201704260052
Skagit County Auditor $78.00
4/26/2017 Page 1 of 6 2:39PM

When Recorded Please Return To:
LAWRENCE A. PIRKLE
PO Box 1788
Mount Vernon, WA 98273
(360) 336-6587

QUIT CLAIM DEED

THE GRANTOR, LIN H. CRAFT, surviving spouse of RAYMOND L. CRAFT (Deceased), for and in consideration of transfer to surviving spouse pursuant to a Lack of Probate Affidavit and Affidavit in Support of Community Property, attached hereto and incorporated herein by this reference (WAC 458-61A-202 (6)(h)), conveys and quit claim to **GRANTEE**, LIN H. CRAFT, a single person as her separate property, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor therein.

TPN: P126026 4022-000-043-0000

Lot 43, BIG FIR NORTH P.U.D. PHASE 1, according to the plat thereof, recorded March 23, 2007, under Auditor's File No. 200703230073, records of Skagit County, Washington.

Situated in Skagit County, Washington.

SUBJECT TO: All covenants, conditions, restrictions, reservations and easements of record, if any.

Dated the 25th day of April, 2017.

Lin H Craft
LIN H. CRAFT, Surviving spouse

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20177968
APR 26 2017
Amount Paid $ -0-
Skagit Co. Treasurer
By Deputy

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that LIN H. CRAFT is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 25th day of April, 2017.

LAWRENCE A. PIRKLE
COMMISSION EXPIRES
NOTARY PUBLIC
MAY 7, 2019
STATE OF WASHINGTON

LAWRENCE A. PIRKLE

NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/19

LACK OF PROBATE AFFIDAVIT
AND
AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

LIN H. CRAFT, being first duly sworn, deposed and says:

1. That the undersigned Affiant is the surviving spouse of RAYMOND L. CRAFT, who passed away on March 22, 2012, in Skagit County, State of Washington, then being a legal resident of Mount Vernon, Washington. RAYMOND L. CRAFT's Certificate of Death is attached as Exhibit A incorporated herein by this reference.

2. The real property is commonly known as 1720 Grand Avenue, Mount Vernon, Washington 98274 (Tax Parcel No. 4022-000-043-0000 (P126026)) and legally described as follows:

> Lot 43, BIG FIR NORTH P.U.D. PHASE 1, according to the plat thereof, recorded March 23, 2007, under Auditor's File No. 200703230073, records of Skagit County, Washington.
>
> Situated in Skagit County, Washington.

3. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows:

Name	Relationship	Age
LIN H. CRAFT 1720 Grand Avenue Mount Vernon, WA 98274	Spouse	Legal
MICHELLE BENEDITTI 921 Autumn Lane, #105 Bellingham, WA 98229	Daughter	Legal
BRENDA CHAPMAN 301 W. Main Lancaster, TX 75146	Daughter	Legal

4. All the debts of the decedent's and/or the marital community, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid.

5. The decedent had never received, from the State of Washington, assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

6. As of the date of death, the value of all community property of decedent was approximately $ n/a . The value of all separate property of decedent was approximately $ n/a . The combined assets of the decedent and RAYMOND L. CRAFT were under the State of Washington and Federal Estate Tax amount to require any Estate tax returns to be filed.

7. I, LIN H. CRAFT, affirm that I am the sole and rightful heir to the property legally described above.

8. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202 (6)(h).

DATED the 25th day of April, 2017.

Lin H Craft

LIN H. CRAFT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that LIN H. CRAFT is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED the 25th day of April, 2017.

LAWRENCE A. PIRKLE NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES MAY 7, 2019

LAWRENCE A. PIRKLE

NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My appointment expires: 5/7/19

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-003213

DATE ISSUED: 05/01/2012

FEE NUMBER: 0000000029

GIVEN NAMES: RAYMOND LARRY
LAST NAME: CRAFT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 22,2012
HOUR OF DEATH: 12:50 A.M.
SEX: MALE
AGE: 68 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: BLACK

BIRTHDATE: [redacted]
BIRTHPLACE: CHICAGO, ILLINOIS

MARITAL STATUS: MARRIED
SPOUSE: LIN HSIEH

OCCUPATION: INFORMATION TECH.
INDUSTRY: FORESTRY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: LIN CRAFT
RELATIONSHIP: WIFE
ADDRESS: 1720 GRAND AVE, MOUNT VERNON, WA 98274

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1720 GRAND AVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1720 GRAND AVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: RAYMOND CRAFT
MOTHER: RUTH [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: MARCH 23,2012

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

CAUSE OF DEATH:
A. METASTATIC PROSTATE CANCER
INTERVAL: YEARS
B.
INTERVAL:
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: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: SANDEEP BAL MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E KINCAID
CITY,STATE,ZIP: MOUNT VERNON WA 98274
DATE SIGNED: MARCH 22,2012

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 176
ATTENDING PHYSICIAN:
SANDEEP BAL MD

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: MARCH 22,2012

DOH 01-003 (6/10)

THIS IS CERTIFIED COPY OF THE RECORD ON FILE WITH THE STATE REGISTRAR. STATE LAW REQUIRES THAT ALL COPIES MUST HAVE THE OFFICIAL SEAL.

Affidavit for Correction

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

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

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. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is incorrect or incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) | Telephone Number:

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

15. Signature:	16. Date:	17. Address:

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, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, Passport, School Transcripts, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back), We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit – form DOH/CHS 021)**

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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If 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:
1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. 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
MAY 0 1 2012
Skagit County Health Department
Howard Leibrand M.D., Health Officer

VV00263843