



Skagit County Auditor \$114.00
7/31/2017 Page 1 of 7 3:41PM

After recording, return to:
Joyce D. Smith Estate

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20173547
JUL 31 2017

CHICAGO TITLE
020031418

Amount Paid \$0
Skagit Co. Treasurer
By *Mdm* Deputy

Grantor (Name of Decedent): Joyce Smith
Grantee (Heirs): Sara Smith
Abbreviated Legal Description: Lot(s): 1-AND PTN 2 Unit(S): Block: 8 CROFOOTS FIRST ADD TO THE TOWN OF CONCRETE
Tax Parcel No.(s): P70759/4058-003-002-0013

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

STATE OF WA **Death Certificate**
COUNTY OF Skagit

The undersigned, Sara Smith, executes this affidavit relating to the estate of Joyce Smith (herein "Decedent"), who died on 5/11/17 in the County of Clark, State of WA, then being a resident of the City of Vancouver, County of Clark, 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.

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: Sara Smith - Daughter

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:

All of Lot 1 and the West 29 feet of Lot 2, Block 3, CROFOOT'S FIRST ADDITION TO THE TOWN OF CONCRETE, according to the plat thereof, recorded in Volume 3 of Plats, page 88, 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.

Sara Smith
Signature

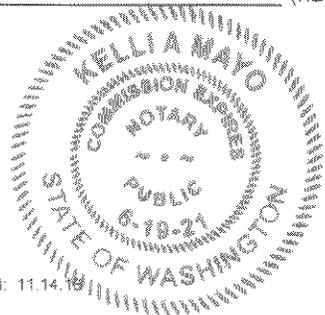
6/22/17
Date

Sara Smith
Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 6/22/17 by Sara Smith
(name of person making statement).



Name: Kellia Mayo
Notary Public in and for the State of Washington,
Residing at: Solo Wooten
My appointment expires: 6/19/21

I, JOYCE DENIESE SMITH, of legal age, residing at 1625 South Burlington Boulevard, apt.#1, Burlington, Washington, and being of sound and disposing mind and memory and not acting under duress, menace, fraud or undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament as follows:

I.

REVOCATION OF PRIOR WILLS

I hereby revoke all Wills and Codicils previously made by me.

II.

IDENTIFICATION OF BENEFICIARIES

I declare that I am unmarried. I have one child, namely: SARA JEAN COCCHI (SMITH), born 7/27/87.

III.

EXECUTRIX / EXECUTOR

I hereby nominate and appoint Shirley Smith (Mrs. Charles R. Smith), Personal Representative of this, my Last Will and Testament, and direct that she shall serve without bond.

IV.

NONINTERVENTION WILL

I hereby give and confer full power upon my said Personal Representative to grant, bargain, sell, convey, deed, mortgage and liquidate any and all real and personal property and to discharge mortgages belonging to my estate as she may deem wise and proper in carrying out the provisions of this, my Last Will and Testament and to do such acts without the necessity of applying to the Court for an order so to do or for a confirmation thereof. I further direct that my estate shall be settled in the manner herein provided without the intervention of any Court, all in compliance with the laws of the State of Washington relating to nonintervention wills.

Last Will and Testament of
JOYCE DENIESE SMITH

PERSONAL PROPERTY FOR DISTRIBUTION

It is my express intention and desire that the tangible personal property of my estate is to be disposed of, given, devised and bequeathed in accordance with that certain list prepared by me in my own handwriting and attached to this my Last Will and Testament. This provision is made pursuant to RCW 11.12.260, it being my express direction and intention that the separate disposition of my tangible personal property as evidenced by this writing shall take effect and be treated the same as if actually contained in this my Last Will and Testament.

VI.

DISPOSITION OF ESTATE

I give, devise and bequeath my entire estate, both community and separate property of every kind and character, to my daughter SARA JEAN COCCHI (SMITH).

VII.

