When recorded return to:
Faye Self
c/o Joyce M. Summit, 100 NE Lynnwood Dr
Belfair, WA 98528

201608010179
Skagit County Auditor $112.00
8/1/2016 Page 1 of 7 2:13PM

Filed for record at the request of:

CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273
Escrow No.: 620027993 CHICAGO TITLE

6/78

DOCUMENT TITLE(S)

1. Lack of Probate Affidavit
2. Death Certificate

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

Additional reference numbers on page _____ of document

GRANTOR(S)

1. Faye Self
2. Washington, State of

☐ Additional names on page _____ of document

GRANTEE(S)

1. Public
2. Calvin Self

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

PTN SE, 09-35-06 Tax/Map ID(s):

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P40933 / 350609-4-009-0007 and P40926 / 350609-4-005-0001

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:
Faye Self

Dated: 7/12/2016

Grantor (Name of Decedent): Calvin C. Self

Grantee (Heirs): _____

Abbreviated Legal Description: _____

Tax Parcel No.(s): _____

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

STATE OF Washington

COUNTY OF Skagit

The undersigned, Faye Self, executes this affidavit relating to the estate of Calvin C. Self (herein "Decedent"), who died on 1/23/12, 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.)

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
20163303
AUG 1 2016

Amount Paid $0
Skagit Co. Treasurer
By HB 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: Faye Self - widow (wife)

Name and relationship: Joyce (Self) Summit - daughter

Name and relationship: Johnnie Self - son

Name and relationship: Vickie Frizzell - daughter

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:

PARCEL A:

The West Half of the West Half of the Southeast Quarter of the Southeast Quarter of Section 9, Township 35 North, Range 6 East, W.M.,

EXCEPT roads.

Situated in Skagit County, Washington.

PARCEL B:

Beginning at a point 15 feet South of the Northeast corner of the Southwest Quarter of the Southeast Quarter of Section 9, Township 35 North, Range 6 East, W.M.,
Thence South 165 feet;
Thence West 49.5 feet;
Thence North 165 feet;
Thence East 49.5 feet to the point of beginning.

Situated in Skagit County, Washington.

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.

Joyce M Summit
Signature

Joyce M. Summit
Print Name

Address: 100 NE Lynnwood Dr.
Belfair, WA 98528

Phone: 360-275-3755

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

(continued)

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on August 1, 2016 by Joyce M. Summit (name of person making statement).

KATHERYN A. FREEMAN
STATE OF WASHINGTON
NOTARY --♦-- PUBLIC
My Commission Expires 9-01-2018

Name: Katheryn A. Freeman
Notary Public in and for the State of Washington,
Residing at: Snohomish Co
My appointment expires:
9-01-2018

EXHIBIT "A"

Order No.: 620027993

For APN/Parcel ID(s): P40933 / 350609-4-009-0007 and P40926 / 350609-4-005-0001

PARCEL A:

The West Half of the West Half of the Southeast Quarter of the Southeast Quarter of Section 9, Township 35 North, Range 6 East, W.M.,

EXCEPT roads.

Situated in Skagit County, Washington.

PARCEL B:

Beginning at a point 15 feet South of the Northeast corner of the Southwest Quarter of the Southeast Quarter of Section 9, Township 35 North, Range 6 East, W.M.,
Thence South 165 feet;
Thence West 49.5 feet;
Thence North 165 feet;
Thence East 49.5 feet to the point of beginning.

Situated in Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 50-12 **Washington State Certificate of Death** State File Number

1. Legal Name (Include AKA's if any) First: CALVIN Middle: COOLLEGE Last: SELF Suffix:
2. Death Date: Jan 23, 2012
3. Sex: Male
4a. Age - Last Birthday: 87
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Skagit
7. Birth date: [redacted]
8a. Birthplace (City, Town, or County): Wolf Creek
8b. (State or Foreign Country): Tennessee
9. Decedent's Education: Fourth grade
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No
11. Decedent's Race(s): Caucasian
12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 32870 Hamilton Cemetery Road
13b. City or Town: Sedro-Woolley
13c. Residence: County: Skagit
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98284
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: 57 years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Faye Hicks
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Tree Faller
18. Kind of Business/Industry (Do not use Company Name): Timber
19. Father's Name (First, Middle, Last, Suffix): Hilliard William Self
20. Mother's Name Before First Marriage (First, Middle, Last): Lillie Mae [redacted]
21. Informant's Name: Faye Self
22. Relationship to Decedent: Wife
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 32870 Hamilton Cemetery Road Sedro-Woolley, WA 98284
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Long Term Care Facility
25. Facility Name (If not a facility, give number & street or location): Birchview Memory Care
26a. City, Town, or Location of Death: Sedro-Woolley
26b. State: WA
27. Zip Code: 98284
28. Method of Disposition: Burial
29. Place of Final Disposition (Name of cemetery, crematory, other place): Hamilton Cemetery
30. Location-City/Town, and State: Hamilton, Washington
31. Name and Complete Address of Funeral Facility: Lemley Chapel, Inc. 1008 Third Street Sedro-Woolley, WA 98284
32. Date of Disposition: January 29, 2012
33. Funeral Director Signature X: Rick Lemley Rick Lemley #1567

Cause of Death (See instructions and examples)

34. 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Aspiration Pneumonia	1 day
Due to (or as a consequence of):		
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	b. Alzheimers Dementia	Unknown
Due to (or as a consequence of):		
	c.	
Due to (or as a consequence of):		
	d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☐ 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
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
41. Date of Injury (MM/DD/YYYY):
42. Hour of Injury (24hrs):
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
44. Injury at Work? ☐ Yes ☐ No ☐ Unk
45. Location of Injury: Number & Street: / Apt No. / City or Town: / County: / State: / Zip Code+4:
46. Describe how injury occurred
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. **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.
x Edwin Stickle MD

48b. **Medical Examiner/Coroner** - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
x

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Edwin Stickle, MD 1990 Hospital Dr Ste 100 Sedro-Woolley, WA 98284
50. Hour of Death (24hrs): 1545 hrs.
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): January 24, 2012
53. Title of Certifier: Physician
54. License Number: MD00034310
55. ME/Coroner File Number: NJA-048
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature x
58. Date Received (MM/DD/YYYY): JAN 25 2012
59. Amendments

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20163303
AUG 1 2016
Amount Paid $0
Skagit Co. Treasurer
By Deputy

DOH/CHS 003 Rev. 07/2007

DOH 01-003 (10/15)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

Affidavit for Correction

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

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Required information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)

1. Name on Record:	2. Date of Event:	3. Place of Event:
[redacted]		

4. Father/Parent Full Legal 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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify)

7. Return Mailing Address:

Telephone Number: ( )

Email Address:

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

INSTRUCTIONS - go to 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:

1. 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.
2. 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.
3. 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, first 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

Adult (18 yrs 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

*To change any part of the name of a child, **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 Certificates:

1. 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). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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 October 2015

CERTIFIED

JUN 24 2016

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

GG00005178