

After recording, return to:
Gale H. Lowell
19382 Parson Creek Road
Burlington, WA 98233



Skagit County Auditor \$78.00
7/28/2016 Page 1 of 6 3:05PM

Grantor (Name of Decedent): Betty Ann Ristow
Grantee (Heirs): Gale H. Lowell
Abbreviated Legal Description: _____
Tax Parcel No.(s): P125251 / 3100420-3-001-0800

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF Whatcom

Land Title and Escrow
#153581-S

The undersigned, Gale H. Lowell, executes this affidavit relating to the estate of Betty Ann Ristow (herein "Decedent"), who died on JUNE 6, 2009 in the County of Skagit, State of Washington then being a resident of the City of Sedro Woolley, county of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.) → AF # 201505110102 (copy)

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 a 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 (1) 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
20163221
JUL 28 2016

Affidavit (Lack of Probate)
WA0000080.doc / Updated: 06.07.16

Printed: 07.25.16 @ 04:45 PM by LR
WA-CT-FNBG-02150.622443-245377332

Amount Paid \$
Skagit Co. Treasurer
By Mum Deputy

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Name and 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:

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.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Gale H Lowell
Signature

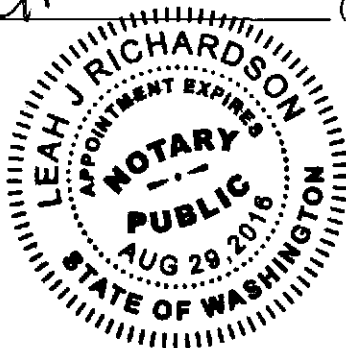
Address: _____

GALE H LOWELL
Print Name

Phone: _____

State of Washington
County of Whatcom

Signed and sworn to (or affirmed) before me on JULY 26 2016 by Gale H.
Lowell (name of person making statement)



Name: Leah J. Richardson
Notary Public in and for the State of Washington,
Residing at: Bellingham
My appointment expires: 8-29-2016

Schedule "A-1"

153551-S

DESCRIPTION:

Lot 4, Short Plat No. PL06-0360, approved November 22, 2006, recorded November 22, 2006, under Auditor's File No. 200611220113, and being a portion of the Northeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ and the Southeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$, all in Section 20, Township 36 North, Range 4 East, W.M.

Situate in the County of Skagit, State of Washington.



201505110102

Skagit County Auditor

\$34.00

5/11/2015 Page

1 of

3

1:41PM

Return Address:

Northwest Trustee Services
6 Centerpointe Drive, Ste. 360
Lake Oswego, OR 97035
8308.20930 SC

COPY

Please print or type information. **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document must be filled in)

- 1. Death Certificate _____ 2. _____
- 3. _____ 4. _____

Reference Number(s) of Documents assigned or released:

Additional reference #'s on page _____ of document

Grantor(s) (Last name, first name, initials)

- 1. Ristow, Betty A
- 2. _____

Additional names on page _____ of document.

Grantee(s) (Last name first, then first name and initials)

- 1. State of Washington
- 2. _____

Additional names on page _____ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number

Assessor Tax # 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.

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

COPY

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

File Number: **496-09** Washington State Certificate of Death State File Number: **9 58732**

1. Legal Name (print name last, first, middle, LAST, FIRST, MIDDLE) **Betty Ann Ristow** 2. Death Date **06/05/2009**

3. Sex (M/F) **Female** 3a. Age - Last Birthday **74** 3b. Under 1 Year **None** 3c. Under 1 Day **None** 4. County of Death **Skagit**

5a. Birthplace (City, Town, or County) **Pewaukee** 5b. (State or Foreign Country) **Wisconsin** 6. Decedent's Education **Bachelor's Degree**

7. Was Decedent of Hispanic Origin? (Yes or No) **No** 8. Decedent's Race(s) **Caucasian** 9. Was Decedent ever in U.S. Armed Forces? **Yes**

10a. Residence: Number and Street (e.g., 101 SE 9th St.) (Include Apt. No.) **19382 Parson Creek Rd.** 10b. City or Town **Burlington**

