



201411250113

Skagit County Auditor \$78.00  
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Recording Requested by: Servicelink  
When recorded return to:  
Servicelink  
4000 Industrial Blvd  
Aliquippa, PA 15001

**Document Title(s)**  
**Lack of Probate Affidavit**  
**ELS# 18708187**

**Reference Number(s) of related document**  
Additional reference #'s on page

**Grantor(s) (Last, first and Middle Initial)**  
**Hoyt, Sharon**

**Grantee(s) (Last, First and Middle Initial)**  
Hoyt, Dennis

**Legal Description (abbreviated form: i.e. lot, block, plat or section, township, range quarter)**  
West 1/2 of Section 6, Township 35 North, Range 11 East, W.M., Skagit County, WA  
Full legal Description on

**Assessor's Property Tax Parcel/Account Number**  
35110600050807  
Additional Parcel #'s on page

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein. I am requesting an emergency nonstandard Recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements May cover up or otherwise obscure some part of the text of the original document.

\_\_\_\_\_  
Signature of Requesting Party



4. Character and Value of Decedent's Estate. The approximate value of Decedent's estate at death is as follows:

Property	Approximate Value
One-half share of community	\$ - 28,000
Separate property	\$ 0
Total	\$ - 28,000

5. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full.

6. Federal Estate Tax.

- Decedent's estate was not liable for federal estate tax.  
--- OR ---  
 Decedent's estate was liable for federal estate tax. The tax has been paid in full, and a copy of the IRS Estate Tax Closing Letter is attached to this Affidavit.

7. Washington Estate Tax.

- Decedent's estate was not liable for Washington estate tax.  
--- OR ---  
 Decedent's estate was liable for Washington estate tax. The tax has been paid in full, and a copy of the Washington Department of Revenue's Release is attached to this Affidavit.

8. Washington Assistance.

- Decedent was not liable for repayment for subsistence or medical care to the state of Washington.  
--- OR ---  
 Decedent was liable for repayment for subsistence or medical care to the state of Washington, which has been repaid in full.

9. Purpose of Affidavit. I am making this Affidavit to induce ServiceLink, a Black Knight Company, in reliance on the representations made in this Affidavit, to issue one or more policies of title insurance on the real property passing to me, as Decedent's surviving spouse, because the real property was either:

- Decedent's and my community property, or
- Decedent's separate property that had been converted to community property by the Deed or Community Property Agreement described in this Affidavit.



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Dated: 11 NOV 2014



Dennis Hoyt  
6394 Emerald Lane  
Marblemount, WA 98267

SUBSCRIBED & SWORN TO before me on: November 11, 2014

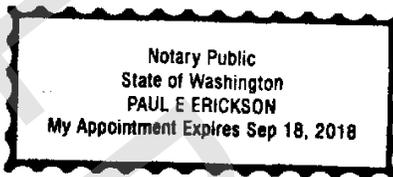


Signature of Notary

Paul E Erickson

Printed Name of Notary

NOTARY PUBLIC in and for the State of  
Washington, residing at: Oak Harbor WA 98177  
My appointment expires on: Sep 18, 2018



201411250113

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-000065

DATE ISSUED: 01/07/2014

FEE NUMBER: 000000029

GIVEN NAMES: SHARON TREVETT  
LAST NAME: HOYT

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 04, 2014  
HOUR OF DEATH: 02:34 P.M.  
SEX: FEMALE  
AGE: 67 YEARS

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 6394 EMERALD LANE  
CITY, STATE, ZIP: MARBLEMOUNT, WASHINGTON 98267

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 6394 EMERALD LANE  
CITY, STATE, ZIP: MARBLEMOUNT, WASHINGTON 98267  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARS

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SCHENECTADY, SCHENECTADY CNTY, NEW YORK

FATHER: ALBERT M. ANDERSON  
MOTHER: DORIS [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: DENNIS HOYT

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMA  
CITY, STATE: FERNDALE, WA  
DISPOSITION DATE: JANUARY 07, 2014

OCCUPATION: ADMINISTRATIVE ASSISTANT  
INDUSTRY: AIR NATIONAL GUARD  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES? NO