GUARDIAN

I nominate and appoint my daughter's step-grandmother Shirley Smith (Mrs. Charles R. Smith), of Kirkland, Washington, to act as guardian of my daughter, Sara Jean Cocchi (Smith). It is my express and urgent wish that my daughter, Sara Jean Cocchi (Smith) never to be allowed to be put in an unsupervised position with her biological father James A. Cocchi. To place my daughter in such a vulnerable position would greatly jeopardize her physical, mental and spiritual safety and growth.

In the event Shirley Smith is for any reason unable or unwilling to act as guardian of my daughter, Sara Jean Cocchi (Smith), then and in that event, I nominate and appoint my daughter's cousin Edith M. Ochs (Peaches), of Albany, Oregon, to act as guardian of my daughter, Sara Jean Cocchi (Smith). I know in my heart and soul that Peaches and I are in many respects of the same spirit and it is my desire that my daughter be raised in a drug and violence free environment. I know that this wish would be met by either Shirley Smith or Edith Ochs.

Last Will and Testament of
JOYCE DENIESE SMITH

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IN WITNESS WHEREOF, I have hereunto set my hand and published and declared this as my Last Will and Testament at Burlington, Washington, this 7 day

of Oct., 1999

Joyce D. Smith
JOYCE DENIESE SMITH

The foregoing instrument, consisting of three (3) typewritten pages, including this page, was on the 7th day of Oct '99

1999 signed by the said Joyce Deniese Smith, and by her published and declared to be her Last Will and Testament in the presence of us and each of us who, at her request and in her presence and in the presence of each other, now sign our names as witnesses thereto.

Joyce D. Smith
Witness, residing at:

L. N. N. N.
Witness, residing at:

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-021720

LOCAL FILE NUMBER: 4770

DATE ISSUED: 05/16/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOYCE DENICE
LAST NAME(S): SMITH

COUNTY OF DEATH: CLARK
DATE OF DEATH: MAY 11, 2017
HOUR OF DEATH: 10:35 PM
SEX: FEMALE AGE: 66 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPICE
FACILITY OR ADDRESS: RAY HICKEY HOSPICE HOUSE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

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

RESIDENCE STREET: 45942 BENJAMIN ST
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
INSIDE CITY LIMITS: YES COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEDRO WOOLLEY, WASHINGTON

FATHER/PARENT: CHARLES SMITH
MOTHER/PARENT: JOYCE [REDACTED]

MARITAL STATUS: DIVORCED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN MEMORIAL GARDENS CREMATORY

OCCUPATION: LONG HAUL TRUCK DRIVER
INDUSTRY: TRANSPORTATION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: MAY 16, 2017

INFORMANT: SARA SMITH
RELATIONSHIP: DAUGHTER
ADDRESS: 402 NW 85TH ST, VANCOUVER, WA 98665

FUNERAL FACILITY: EVERGREEN MEMORIAL GARDENS FUNERAL
CHAPEL
ADDRESS: 1101 NE 112TH AVE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98684
FUNERAL DIRECTOR: SCOTT A BOWEN

CAUSE OF DEATH:
A: SIGNET ADENOCARCINOMA - METASTATIC; UNKNOWN PRIMARY SITE
INTERVAL: 2 WEEKS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PULMONARY EMBOLI, PLEURAL
EFFUSION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, PROTEIN CALORIE
MALNUTRITION

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

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

CERTIFIER NAME: SANDFORD PLANT, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: PO BOX 1600
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98663
DATE SIGNED: MAY 12, 2017

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: TARA VAWTER
DATE RECEIVED: MAY 15, 2017



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	Required information must match current information on record				
	Record Type	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> 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	<input type="checkbox"/> Self <input type="checkbox"/> Parent(s)	<input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Informant <input type="checkbox"/> Hospital

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 foregoing is true and correct

16a. Signature _____ Date _____
 16b. Signature of 2nd parent (if required): _____ 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.

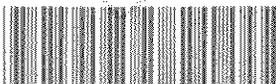
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-031 October 2015

CERTIFIED

MAY 16 2017

Alan Melnick
 Health Officer
 Clark County Public Health



0 1 2 3 3 0 6 2

Certificate not valid unless the Seal of the State of Washington Design is used when that applies.