11a. Residence: County **Skagit** 11b. Tribal Reservation Name (if applicable) **None** 11c. State or Foreign Country **Washington** 11d. Zip Code + 4 **98233** 11e. Inside City Limits? **Yes**

12. Estimated length of time in residence **2 Years** 13. Marital Status at Time of Death **Married** 14. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) **Gale Henry Lowell**

15. Usual Occupation (Indicate type of work done during most of working life. Do not use services.) **Registered Nurse** 16. Kind of Business/Industry (Do not use Company Name) **Medical**

17. Father's Name (First, Middle, Last, Suffix) **Martin Edgar Ristow** 18. Informant's Name **Gale H. Lowell** 19. Relationship to Decedent **Spouse** 20. Mailing Address: Number and Street or PO Box, City or Town, State, Zip **19382 Parson Creek Rd. Burlington, WA**

21. Place of Death, if Death Occurred in a Hospital: **Nursing Home/ Long Term Care Facility** 22. Facility Name (if not a facility, give number & street or location) **Life Care Center of Skagit Valley** 23. City, Town, or Location of Death **Sedro Woolley** 24. State **WA** 25. Zip Code **98233**

26. Method of Disposition **Cremation** 27. Place of Final Disposition (name of cemetery, crematory, other place) **Neptune Cremation Service** 28. Location - City/Town, and State **Kent, Washington**

29. Name and Complete Address of Funeral Facility **Neptune Society 13266 NE 20th St. Bellevue, WA 98005** 30. Date of Disposition **06/11/2009**

31. Federal Director Signature **[Signature]** # **2168**

32. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **Metastatic Gastric Adenocarcinoma** Interval between Cause & Death **Many Years**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

33. Other significant conditions contributing to death but not resulting in the underlying cause given above

34. Autopsy? Yes No 35. Were autopsy findings available to complete the Cause of Death? Yes No

36. Manner of Death Natural Homicide Accident Undetermined Suicide Pending 37. If Infants Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 38. Did tobacco use contribute to death? Yes Probably No Unknown

39. Date of Injury (yyyy/mm) 40. Hour of Injury (24hrs) 41. Place of Injury (e.g., Decedent's home, construction site, automobile, restaurant, etc.) 42. Injury or Wound? Yes No Laceration

43. Location of Injury: Number & Street, City or Town, State, Zip Code + 4

44. Describe how injury occurred Driver/Operator Pedestrian Passenger Other (Specify)

45. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. **Edwin Strick MD** 46. Medical Examiner/Coroner - On the basis of anatomical, physical investigation, or my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

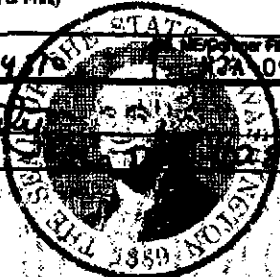
47. Name and Address of Coroner - Physician, Medical Examiner or Coroner (Type or Print) **Dr. Edwin Strick 1990 Hospital Dr. Ste 100 Sedro Woolley, WA 98284** 48. Hour of Death (24hrs) **04:15**

49. Name and Title of Attending Physician (if other than Coroner (Type or Print)) 50. Date Signed (mm/yyyy) **6/11/09**

51. Title of Coroner **MD** 52. License Number **MD 0003470** 53. ME/Coroner File Number **09-310** 54. Was case referred to ME/Coroner? Yes No

55. Registrar Signature **[Signature]** 56. Date Printed (mm/yyyy) **JUN 11 2009**

57. Agent's Name **ESS DA 4401 8-19-09-KM** 58. Agent's File Number **09-19-096-KM**



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:
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4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name
----------------------------------	----------------------------------

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: _____

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:
(Printed Name):		

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Examples of acceptable documentary proof:	Birth Record	Full Numerical Report (Social Security Administration)	School Transcripts (Official)
	Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
	Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
	Passport		

- Birth Certificates**
- Only a parent, 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 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**
 - 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/parent full birth name, father/parent full birth 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 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.
 - To correct the sex of the child, submit one proof from a medical provider.
 - 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, 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.
 - 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 422-032)**

- Death Certificates**
- 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 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.



DRAFT

DOH 422-034 June 2014

BB00249369