

POOR ORIGINAL



After recording, return to:

ANDRINE KNAPP
1200 CINCINN ST. UNIT 245
BELLINGHAM, WA 98229

Skagit County Auditor \$109.00
1/17/2017 Page 1 of 4 1:46PM

CHICAGO TITLE
620029431

Grantor (Name of Decedent): ERWIN KNAPP
Grantee (Heirs): ANDRINE KNAPP
Abbreviated Legal Description: Lot(s): C SHORT PLAT NO. AN-83-003
Tax Parcel No.(s): P33047/ 350230-0-015-0202

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

STATE OF WA **AND DEATH CERTIFICATE**
COUNTY OF SKAGIT

The undersigned, ANDRINE KNAPP, executes this affidavit relating to the estate of ERWIN KNAPP (herein "Decedent"), who died on 9-28-2016, in the County of WASHINGTON, State of WA, then being a resident of the City of SEDDO WOOD, County of SKAGIT, State of WA.

(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
201703
JAN 17 2017
Amount Paid \$0
Skagit Co. Treasurer
By Mam 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:

Lot C of SHORT PLAT NO. AN-83-003, approved August 16, 1983, and recorded in Volume 6 of Short Plats, page 80 under Auditor's File No. 8308220016, records of Skagit County, Washington;

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.

Andrine Knapp
Signature

1-17-17
Date

ANDRINE KNAPP
Print Name

State of Washington

County of WHATCOM

Signed and sworn to (or affirmed) before me on 1-17-17 by ANDRINE KNAPP
(name of person making statement).

SUSAN L. RASMUSSEN
NOTARY PUBLIC
STATE OF WASHINGTON
My Commission Expires Aug. 24, 2017

Susan Rasmussen
Name: SUSAN RASMUSSEN
Notary Public in and for the State of Washington,
Residing at: Bellingham
My appointment expires: 8-24-2017

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-039953

DATE ISSUED: 10/05/2016

FEE NUMBER: 000000037

GIVEN NAMES: ERWIN ERNEST
LAST NAME: KNAPP

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: SEPTEMBER 28, 2016
HOUR OF DEATH: 12:06 A.M.
SEX: MALE
AGE: 89 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: ANACORTES, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: ANDRINE PATTISON

OCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: ERNEST KNAPP
RELATIONSHIP: SON
ADDRESS: 9445 SAND HILL PLACE, HIGHLANDS RANCH, CO 80126

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 3929 BLUE CANYON ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NO
COUNTY: WHATCOM
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 33 YEARS

FATHER/PARENT: ERNEST KNAPP
MOTHER/PARENT: MARTHA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMA
CITY, STATE: FERNDALE, WA
DISPOSITION DATE: OCTOBER 05, 2016

FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - BELLINGHAM
ADDRESS: 2465 LAKEWAY DR
CITY, STATE, ZIP: BELLINGHAM WA 98229
FUNERAL DIRECTOR: BRIAN L. FLOWERS

- CAUSE OF DEATH:
- A. SPONTANEOUS IDIOPATHIC SUBDURAL HEMATOMA
INTERVAL: 4 DAYS
 - B. ANTICOAGULATION
INTERVAL: YEARS
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

CERTIFIER NAME: OMAR JAFFER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 3015 SQUALICUM PARKWAY #140
CITY, STATE, ZIP: BELLINGHAM WA 98225
DATE SIGNED: OCTOBER 01, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: N3A-183-15
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
LEEANN IMPERO
DATE RECEIVED: OCTOBER 04, 2016



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 information must match current information on record

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:

8. The record now shows: _____	9. The true fact is: _____
10. _____	_____
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 Number 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, last name can be changed 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

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 (minister) or clerk (notary) must complete and submit the affidavit.

HEALTH DEPARTMENT
DO NOT DESTROY



OCT - 5 2016
Greg Stern MD
GREG STERN, M.D.
HEALTH OFFICER

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