

**When recorded return to:**

Donna Reed  
Chicago Title Company of Washington  
425 Commercial St  
Mount Vernon, WA 98273



201606090021

Skagit County Auditor

\$111.00

6/9/2016 Page

1 of

6 12:06PM

Filed for record at the request of:



**CHICAGO TITLE**  
COMPANY OF WASHINGTON

425 Commercial St  
Mount Vernon, WA 98273

Escrow No.: 620027149

**CHICAGO TITLE**  
**620027149**

**DOCUMENT TITLE(S)**

Inheritance Lack of Probate Affidavit and Death Certificate

**GRANTOR(S)**

Wanda L. Vaught  
Washington, State of

☐ Additional names on page \_\_\_\_\_ of document

**GRANTEE(S)**

Estate of C. Donald Vaught  
Public

☐ Additional names on page \_\_\_\_\_ of document

**ABBREVIATED LEGAL DESCRIPTION**

Lot(s): 6 Cedar Hills No. 2

Complete legal description is on page 4 of document

**TAX PARCEL NUMBER(S)**

P64330/3879-000-006-0006

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 signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

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

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

After recording, return to:

Chicago Title Co.  
425 Commercial ST.  
Mount Vernon, WA  
98273

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF Washington

COUNTY OF SKAGIT, SS:

The undersigned, Stephen B. O'Angelo, executes this affidavit relating to the estate of CHARLES DONALD VAUGHT (herein "Decedent"), who died on 12/19/2015, in the County of SKAGIT, State of WASHINGTON, then being a resident of the City of MOUNT VERNON, County of SKAGIT, State of WASHINGTON. (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☐ Surviving child of the Decedent
- ☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.
- ☐ other (identify): \_\_\_\_\_

**Names of All Heirs of the Decedent**

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:  
(a) a spouse or registered domestic partner, and

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2016 2347

JUN 09 2016

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

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]

Name & relationship WANDA L. VAUGHT - WIDOW

Name & relationship STEPHEN B. VAUGHT - SON

Name & relationship \_\_\_\_\_

Name & relationship \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of SKAGIT, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

**SEE ATTACHED EXHIBIT "A"**

**5. Status of the Will (if any)**

- ☒ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

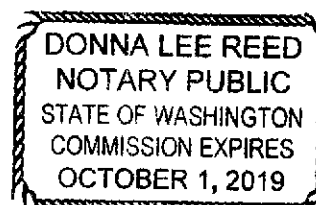
DATED: June 8, 2016  
SEPT 12, 1985

Stephen B. Vaught - FOR WANDA L. VAUGHT  
(Signature)  
STEPHEN BRUCE VAUGHT  
(Print or type full name)  
4388 OAKMAN ST. S., SALEM, OR 97302  
(Full address and telephone number)

State of Washington  
County of SKAGIT

SUBSCRIBED and SWORN TO before me this 8th day of June, 2016  
by Stephen B. Vaught, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Donna Lee Reed  
Notary Public in and for the State of Washington  
residing at Manysville, wa



## EXHIBIT "A" LEGAL DESCRIPTION

Order No.: 620027149

For APN/Parcel ID(s): P64330/3879-000-006-0006

Lot 6, "Plat of Cedar Hills No. 2", according to the plat thereof, recorded in Volume 8 of Plats, Pages 99 and 100, records of Skagit County, Washington.

Situate in Skagit County, Washington

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-037781

DATE ISSUED: 01/08/2016

FEE NUMBER: 0000000029

GIVEN NAMES: CHARLES DONALD  
LAST NAME: VAUGHT  
AKA: DONALD VAUGHT / C DONALD VAUGHT

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 19, 2015  
HOUR OF DEATH: 03:06 A.M.  
SEX: MALE  
AGE: 91 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: GARDENA, LOS ANGELES CNTY, CALIFORNIA

MARITAL STATUS: MARRIED  
SPOUSE: WANDA LEE CLOVER

OCCUPATION: COURT REPORTER  
INDUSTRY: GOVERNMENT  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? YES

INFORMANT: STEPHEN B. VAUGHT  
RELATIONSHIP: SON  
ADDRESS: 4388 OAKMAN STREET S., SALEM, OR, 97302

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 301 S LAVENTURE RD APT 231  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 982744807  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 DAYS

FATHER/PARENT: CHARLES LESLIE VAUGHT  
MOTHER/PARENT: ESTHER [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HERITAGE CREMATORY  
CITY, STATE: MARYSVILLE, WA  
DISPOSITION DATE: DECEMBER 29, 2015

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE  
ADDRESS: 3803 132ND PLACE NE  
CITY, STATE, ZIP: MARYSVILLE WA 98271  
FUNERAL DIRECTOR: JUDY A. JEWELL

CAUSE OF DEATH:  
A. HYPOTENSION  
INTERVAL: HOURS  
B. ANEMIA  
INTERVAL: HOURS  
C. ACUTE GASTROINTESTINAL BLOOD LOSS  
INTERVAL: HOURS  
D. SUPRA THERAPEUTIC INR  
INTERVAL: HOURS

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
ACUTE HYPERKALEMIA; ACUTE KIDNEY INJURY; CHRONIC ATRIAL FIBRILLATION; CHRONIC DIASTOLIC HEART FAILURE; STATUS POST CARDI  
AC ARREST ON THE FIELD

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

LOCATION OF INJURY:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: DOD

NUMBER(S): 2015065624  
DATE(S): 12/30/2015

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: ERNEST O. KANU, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1400 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: DECEMBER 22, 2015



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA #772  
ATTENDING PHYSICIAN:  
ERNEST KANU MD

LOCAL DEPUTY REGISTRAR:  
NEL PEDROSA  
DATE RECEIVED: DECEMBER 28, 2015

# Affidavit for Correction

Marion Center for Health Statistics  
1000 E. Main St.  
Marion, IA 52631-7314  
(319) 338-1111

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

STATE OF IOWA - USE ONLY

Required information must be provided in the following manner:

☐ Birth ☐ Death ☐ Marriage ☐ Divorce ☐ Fetal Death ☐ Place of Event

Information should be provided in the following manner: ☐ In Person ☐ By Mail ☐ By Fax

☐ Residency ☐ School ☐ Military ☐ Hospital ☐ Other (Specify)

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

Incorrect information:

The true fact is:

1.

2.

3.

4.

Signature of Affiant: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

1. This affidavit is to be used to request a change in the record. The record is incorrect or incomplete as follows:  
2. The record is incorrect or incomplete as follows:  
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59. The record is incorrect or incomplete as follows:  
60. The record is incorrect or incomplete as follows:

**\*CERTIFIED\***

JAN 08 2016

Stagit County Health Department  
Howard Leibrand M.D., Health Officer

DD00351414