

When recorded return to:
Chicago Title Company
425 Commercial
Mount Vernon, WA 98273



201607220201

Skagit County Auditor
7/22/2016 Page

1 of

\$110.00
5 4:00PM

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620028188

CHICAGO TITLE
620028188

DOCUMENT TITLE(S)

Inheritance Lack of Probate Affidavit and Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

Rebecca B. Cleveland

Washington, State of

☐ Additional names on page _____ of document

GRANTEE(S)

Estate of Larry G Cleveland

Public

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot(s): 11 Unit(S): BRITTWOOD Tax/Map ID(s):

Complete legal description is on page 3 of document

TAX PARCEL NUMBER(S)

P100841 / 4578-000-011-0000

Additional Tax Accounts are on page _____ of document

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:

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

STATE OF WA

COUNTY OF SKagit SS:

The undersigned, Rebecca B. Cleveland, executes this affidavit relating to the estate of Larry G. Cleveland (herein "Decedent"), who died on Jan. 11, 2016, in the County of Pierce, State of Wash, then being a resident of the City of Tacoma, County of Pierce, State of Wash. (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:)

**SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX**

2016 3123
JUL 22 2016

Amount Paid \$ 0
Skagit Co. Treasurer
By H B Deputy

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

(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 Rebecca B. Cleveland (wife)

Name & relationship _____

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]

Lot 11, Plat of Brithwood, according to the plat thereof recorded in Volume 15 of Plats, pages 31 and 32, records of Skagit County, Washington.

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: 7-22, 20 16

Rebecca B. Cleveland
(Signature)

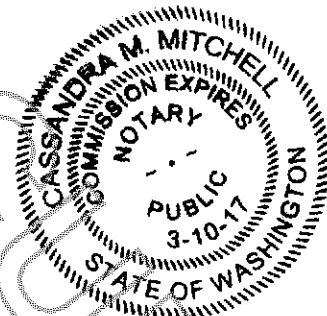
(Print or type full name)

(Full address and telephone number)

State of Washington
County of SKAGIT

SUBSCRIBED and SWORN TO before me this 22nd day of JULY, 2016, by Rebecca B. Cleveland, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Cassandra M. Mitchell
Notary Public in and for the State of WA
residing at Snohomish - MT Vernon



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-001264

DATE ISSUED: 01/15/2016

FEE NUMBER: 0000002711

GIVEN NAMES: LARRY GENE
LAST NAME: CLEVELAND

COUNTY OF DEATH: PIERCE
DATE OF DEATH: JANUARY 11, 2016
HOUR OF DEATH: 05:48 P.M.
SEX: MALE
AGE: 65 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: OCTOBER 21, 1950
BIRTHPLACE: TACOMA, PIERCE CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: REBECCA JO BOAZ

OCCUPATION: ELECTRICIAN
INDUSTRY: ELECTRICAL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: REBECCA B CLEVELAND
RELATIONSHIP: WIFE
ADDRESS: 3621 48TH STREET EAST TACOMA. WA 98443

CAUSE OF DEATH:
A. HYPOXEMIC RESPIRATORY FAILURE
INTERVAL: MONTHS
B. INTERSTITIAL LUNG DISEASE
INTERVAL: YEARS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CORONARY ARTERY DISEASE

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: NONE

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

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3621 48TH ST EAST
CITY, STATE, ZIP: TACOMA, WASHINGTON 98443

RESIDENCE STREET: 3621 48TH ST EAST
CITY, STATE, ZIP: TACOMA, WASHINGTON 98443
INSIDE CITY LIMITS? NO
COUNTY: PIERCE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER/PARENT: JAY CLEVELAND
MOTHER/PARENT: DOROTHY SCHWAB

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SUMNER CREMATORY
CITY, STATE: SUMNER, WA
DISPOSITION DATE: JANUARY 14, 2016

FUNERAL FACILITY: CURNOW FUNERAL HOME & CREMATION SERVICE
ADDRESS: 1504 MAIN STREET
CITY, STATE, ZIP: SUMNER WA 98390
FUNERAL DIRECTOR: KARLENE GAUSSOIN

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

CERTIFIER NAME: ANNA L. GOLOB, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1660 S. COLUMBIAN WAY
CITY, STATE, ZIP: SEATTLE WA 98108
DATE SIGNED: JANUARY 14, 2016

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

LOCAL DEPUTY REGISTRAR:
WENDY WHITE
DATE RECEIVED: JANUARY 14, 2016



DOH 01-003 (1/15)

Affidavit for Correction

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

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

STATE OFFICE USE ONLY

State File Number: _____ Case Number: _____ Initials: _____ Date: _____ Affidavit Number: _____

Required information must match current information on record

<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution (Divorce)
1. Name of Person:		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 Submitting Affidavit:		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. Return Mailing Address: _____
Telephone Number: _____ Email Address: _____

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

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

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

16a. Signature: _____ Date: _____ Printed name: _____
16b. Signature of 2nd parent (if required): _____ Date: _____

INSTRUCTIONS go to 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/Death/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Unemployment Compensation
- 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 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
- Do not use first/last name can be changed once to either parents' name on existing record (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 change the sex of the child, one documentary proof from a medical professional is required

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

* If changing any part of the name of a child using the mother's signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request

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

Death Certification

- Only the informant (the funeral director or executor/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 (or 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 422-034 January 2015


CERTIFIED

Anthony L. Chen

Anthony L. Chen, MD, MPH

DIRECTOR

184801



Washington State Health Department

Healthy People in Healthy Communities

www.wa.gov

STATE OF WASHINGTON

DO NOT DESTROY

CC00184801