



201604270099

Skagit County Auditor

4/27/2016 Page

1 of

3 3:58PM

\$75.00

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of SKAGITName of deceased G Arlene Cross

I, (survivor's name) Luther J Cross affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) P 66418P 66416Sec TWP B
26-33-016

20161604
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

APR 27 2016

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

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

Signed this 27th day of April, 2016 at Mount Vernon, WA
(month) (year) (city) (state)

Luther J Cross

(Signature of surviving spouse or registered domestic partner)

Luther J Cross

(Printed name of surviving spouse or registered domestic partner)

34805 N Shore Dr Mount Vernon WA 98274
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-080396

DATE ISSUED: 01/15/2013

FEE NUMBER: 0000000029

GIVEN NAMES: ARLINE HALL
LAST NAME: CROSS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 03, 2013
HOUR OF DEATH: 11:00 A.M.
SEX: FEMALE
AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEATTLE, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: JACK CROSS

OCCUPATION: NURSE
INDUSTRY: REHABILITATION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: JACK CROSS
RELATIONSHIP: HUSBAND
ADDRESS: 34805 N. SHORE DR, MOUNT VERNON, WA 98273

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 34805 N SHORE D
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 34805 N SHORE DR
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 982748210
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: CHARLES HALL
MOTHER: BERNICE UNKNOWN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE CREMATION SERVICES
CITY, STATE: MARYSVILLE, WA
DISPOSITION DATE: JANUARY 11, 2013

FUNERAL FACILITY: DONOVAN'S FUNERAL AND CREMATION SERVICES
ADDRESS: PO BOX 1322
CITY, STATE, ZIP: MT VERNON WA 98273
FUNERAL DIRECTOR: TIMOTHY DONOVAN

CAUSE OF DEATH:
A. FAILURE TO THRIVE
INTERVAL: 2 MONTHS
B. ALZHEIMER'S DEMENTIA - SEVERE
INTERVAL: YEARS
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 APPLICABLE

CERTIFIER NAME: MARK SPENCER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 3823 172ND STREET NE
CITY, STATE, ZIP: ARLINGTON WA 98223
DATE SIGNED: JANUARY 10, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

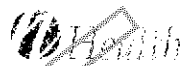
ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 001
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JANUARY 10, 2013



Affidavit for Correction

Center for Health Statistics
P.O. Box 47614
Olympia, WA 98504-7614
(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
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is incorrect or incomplete as follows:

The Record now shows:

The True fact is:

6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify)	Telephone Number:
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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 are registered as received.

Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Naturalization Report (Social Security Administration)	School Transcripts (Official)
	Hospital/Medical Record	Military Record (DD-204)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren)
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

Death Certificates

- Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2012

CERTIFIED

JAN 15 2013

Howard Leibrand M.D.
Skagit County Public Health Department
Howard Leibrand M.D. Health Officer

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