify Yes or No)	55. DESCRIBE HOW INJURY OCCURRED			
56. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY:			57. WHERE LOCATED?	STREET ADDRESS	CITY OR TOWN	STATE	

58. SUPPLEMENTARY ENTRIES:

Date Issued: 05/06/2026

This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2025

KATINA M. LUGO
ASSISTANT STATE REGISTRAR

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

ARIZONA DEPARTMENT OF HEALTH SERVICES

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Not Valid for Official Use