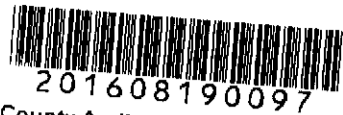


When recorded return to:
Candler James Mathis, Jr.
The Estate of Candler Mathis, Deceased
1275 Arrezo Dr
Sedro Woolley, WA 98284



Skagit County Auditor
8/19/2016 Page 1 of 6 2:05PM \$111.00

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

CHICAGO TITLE
420028259

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)

Candler James Mathis, Jr.
Washington, State of

Additional names on page _____ of document

GRANTEE(S)

Estate of Doris Mathis
Public

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot(s): 2 SKAGIT COUNTY SHORT PLAT NO. 93-071

Complete legal description is on page 4 of document

TAX PARCEL NUMBER(S)

P106627/ 350715-1-004-0200 and P116212 / 350715-1-004-0600

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

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

Name & relationship CANDLER JAMES MATHIS JR - SON

Name & relationship LESA SUE HOWRY - DAUGHTER

Name & relationship SHAWNIE KAY SHORT - DAUGHTER

Name & relationship KIMBERLY LYNN BROOKS - 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:

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

see attached

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: 8-19, 20 16

Candler James Mathis Jr
 (Signature)
CANDLER JAMES MATHIS JR
 (Print or type full name)
37916 SCHULZE RD CONCRETE WA 98237
 (Full address and telephone number) 360-706-3686

State of WASHINGTON
County of SKAGIT

SUBSCRIBED and SWORN TO before me this 19 day of August, 2016, by Candler James Mathis Jr., proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Lourea L Garka
Notary Public in and for the State of wa
residing at Arlington

LOUREA L. GARKA
STATE OF WASHINGTON
NOTARY --- PUBLIC
My Commission Expires 10-27-2018

EXHIBIT "A"

Order No.: 620028259

For APN/Parcel ID(s): P106627 / 350715-1-004-0200 and P116212 / 350715-1-004-0600

PARCEL A:

Lot 2, SKAGIT COUNTY SHORT PLAT NO. 93-071, approved October 21, 1994, and recorded November 3, 1994, in Volume 11 of Short Plats, page 135, under Auditor's File No. 9411030038, records of Skagit County, Washington; being a portion of the Southwest Quarter of the Northeast Quarter of Section 15, Township 35 North, Range 7 East of the Willamette Meridian.

PARCEL B:

An easement for ingress, egress, and utilities as shown on the face of Skagit County Short Plat No. 93-071, approved October 21, 1994, and recorded November 3, 1994, in Volume 11 of Short Plats, page 135, under Auditor's File No. 9411030038, records of Skagit County, Washington, and as set forth in Declaration recorded November 3, 1994, under Auditor's File No. 9411030039, records of Skagit County, Washington.

ALL situated in Skagit County, Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 992-11		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any): First DORIS Middle MATHIS LAST MATHIS Suffix				2. Death Date Nov. 30, 2011		
3. Sex (M/F) Female	4a. Age - Last Birthday 67	4b. Under 1 Year: Months Days 	4c. Under 1 Day: Hours Minutes 	5. Social Security Number 		6. County of Death Skagit
7. Birthdate 	8a. Birthplace (City, Town, or County) Whittier	8b. (State or Foreign Country) North Carolina		8. Decedent's Education 12th 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 5 th St.) (Include Apt. No.) 8461 Emmanuel Lane				13b. City or Town Concrete		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98237	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence 12 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Candler J. Mathis		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Homemaker				18. Kind of Business/Industry (Do not use Company Name) Own home		
19. Father's Name (First, Middle, Last, Suffix) Jewell L. Nations			20. Mother's Name Before First Marriage (First, Middle, Last) Sarah Lucinda			
21. Informant's Name Candler J. Mathis		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 8461 Emmanuel Lane, Concrete, WA 98237		
24. Place of Death, if Death Occurred in a Hospital: Long term care facility						
25. Facility Name (if not a facility, give number & street or location) Life Care Center of Skagit Valley				26a. City, Town, or Location of Death Sedro-Woolley		26b. State WA
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Lyman Cemetery		30. Location: City/Town, and State Lyman, WA		
31. Name and Complete Address of Funeral Facility Lemley Chapel, Inc., 1008 Third Street, Sedro-Woolley, WA 98284				32. Date of Disposition Dec. 11, 2011		
33. Funeral Director Signature X Douglas Hutter #1857						
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.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Lung Cancer		Due to (or as a consequence of):		Interval between Onset & Death Unknown		
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		Due to (or as a consequence of):		Interval between Onset & Death		
Due to (or as a consequence of):		Due to (or as a consequence of):		Interval between Onset & Death		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Brain Metastasis						
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> 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 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 		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Edwin Stickle, MD 1990 Hospital Drive, #100, Sedro-Woolley, WA 98284				50. Hour of Death (24hrs) 0711 Hours		
51. Name and Title of Attending Physician if other than Certifier (Type or Print) 				52. Date Signed (mm/dd/yyyy) 12/20/2011		
53. Title of Certifier Physician		54. License Number MD00034310		55. ME/Coroner File Number WA# 645		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature Maria S. Uvanco, Deputy Registrar				58. Date Received (mm/dd/yyyy) DEC 1 2011		
59. Amendments 						



DOHCHS 003 Rev 070907

DOH 01-003 (8/10)



Affidavit for Correction

Director for Health Statistics
P.O. Box 40814
Spokane, WA 99208-0814
509-325-8500

STATE OFFICE USE ONLY

State File Number: _____ County: _____ Birth: _____ Date: _____ Affected Person: _____

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. Name of Event (City or County): _____

4. Father's Full Name (Birth, Marriage or Dissolution): _____ 5. Mother's Full Name (Birth, Marriage or Dissolution): _____

6. The Record is correct as shown and no change is requested. The Responder agrees: _____ and True last is: _____

8. _____ 10. _____ 12. _____

14. I represent the person as: Mar Div Wid Single Other (Specify): _____ (State or Home Number): _____

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

15. Signature: _____ Date: _____

All vital records are registered as received.
All changes must be established by documentary proof submitted with the affidavit.
Examples of documentary proof: Certificate of Naturalization, Medical Record, School Transcripts, Birth Record, Business Records, Military Record, US Passport, Marriage/Divorce Records, Birth Record, Passport, Wife's Key, ID Card (if it bears an effective date), Alien Registration Card (front and back), Valid unexpired Driver's License, Social Security card or a Hospital issued creative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or a court designated person may change the birth certificate.
- The proof(s) must match exactly the assigned true fact(s). For example, if the true fact(s) reads 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's first name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name if present on the certificate, or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction until their child's 18th birthday.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit form, WAC CHS 821)

Death Certificates:

- Only the funeral home director, decedent or estate administrator (if the decedent is deceased) may change the non-medical information.
- The medical information (cause of death) may be changed only if it can be supported by a report of medical examiner.
- 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 facts (minor spelling changes), 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 2/14/11

CERTIFIED

DEC 02 2011

Howard Leibrand

VV00086938

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