

When recorded return to:
Darrell Tawes
Estate of Dolores Tawes
16657 Dike Road
Mount Vernon, WA 98273



Skagit County Auditor \$110.00
3/17/2017 Page 1 of 5 11:59AM

Filed for record at the request of:



CHICAGO TITLE
A COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620030256

CHICAGO TITLE
620030256

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)

Darrell Tawes
Marcia Findlay
Washington, State of

Additional names on page _____ of document

GRANTEE(S)

Public
Dolores Tawes

Additional names on page _____ of document

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20171040
MAR 17 2017

Amount Paid \$8
Skagit Co. Treasurer
By *M. Deputy* Deputy

ABBREVIATED LEGAL DESCRIPTION

Lot(s): 11 JOHNSON'S ADD TO MOUNT VERNON Tax/Map ID(s)

Complete legal description is on page 3 of document

TAX PARCEL NUMBER(S)

P53286 / 3732-000-011-0006

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:
Darrell Tawes
Estate of Dolores Tawes
16657 Dike Road
Mount Vernon, WA 98273

Grantor (Name of Decedent): Dolores Tawes
Grantee (Heirs): Darrell Tawes and Marcia Findlay
Abbreviated Legal Description: Lot(s) 11 JOHNSON'S ADD TO MOUNT VERNON Tax/Map ID(s):
Tax Parcel No.(s): P53286 / 3732-000-011-0006

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, Darrell Tawes, executes this affidavit relating to the estate of Dolores Tawes (herein "Decedent"), who died on February 1st, 2017, in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, 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: Darrell Tawes, son

Name and relationship: Marcia Findlay, daughter

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 11, JOHNSON'S ADDITION TO MOUNT VERNON, as per plat recorded in Volume 7 of Plats, page 27, records of Skagit County, Washington.

Situating 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.

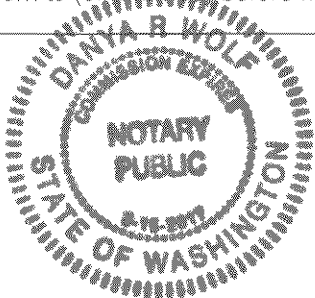
Darrell Tawes
Signature

March 9th, 2017
Date

Darrell Tawes
Print Name

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on March 9th, 2017 by Darrell Tawes
(name of person making statement).



Danya R. Wolf
Name: Danya R. Wolf
Notary Public in and for the State of Washington,
Residing at: Mount Vernon
My appointment expires: 3/15/2017

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-005254

DATE ISSUED: 02/06/2017

FEE NUMBER: 000000029

GIVEN NAMES: DOLORES EVELYN
LAST NAME: TAWES

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 01, 2017
HOUR OF DEATH: 09:35 A.M.
SEX: FEMALE
AGE: 88 YEARS

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PEACEHEALTH UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 710 PARKWAY DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 58 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

FATHER/PARENT: ROBERT FRANKLIN LYBARGER
MOTHER/PARENT: EVELYN BEATRICE [REDACTED]

BIRTHDATE: [REDACTED]
BIRTHPLACE: BELLINGHAM, WHATCOM CNTY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: FEBRUARY 03, 2017

OCCUPATION: CLERK
INDUSTRY: PHARMACY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: ADAM J. CRENNA

INFORMANT: DARRELL TAWES
RELATIONSHIP: SON
ADDRESS: 16657 DIKE RD. MOUNT VERNON WA 98273

- CAUSE OF DEATH:
- A. ACUTE CEREBROVASCULAR ACCIDENT
INTERVAL: DAYS
 - B. CHRONIC ATRIAL FIBRILLATION
INTERVAL: YEARS
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: SANDEEP BAL, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: FEBRUARY 01, 2017

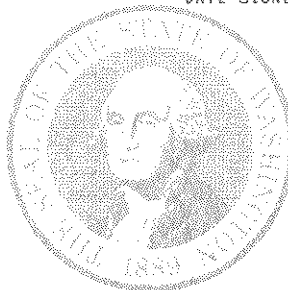
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
SANDEEP BAL MD

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: FEBRUARY 02, 2017

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



Affidavit for Correction

Allyson Center for Health Statistics
P.O. Box 47614
Olympia, WA 98512-2814
360-221-4300

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

STATE OFFICE USE ONLY

Name: _____ Sex: _____ Race: _____ Date of Birth: _____ Affidavit Number: _____

Required information must match current information on record

Required	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution (Divorce)
	1. Date of Event		2. Date of Event	
3. Place of Event				
4. Name of Person (Last, First, Middle Initial) (Spouse A for Marriage or Dissolution; B. Mother/Parent Full Birth Name; Spouse B for Marriage or Dissolution)				
5. Relationship to Person (Spouse, Parent, Grandparent, etc.)				
6. Relationship to Person (Spouse, Parent, Grandparent, etc.)				
7. Relationship to Person (Spouse, Parent, Grandparent, etc.)				
8. Relationship to Person (Spouse, Parent, Grandparent, etc.)				
9. Relationship to Person (Spouse, Parent, Grandparent, etc.)				
10. Relationship to Person (Spouse, Parent, Grandparent, etc.)				

Signature: _____ Title: _____ Date: _____

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: _____

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

Signature: _____ Title: _____ Date: _____

INSTRUCTIONS for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

- Birth Certificate (original or certified copy)
- Affidavit (form DOH-110)
- Hospital discharge report
- Revised birth certificate
- Death Certificate (original or certified copy)
- Hospital birth record
- Passport
- Green Hawaiian Re-entry card (I-661)

Birth Certificates: The proof must match the record for the person listed on the affidavit. The name must be Mary Ann Doe - the proof must show the name to be Mary Ann.

Death Certificates: The proof must match the record for the person listed on the affidavit. The name must be Mary Ann Doe - the proof must show the name to be Mary Ann.

Marriage/Dissolution (Divorce) Certificates: The proof must match the record for the person listed on the affidavit. The name must be Mary Ann Doe - the proof must show the name to be Mary Ann.

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CERTIFIED

FEB 06 2017

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

EG00363998