

When recorded return to:  
Clayton B James  
15646 Moore Rd  
Mount Vernon, WA 98273



201608190154

Skagit County Auditor \$112.00  
8/19/2016 Page 1 of 7 4:06PM

CHICAGO TITLE  
620028588

**DOCUMENT TITLE(S)**

Lack of Probate Affidavit and Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:** \_\_\_\_\_

Additional reference numbers on page \_\_\_\_\_ of document

**GRANTOR(S)**

1. Clayton B James 2. Washington, State of

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

**GRANTEE(S)**

1. Public 2. Barbara S James

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

**ABBREVIATED LEGAL DESCRIPTION**

Lot(s): 3-4 Block: 4 FIRST ADD TO THE TOWN OF LACONNER Tax/Map ID(s):

Complete legal description is on page 3 of document

**TAX PARCEL NUMBER(S)**

P74243 / 4125-004-004-0000

Additional Tax Accounts are on page \_\_\_\_\_ of document

2016 3671  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

AUG 19 2016

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

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:  
Clayton James

Grantor (Name of Decedent): \_\_\_\_\_  
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, CLAYTON B. JAMES executes this affidavit relating to the estate of BARBARA STRAKEL JAMES (herein "Decedent"), who died on JUNE 21, 2007, in the County of SKAGIT, State of WASHINGTON, then being a resident of the City of La Conner, 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:) \_\_\_\_\_

**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: CLAYTON B. JAMES SPOUSE  
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:

Lots 3 and 4, Block 4, "FIRST ADDITION TO THE TOWN OF LACONNER", as per plat recorded in Volume 1 of Plats, page 4, records of Skagit County, Washington;

EXCEPT therefrom the following described parcel:

Beginning at the North corner of said Lot 4, thence Southeasterly parallel with the Southerly line of Block 4, a distance of 100.36 feet to the Easterly line of said Block 4;  
Thence Southwesterly along said Easterly line a distance of 6.99 feet;  
Thence North 57 degrees 40' 14" West to a point on the Northwesterly line of said Lot 4, 4.81 feet Southwesterly of the point of beginning;  
Thence Northeasterly along the Northwesterly line of said Lot 4 to the point of beginning.

(Also known as Parcel 2 of Lot Line Adjustment Survey recorded under Auditor's File No. 200802120063).

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.

CLAYTON B. JAMES by  
Arvid M. Judd as attorney in fact  
Signature

CLAYTON B. JAMES  
Print Name

Address: 15646 MOORE RD  
MT. VERNON WA 98273  
Phone: 360/770-8413

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

State of Washington

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_  
\_\_\_\_\_ (name of person making statement).

\_\_\_\_\_  
Name: \_\_\_\_\_  
Notary Public in and for the State of Washington,  
Residing at: \_\_\_\_\_  
My appointment expires: \_\_\_\_\_  
\_\_\_\_\_

STATE of \_\_\_\_\_  
of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_  
is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed  
this of instrument and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes  
mentioned in this instrument.

Dated: \_\_\_\_\_

Name: \_\_\_\_\_  
Notary Public in and for the State of:  
Residing at:  
My appointment expires:

STATE of Washington  
County of SKAGIT

I certify that I know or have satisfactory evidence that Andrew M. SZUREK

is are the person(s) who appeared before me, and said person acknowledged that he (he/she/they) signed this  
instrument, on oath stated that he (he/she/they) was authorized to execute the instrument and acknowledged it  
as the attorney in fact of Clayton B. James to be the free and voluntary act of  
such party for the uses and purposes mentioned in the instrument.

Dated: August 19, 2016

*Kathryn A. Freeman*

Name: Kathryn A. Freeman  
Notary Public in and for the State of WA  
Residing at: Snohomish CO  
My appointment expires: 9.01.2018

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

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: **486-07** Washington State Certificate of Death State File Number: **7 59006**

1. Legal Name (include MA's if any) First Middle LAST Suffix <b>Barbara Straker JAMES</b>		2. Death Date <b>June 21, 2007</b>	
3. Sex (M/F) <b>F</b>	4a. Age - Last Birthday <b>88</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
7. Birthdate <b>Aug 12, 1918</b>		8a. Birthplace (City, Town, or County) <b>Attleboro</b>	8b. (State or Foreign Country) <b>Massachusetts</b>
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>		11. Decedent's Race(s) <b>White</b>	
13a. Residence: Number and Street (e.g., 824 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1105 S 4th St.</b>		13b. City or Town <b>La Conner</b>	
13c. Residence: County <b>Skagit</b>	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98257-</b>
14. Estimated length of time at residence. <b>53y</b>		15. Marital Status at Time of Death <b>Married</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Curator</b>		18. Kind of Business/Industry (Do not use Company Name) <b>Art Museum</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>Frank Straker</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Marjorie -u-</b>	
21. Informant's Name <b>Clayton James</b>		22. Relationship to Decedent <b>Husband</b>	
23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>1105 S 4th St. La Conner WA 98257-</b>			
24. Place of Death, if Death Occurred in a Hospital:		24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Residence</b>	
25. Facility Name (if not a facility, give number & street or location) <b>1105 S 4th St.</b>		26a. City, Town, or Location of Death <b>La Conner</b>	26b. State <b>WA</b>
28. Method of Disposition <b>Cremation</b>		28. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Hawthorne Memorial Park</b>	
31. Name and Complete Address of Funeral Facility <b>Alpha-Omega Burial and Cremation Services 2021 E. College Way Mount Vernon, WA</b>		32. Date of Disposition <b>June 26 2007</b>	
33. Funeral Director Signature X <i>[Signature]</i>			
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) →		Interval between Onset & Death <b>4 wks.</b>	
a. <b>Parkinson's Disease</b>		Due to (or as a consequence of):	
b. _____		Due to (or as a consequence of):	
c. _____		Due to (or as a consequence of):	
d. _____		Due to (or as a consequence of):	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		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 checked="" 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	
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)	
45. Location of Injury: Number & Street:		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
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.		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) <b>Marcy Shapley, P.A. 528 Myrtle, La Conner, WA 98257</b>		50. Hour of Death (24hrs) <b>1717</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (mm/dd/yyyy) <b>6/25/07</b>	
53. Title of Certifier <b>Marcy Shapley P.A.C.</b>	54. License Number <b>PA 100037</b>	55. ME/Coroner File Number <b>135 # 206</b>	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>		58. Date Received (mm/dd/yyyy) <b>JUN 26 2007</b>	
59. Amendments			



DOH/CHS 003 Rev 2/06/2004

BOH 01-503 (10/15)



# Affidavit for Correction

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

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

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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**Required**

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: \_\_\_\_\_

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 2<sup>nd</sup> 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

- 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(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.
- 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, last 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 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

\*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)

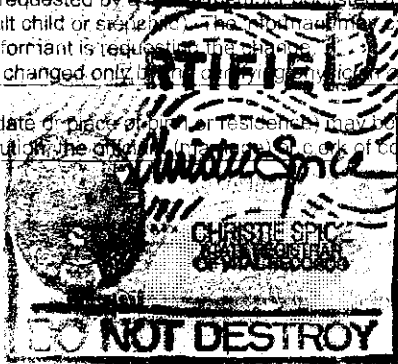
#### Death Certificates

- 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 sibling). You may only 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.
- The medical information (cause of death) may be changed only by the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date 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 of the marriage, the court (dissolution) must complete and submit the affidavit.

DOH 422-032, October 2015



AUG 16 2016

GG00057424