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL  
ADDRESS: 4202 GUIDE MERIDIAN #106  
CITY, STATE, ZIP: BELLINGHAM WA 98226  
FUNERAL DIRECTOR: TIM D. POWELL

INFORMANT: DENNIS HOYT  
RELATIONSHIP: SPOUSE  
ADDRESS: 6394 EMERALD LANE, MARBLEMOUNT, WA 98267

- CAUSE OF DEATH:
- A. METASTATIC LEFT BREAST CANCER  
INTERVAL: 6 YEARS 6 MONTHS
  - B. INTERVAL:
  - C. INTERVAL:
  - D. INTERVAL:



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OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:  
CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: BRUCE C. MATHEY, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 2000 HOSPITAL DRIVE  
CITY, STATE, ZIP: SEORO WOOLLEY WA 98284  
DATE SIGNED: JANUARY 06, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: JANUARY 06, 2014



DOH 01-003 (1/13)

# Affidavit for Correction

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
(509) 236-4300

This is a legal document. Complete in ink and do not alter.

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the sections below for requesting any changes on the record

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution
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1. Name on record:	2. Date of event:	3. Place of Event:
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4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name
----------------------------------	----------------------------------

The record is incorrect or incomplete as follows:

6. The record now shows:	7. The true fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Telephone Number:
<input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify):

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records considered accurate. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a utility bill, Social Security card or hospital issued discharge birth certificate as documentary proof.

Examples of acceptable documentary proof include:

- Birth Record
- Municipal Report (Social Security Administration) (Registration of Birth) (copies are effective date)
- Committee of Vital Statistics
- Marriage/Divorce Record
- Death Certificate
- Official Record (DD-214)
- Life Insurance Policy
- Adoption Pardon (front and back)
- Passport
- Notary Medical Record

- Birth (DD-214):
- Only a parent, guardian (if the child is under 18), or the named individual (if 18 or older) can certify the birth certificate.
  - When certifying a birth record, the asserted true fact(s) for example, if the affidavit says the name is Mary Ann Doe, the proof must show the name is Mary Ann Doe.
  - Child is 18 years of age.
  - Child has been adopted, guardian has changed as birth certificate.
  - Child has been granted full citizenship, other giving their authority to act on behalf of the child.
  - Child has been granted full citizenship, other giving their authority to act on behalf of the child.
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- Death:
- Only a physician, coroner, or medical examiner (if or cause the listing such position is inaccurate) may change the non-medical information on a death certificate to make it the legal name of a person other than the informant listed on the certificate. Marital status requires a certified copy of a divorce or annulment. The officiant must be acting during the change.
  - Must have a physician's or coroner's certificate from the certifying physician or coroner on file with the office.
- Adoption:
- Must have a certified copy of the adoption decree or a certified copy of the birth certificate (if the child is under 18) by the person.
  - Must have the signature of the officiant (not agent or clerk of court) and a dissolution of the affidavit.

PH 1-98097 (rev) 2013



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**\*CERTIFIED\***  
JAN 07 2014  
*Howard Leibrand*  
Skagit County Health Department  
Howard Leibrand M.D., Health Officer

ZZ00026531

Attachment to  
COMMUNITY PROPERTY AFFIDAVIT

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Description of Real Property

The following described property:

Tract 9 of Skagit County Short Plat No. 510-80, labeled, "Enchanted Woods, Division 1", approved October 16, 1980, recorded October 20, 1980, under Auditor's File No. 8010200036, in Book 4 of Short Plats, Pages 190 and 191, Records of Skagit County, Washington, being a portion of the West 1/2 of Section 6, Township 35 North, Range 11 East, W.M.

Together with a non-exclusive easement for ingress, egress and utilities over and across that certain strip of land delineated both as Tract A and as "Emerald Lane" on the face of said Short Plat.

Situate in the County of Skagit, State of Washington.

APN: 35110600050807



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