



201601250069

Skagit County Auditor

1/25/2016 Page

1 of

7

\$79.00

2:18PM

Return Address:  
Skagit Valley Wills & Trusts  
1204 Cleveland Ave  
Mount Vernon, WA 98273

## WASHINGTON STATE COUNTY AUDITOR/RECORDER'S

## INDEXING FORM (Cover Sheet)

(RCW 65.04)

Please print or type information

**Document Title(s)** (or transactions contained herein):

Affidavit Lack of Probate

**Reference Number(s) of Document(s) assigned or release:**☐ Additional reference numbers on page \_\_ of document.**Grantor(s)** (Last name first, then first name and initials):

Estate of CAROL PETERSON SCHWARTZ

☐ Additional names on page \_\_ of document.**Grantee(s)** (Last name first, then first name and initials):

DEAN C. SCHWARTZ

☐ Additional names on page \_\_ of document.**Legal Description** (abbreviated: i.e. lot, block, plat or section, township, range):

PTN SE1/4 OF SE 1/4 29-33-4 E W.M. AKA LOT 3, SP PL

☒ Additional legal is on Exhibit A of document.**Assessor's Property Tax Parcel/Account Number(s)**

33042940070600 P 118154

☐ Assessor tax number not yet assigned.

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

After Recording Return To:  
Skagit Valley Wills & Trusts  
1204 Cleveland Ave  
Mount Vernon, WA 98273

## **AFFIDAVIT LACK OF PROBATE**

STATE OF WASHINGTON )

COUNTY OF SKAGIT )

) ss.

DEAN C. SCHWARTZ, being first duly sworn on oath, deposes and says:

1. The undersigned is the surviving spouse of CAROL PETERSON SCHWARTZ, who died on August 19, 2015, and at the time of her death was a resident of and domiciled in Mount Vernon, Skagit County, Washington. A true and correct copy of the Death Certificate of CAROL PETERSON SCHWARTZ is attached hereto as "Exhibit B". Prior to her death CAROL PETERSON SCHWARTZ had been a resident of the State of Washington in excess of twenty eight (28) years.

2. Decedent left no Last Will and Testament

3. Prior to the death of CAROL PETERSON SCHWARTZ the undersigned and the decedent had been continuously married in excess of twenty four (24) years. At the time of the decedent's death all of the decedent's property, both real and personal, constituted community property. The decedent had no separate property. The decedent had no children, nor any other heirs at law, aside from the below signed affiant, her surviving spouse, DEAN C. SCHWARTZ. Under the laws of the State of Washington, RCW 11.04.015 (1)(a), all of the decedent's share of the community property shall pass to the sole surviving heir at law DEAN C. SCHWARTZ, surviving spouse and of legal age.

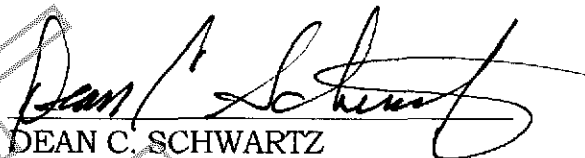
4. At the date of the death of CAROL PETERSON SCHWARTZ, the decedent, had an interest in that certain real property located in SKAGIT County, State of Washington, and as described in Exhibit A attached hereto and incorporated herein by this reference.

5. As of the date of death of CAROL PETERSON SCHWARTZ the value of her interest in all community property was approximately number (\$223,250.00).

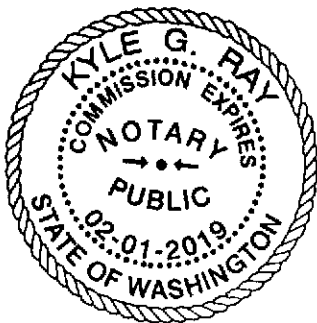
6. All debts of the decedent including, but not limited to, all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid.

