When recorded return to:
Donna Reed
Chicago Title Company of Washington
425 Commercial St
Mount Vernon, WA 98273

201707260057
Skagit County Auditor $112.00
7/26/2017 Page 1 of 5 2:00PM

Filed for record at the request of:

CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

CHICAGO TITLE
620029152

Escrow No.: 620029152

DOCUMENT TITLE(S)

Lack of Probate Affidavit and Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

Sally J. Starnes, State of Washington

☐ Additional names on page _____ of document

GRANTEE(S)

Public, Jesse L. Starnes

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot(s): 14 and ptn Lots 13 & 15 Block: 197 Map of the City of Anacortes

Complete legal description is on page 3 of document

TAX PARCEL NUMBER(S)

P56206/ 3772-197-014-0008

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

UNOFFICIAL DOCUMENT

UNOFFICIAL DOCUMENT

After recording, return to:
Sally J. Starnes
P.O. Box 636
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20173470
JUL 26 2017

Amount Paid $ 0
Skagit Co. Treasurer
By L. STARNES Deputy

Grantor (Name of Decedent): Jessel STARNES

Grantee (Heirs): SALLY J. STARNES

Abbreviated Legal Description: Lot(s) 14 and ptn Lots 13 & 15 Block: 197 Map of the City of Anacortes

Tax Parcel No.(s): P56206/ 3772-197-014-0008

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, Sally J STARNES, executes this affidavit relating to the estate of Jessel STARNES (herein "Decedent"), who died on Nov 8 2008, in the County of Skagit, State of Washington, then being a resident of the City of Anacortes, 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.

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: Sally J spouse

Name and relationship: J Allan son

Name and relationship: Damon M son

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:

The East Half of Lot 13, and all of Lot 14, and the West Quarter of Lot 15, Block 197, MAP OF THE CITY OF ANACORTES, according to the plat thereof, recorded in Volume 2 of Plats, pages 4 through 7, 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.

Sally J Starnes — Signature

6/15/17 — Date

Sally J Starnes — Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on June 15, 2017 by Sally J Starnes (name of person making statement).

JUSTYNE P. RIEHL — Name

Notary Public in and for the State of Washington.

Residing at: Sedro Woolley

My appointment expires: 11-11-17

JUSTYNE P. RIEHL NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 11-11-17

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 1011-08

Washington State Certificate of Death

State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
Jesse	Leonard	STARNES		Nov. 8, 2008

3. Sex	4a. Age – Last Birthday	4b. Under 1 Year Months / Days	4c. Under 1 Day Hours / Minutes	5. Social Security Number	6. County of Death
M	72			[redacted]	Skagit

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
[redacted]	Fayetteville	Arkansas	Some College, No Degree

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces?
No	Caucasian	Yes

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
2114 - 10th Street	Anacortes

13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skagit		Washington	98221	☒ Yes ☐ No ☐ Unk

14. Estimated length of time at residence	15. Marital Status at Time of Death	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)
23 years	Married	Sally Jean Vance

17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED)	18. Kind of Business/Industry (Do not use Company Name)
Branch Manager	Insurance

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Jesse Edward Starnes	Mae Leona [redacted]

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address (Number and Street or RFD No. / City or Town / State / Zip)
Sally Jean Starnes	Wife	2114 - 10th Street Anacortes WA 98221

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
	Nursing Home

25. Facility Name (If not a facility, give number & street of location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
Fidalgo Care Center	Anacortes	WA	98221

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Cremation	Northwest Crematory	Anacortes, Washington

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Evans Funeral Chapel & Crematory, Inc., 1105 32nd St. Anacortes, WA 98221-	Nov. 11, 2008

33. Funeral Director Signature X Leonard J. Mello

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

34. Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Prostate Cancer	2004 - 4 years
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Glioblastoma	12/06 -2 years
	Due to (or as a consequence of):	
	c. Seizure d/t 2°	
	Due to (or as a consequence of):	
	d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
☐ Yes ☒ No	☐ Yes ☒ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☐ Yes ☐ Probably ☒ No ☐ Unknown

41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	44. Injury at Work?
			☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street: Apt No

City or Town County State Zip Code+ 4

46. Describe how injury occurred	47. If transportation injury, specify:
	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.	48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
X [signature]	X

49. Name and Address of Certifier (Physician, Medical Examiner or Coroner (Type or Print))	50. Hour of Death (24hrs)
Michael James M.D. 2511 M Avenue Suite A, Anacortes, WA 98221	23:45 PM

51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY)
	11/11/2008

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
M.D.	MD00024794	NJA #516	☒ Yes ☐ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
X Bobbie Hayworth Deputy	NOV 17 2008

59. Amendments

DOH/CHS 003 Rev 07/2008

DOH 01-003 (S/99)

Health

Affidavit for Correction

Center for Health Statistics
[illegible]
Olympia WA [illegible]
[illegible]

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

STATE OFFICE USE ONLY

State File Number	[illegible] 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 forgoing is true and correct.

15. Signature	16. Date	17. Address

All vital records are [illegible] An [illegible] may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect [illegible] must be returned within one year of the date it was issued to [illegible] a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit.

Examples of documentary proof: [illegible] | Medical Record | School Record
Hospital Records | Military [illegible] | Voter's Registration Card (if it bears an effective date)
[illegible] | [illegible] | Alien Registration Card (front and back)
Marriage/Divorce Records | Passport

Birth Certificates

1. Only a parent, legal guardian [illegible] may change the birth certificate.
2. The proof must match exactly [illegible] the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe [illegible] the name is Mary Ann Doe.
3. Proof must be [illegible]
4. Up to age one, the parent(s) or legal guardian [illegible] affidavit for correction [illegible]
   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 [illegible] 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 [illegible] 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 [illegible] 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 [illegible] Certificates

1. [illegible] may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage [illegible] must sign the affidavit.

[illegible]

FOR ATTESTATION OF A COPY OF DOCUMENT
State of Washington
County of Skagit
I certify that this is a true and correct copy of a document in the possession of Sally Jean Starnes
as of this date: June 6, 2017
Darla T. Simpson, Notary Public
In and for the State of Washington
My appointment expires: October 25, 2020

CERTIFIED

NOV 18 2008

[signature]
Skagit County Public Health Department
Howard Leibrand M.D., Health Officer

DARLA T. SIMPSON
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
OCTOBER 25, 2020

Q00031651 2

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