201704050069
Skagit County Auditor
4/5/2017 Page 1 of 5 3:59PM
$110.00

After recording, return to:
Brenda J. Brashears
3024 188th St. NE
Arlington, WA 98223

Grantor (Name of Decedent): Joseph L. Brashears, Jr
Grantee (Heirs): Brenda J. Brashears
Abbreviated Legal Description: Lot(s): 2 SKAGIT COUNTY SHORT PLAT NO. PL-01-0815 Tax/Map ID(s):
Tax Parcel No.(s): P119088 / 350715-1-004-0900 and P123320 / 350715-1-004-1100

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

AND DEATH CERTIFICATE

STATE OF Washington
COUNTY OF Skagit

The undersigned, Brenda J Brashears executes this affidavit relating to the estate of Joseph L. Brashears, Jr. (herein "Decedent"), who died on 2-2-17, in the County of Skagit, State of WA., then being a resident of the City of Concrete, 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.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20171377
APR 05 2017
Amount Paid $ -0-
Skagit Co. Treasurer
By KM Deputy

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.

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

(continued)

☐ other (identify:) _____

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: Brenda J. Brashears

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 2, SKAGIT COUNTY SHORT PLAT NO. PL-01-0815, approved April 17, 2002, and recorded April 17, 2002, under Auditor's File No. 200204170070, 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. Include Mobile Marle 2005 size 28 x 68 HERO2438940RAB.
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.

Brenda J. Brashears
Signature

3-22-17
Date

Brenda J. Brashears
Print Name

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 MARCH 23, 2017 by BRENDA J. BRASHEARS (name of person making statement).

Wilma Louia

Name: WILMA LOUIA

Notary Public in and for the State of Washington,

Residing at: BURLINGTON

My appointment expires:

11-12-2019

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-005777

DATE ISSUED: 02/07/2017

FEE NUMBER: 0003102172

GIVEN NAMES: JOSEPH LEE
LAST NAME: BRASHEARS

SUFFIX: JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 02,2017
HOUR OF DEATH: UNKNOWN
SEX: MALE
AGE: 67 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE [redacted]
BIRTHPLACE: PHOENIX, ARIZONA

MARITAL STATUS: MARRIED
SPOUSE: BRENDA YOUNG

OCCUPATION: MACHINIST
INDUSTRY: AEROSPACE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: BRENDA BRASHEARS
RELATIONSHIP: SPOUSE
ADDRESS: 30241 188TH ST NE, ARLINGTON, WA, 98223

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 8341 EMMANUEL LANE
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 8341 EMMANUEL LANE
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER/PARENT: JOSEPH LEE BRASHEARS SR
MOTHER/PARENT: MATTIE MAY [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES
CITY, STATE: KENT, WA
DISPOSITION DATE: FEBRUARY 06,2017

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY
ADDRESS: 1321 STATE AVE
CITY, STATE, ZIP: MARYSVILLE WA 98270
FUNERAL DIRECTOR: WILLIAM G. JOHNSTON

CAUSE OF DEATH:
A. SELF INFLICTED HANDGUN WOUND TO HEAD
INTERVAL: SECONDS
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CLINICAL HISTORY OF DEPRESSION

DATE OF INJURY: FEBRUARY 02,2017
HOUR OF INJURY: UNKNOWN
INJURY AT WORK? NO
PLACE OF INJURY: DETACHED SHOP

LOCATION OF INJURY: 8341 EMMANUEL LANE

CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED:
SHOT SELF

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ME/CORONER: DEBORAH HOLLIS
TITLE: CORONER
ME/CORONER
ADDRESS: 116 S. 11TH ST
CITY,STATE,ZIP: MOUNT VERNON WA 98274
DATE SIGNED: FEBRUARY 06,2017

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 17SK0069
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: FEBRUARY 06,2017

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

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 2nd parent (if required):

Printed name: | Date: | Printed name: | Date:

INSTRUCTIONS: go to www.doh.wa.gov 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, 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 acknowledgement 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 422-004 October 2015

CERTIFIED
Gary Goldbaum, MD, MPH
SNOHOMISH HEALTH DISTRICT
HEALTH OFFICER AND REGISTRAR
SNOHOMISH HEALTH DISTRICT

FEB 07 2017

GG00206276