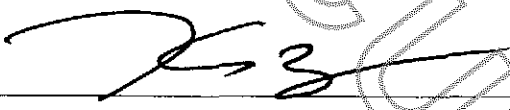
7. CAROL PETERSON SCHWARTZ has never received assistance from either the State of Washington for subsistence or medical care (medicaid/welfare) in the past.

DATED this 29<sup>th</sup> day of October, 2015.

  
DEAN C. SCHWARTZ  
Surviving spouse of CAROL PETERSON  
SCHWARTZ  
Deceased

SUBSCRIBED AND SWORN TO before me this 29<sup>th</sup> day of October, 2015.



  
Type or Print Name Kyle Ray  
Notary Public in and for the State of  
Washington, residing at Edmonds  
My Commission Expires: 2/1/19

## EXHIBIT A

Property Address: 19895 Bella Vista Lane, Mount Vernon, WA 98274

Property Legal: LOT 3 OF SHORT PLAT NO. PL-01-0151, RECORDED MAY 10, 2001, UNDER AUDITOR'S FILE NO. 200105100117, RECORDS OF SKAGIT COUNTY, WASHINGTON; AND BEING A PORTION OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 29, TOWNSHIP 33 NORTH, RANGE 4 EAST W.M.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

**EXHIBIT B**

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-022973

DATE ISSUED: 09/25/2015

FEE NUMBER: 000000029

GIVEN NAMES: CAROL PETERSON  
LAST NAME: SCHWARTZ

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 19, 2015  
HOUR OF DEATH: 10:10 P.M.  
SEX: FEMALE  
AGE: 53 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: PALO ALTO, CALIFORNIA

MARITAL STATUS: MARRIED  
SPOUSE: DEAN CARL SCHWARTZ

OCCUPATION: REGISTERED NURSE  
INDUSTRY: HEALTHCARE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

INFORMANT: DEAN C. SCHWARTZ  
RELATIONSHIP: HUSBAND  
ADDRESS: 19895 BELLA VISTA LANE, MOUNT VERNON, WA 98274

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 19895 BELLA VISTA LANE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 19895 BELLA VISTA LANE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER: NEAL ALFRED PETERSON  
MOTHER: JANICE MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY  
CITY, STATE, ZIP: MOUNT VERNON, WA  
DISPOSITION DATE: AUGUST 20, 2015

FUNERAL FACILITY: HULLBUSH FUNERAL HOME AND CREMATION SERVICES  
ADDRESS: 281 S BURLINGTON BLVD  
CITY, STATE, ZIP: BURLINGTON WA 98253  
FUNERAL DIRECTOR: PAUL L. GIBSON

CAUSE OF DEATH:  
A. RHABDOMYOSARCOMA, METASTATIC  
INTERVAL: 10 MONTHS

B. INTERVAL:  
C. INTERVAL:  
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

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 PREGNANT WITHIN PAST YEAR

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 227 FREEMAN DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
DATE SIGNED: AUGUST 20, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: N/A 502

ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: AUGUST 20, 2015

# Affidavit for Correction

Mail to: **Center for Health Statistics**  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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: \_\_\_\_\_

### Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)
	1. Name of Record: _____ 2. Date of Event: _____ 3. Place of Event: _____
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
	6. Name of Person Requesting Correction: _____ Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____
	7. Record Mailing Address: _____

8. Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record now shows:	9. The true fact is:
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

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

15a. Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 15b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS — go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

**Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

#### Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
- Documentary proof must be five or more years old or established within five years of birth

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
  - Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
  - After age one, a court order is required to change the last name
  - No proof is required to change the first or middle name\*
  - To correct parent's information, one documentary proof is required.
  - To correct the sex of the child, one documentary proof from a medical provider is required
- \*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

#### Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

#### Death Certificate

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-032 January 2015

**\*CERTIFIED\***

SEP 25 2015

Skagit County Health Department  
Howard Lehman M.D., Health Officer

CC00228566