



201707030193

Skagit County Auditor

\$111.00

7/3/2017 Page

1 of

6 3:45PM

After recording, return to:
Nancy J. Brownlee
12925 28th Ave NW
Marysville, WA 98271

CHICAGO TITLE 620031004

Grantor (Name of Decedent): Glen A. Brownlee

JWB

Grantee (Heirs): Learte, Steve, Alison, Lisa, John, Amy, Robert & Katherine, Nancy J.

Abbreviated Legal Description: PTN GOV. LOT 2, 17-35-07

Brownlee

Tax Parcel No.(s): P42845/ 350717-0-006-0007

June 29, 2017

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

STATE OF Washington

DEATH CERTIFICATE

COUNTY OF SKAGIT

The undersigned, Nancy J. Brownlee, executes this affidavit relating to the estate of Glen A. Brownlee (herein "Decedent"), who died on 7 June 2016, in the County of Skagit, State of WA, then being a resident of the City of Sedro-Woolley, 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

20 17 2014
JUL 03 2017

Amount Paid \$
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: Levie L. Brownlee (dau)

Name and relationship: Alison K. Brownlee (dau)

Name and relationship: Lisa L. Guill (dau)

Name and relationship: Johnathan J. Smith (son)

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:

That portion of Government Lot 2, Section 17, Township 35 North, Range 7 East of the Willamette Meridian, lying Northerly of the County Road;

EXCEPT the West 35 feet for County Road;

ALSO EXCEPT the North 933 feet (As measured along the East line thereof);

AND ALSO EXCEPT the East 600 feet (as measured along the North line thereof);

AND ALSO EXCEPT the following described tract:

Beginning at a point on the North line of the County Road 600 feet West of the East line of said Government Lot 2 (as measured parallel to the North line thereof);

Thence North, parallel to the East line of said Government Lot 2, a distance of 442 feet;

Thence West, parallel to the North line of said Government Lot 2, a distance of 300 feet;

Thence South, parallel to the East line of said Government Lot 2, a distance of 442 feet, more or less, to the North line of the County Road;

Thence Easterly along said North line to the point of beginning,

TOGETHER WITH that portion of Government Lot 2, lying Southerly of the County Road and lying between the Southerly extensions of the Westerly and Easterly lines of the main tract above described.

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.

Amy B. Cluph, (dau)

Robert M. Smith (son)

Katherine D. Carpenter (dau)

UNOFFICIAL DOCUMENT

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

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Nancy J. Brownlee
Signature

6-30-2017
Date

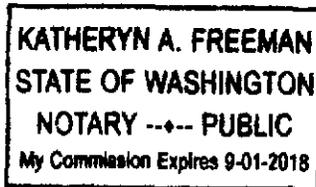
Nancy J. Brownlee
Print Name

State of Washington

County of SKAGIT

Signed and sworn to (or affirmed) before me on June 30, 2017 by _____
Nancy J. Brownlee (name of person making statement).

Kathryn A. Freeman
Name: Kathryn A. Freeman
Notary Public in and for the State of Washington,
Residing at: Snohomish co.
My appointment expires:
9-01-2018



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2016-023651

DATE ISSUED: 07/03/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GLEN ARTHUR
LAST NAME(S): BROWNLEE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 07, 2016
HOUR OF DEATH: 09:20 PM
SEX: MALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 8739 PINELLI RD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: HIBBING, ST. LOUIS COUNTY, MN

FATHER/PARENT: NORTON GEORGE BROWNLEE
MOTHER/PARENT: KATHERINE MARGARET [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: NANCY SMITH

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: CEMENT FINISHER
INDUSTRY: CONSTRUCTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JUNE 09, 2016

INFORMANT: NANCY BROWNLEE
RELATIONSHIP: WIFE
ADDRESS: 8739 PINELLI ROAD, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: TOBI G. STIDMAN

CAUSE OF DEATH:
A: RESPIRATORY FAILURE
INTERVAL: HOURS
B: ASPIRATION PNEUMONIA
INTERVAL: DAYS
C: LEFT MIDDLE CEREBRAL ARTERY STROKE
INTERVAL: MONTHS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: RICO ROMANO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 200
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
DATE SIGNED: JUNE 09, 2016

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MEL PEDROSA
DATE RECEIVED: JUNE 09, 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: 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 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 (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

JUL 03 2017

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



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