



201711060063

Skagit County Auditor

\$80.00

11/6/2017 Page

1 of

7 9:27AM

After Recording Return to:

Paula D. Smith
20409 Curran Place
Mt. Vernon, WA 98274

AFFIDAVIT (LACK OF PROBATE)

Grantor: Paula D. Smith for the Estate of James N. Smith and Roberta J. Smith

Grantee: Paula D. Smith, a married woman as her separate estate

The undersigned affidavit/grantee, Paula D. Smith, being first duly sworn deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real property described below and on Exhibit "A", and is the daughter of James N. Smith, who died on

April 30, 2017 and Roberta J. Smith, who died on March 22, 2015, at Mt. Vernon, Skagit County, Washington.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOT 19 AND THAT PORTION OF LOT 13, "ASSESSOR'S PLAT OF HERMWAY HEIGHTS", AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGE 47, RECORDS OF SKAGIT COUNTY, WASHINGTON,

Assessor's Tax Parcel ID#: 3924-000-019-0006, P65667, 3924-000-026-0007, P65674

Physical Address: 20409 Curran Place, Mt. Vernon, WA 98274

[x] Decedent Roberta J. Smith left a Last Will and Testament which HAS NOT been Probated or Revoked. Said document bequeaths the subject real property solely to her daughter, Paula D. Smith.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child, or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent:

Paula Danelle Smith, age 49
20409 Curran Place
Mt. Vernon, WA 98274
Daughter

Timothy James Smith, age 51
3416 164th PLS E
Bothell WA 98012
Son

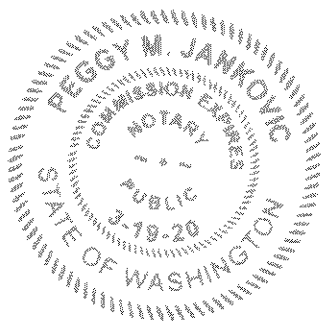
Dated: October 23, 2017.

Paula Danelle Smith
Paula Danelle Smith
(360) 630-1148

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that Paula D. Smith appeared before me, signed this instrument and acknowledged it to be a free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 23rd day of October, 2017.



Peggy M. Jankovic
NOTARY PUBLIC in and for the State of Washington
Printed name Peggy M. Jankovic
My commission expires 3-19-2020

EXHIBIT "A" – LEGAL DESCRIPTION FOR 20409 CURRAN PLACE, MT. VERNON

PARCEL "A":

LOT 19 AND THAT PORTION OF LOT 13, "ASSESSOR'S PLAT OF HERMWAY HEIGHTS", AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGE 47, RECORDS OF SKAGIT COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 13; THENCE NORTH 6°22'25" WEST, ALONG THE EAST LINE OF SAID LOT 13, A DISTANCE OF 40.06 FEET; THENCE WEST A DISTANCE OF 80 FEET, MORE OR LESS, TO AN INTERSECTION WITH THE NORTHERLY EXTENSION OF THE WESTERLY LINE OF LOT 26 OF SAID "ASSESSOR'S PLAT OF HERMWAY HEIGHTS"; THENCE SOUTHERLY ALONG SAID NORTHERLY EXTENSION OF THE WESTERLY LINE OF SAID LOT 26, A DISTANCE OF 40 FEET, MORE OR LESS, TO THE SOUTHERLY LINE OF SAID LOT 13; THENCE EAST ALONG SAID SOUTHERLY LINE, TO THE POINT OF BEGINNING.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

PARCEL "B":

LOT 26, "ASSESSOR'S PLAT OF HERMWAY HEIGHTS", AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGE 47, RECORDS OF SKAGIT COUNTY, WASHINGTON.

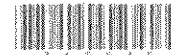
SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Abbreviated Legal: Lot 19, 26 & ptn. Of 13, Hermway Heights

Tax Parcel Number(s): 3924-000-019-0006, P65667, 3924-000-026-0007, P65674

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-019825

DATE ISSUED: 05/05/2017

FEE NUMBER

FIRST AND MIDDLE NAME(S): ROBERTA JUNE

LAST NAME(S): SMITH

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 30, 2017

HOUR OF DEATH: 01:45 AM

SEX: FEMALE

AGE: 68 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: PORT ANGELES, CLALLAM COUNTY, WASHINGTON

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: TEACHER

INDUSTRY: EDUCATION

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: PAULA SMITH

RELATIONSHIP: DAUGHTER

ADDRESS: 20409 CURRAN PLACE, MT. VERNON, WA. 98274

CAUSE OF DEATH:

A: B CELL LYMPHOMA

INTERVAL: 10 MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 20409 CURRAN PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 20409 CURRAN PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER/PARENT: ERVIN ROBERT BRAUN

MOTHER/PARENT: MYRTLE DOROTHY [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON

DISPOSITION DATE: MAY 04, 2017

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

FUNERAL DIRECTOR: TIM D. POWELL

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: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: MAY 01, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: MAY 02, 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 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"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> 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 foregoing is true and correct

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

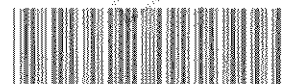
DOH 422-034 October 2015

CERTIFIED

MAY 05 2017

Howard Lebrand

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



0 1 4 3 9 8 1 9

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-008762

DATE ISSUED: 03/31/2015

FEE NUMBER: 0000000029

GIVEN NAMES: JAMES N
LAST NAME: SMITH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 22, 2015
HOUR OF DEATH: 05:30 A.M.
SEX: MALE
AGE: 71 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: AURORA, ARAPAHOE CNTY, COLORADO

MARITAL STATUS: MARRIED
SPOUSE: ROBERTA J. BRAUN

OCCUPATION: SALES
INDUSTRY: AUTOMOBILE INSURANCE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: ROBERTA SMITH
RELATIONSHIP: WIFE
ADDRESS: 20409 CURRAN PLACE, MT. VERNON, WA. 98274

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 20409 CURRAN PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER: DANIEL CALVIN SMITH
MOTHER: MILDRED BERNICE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMA
CITY, STATE: FERNDALE, WA
DISPOSITION DATE: MARCH 31, 2015

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL
ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM WA 98226
FUNERAL DIRECTOR: TIM D. POWELL

CAUSE OF DEATH:
A. PULMONARY EMBOLISM
INTERVAL: HOURS
B. MALIGNANT MELANOMA
INTERVAL: MONTHS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
HEALTH CARE ASSOCIATED PNEUMONIA

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

LOCATION OF INJURY:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

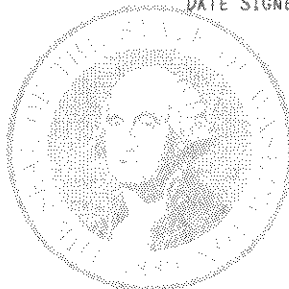
NUMBER(S): NONE
DATE(S): NONE

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: PAUL MILLER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: MARCH 30, 2015

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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: MARCH 30, 2015



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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

STATE OFFICE USE ONLY

County: _____ Date: _____ Affidavit Number: _____

Use the section below for requesting any changes on the record

1. ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution
2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Birth Name: _____ 5. Mother/Parent Full Birth Name: _____

6. The record is incorrect or incomplete as follows: _____
The record now shows: _____ The true fact is: _____

7. _____ 8. _____ 9. _____

10. _____ 11. _____ 12. _____

13. _____ 14. I represent this person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify): _____

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

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

18. Telephone Number: _____

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CERTIFIED

MAR 31 2015

Howard Eschbrand M.D. Health Officer
Skagit County Public Health Department

BB00184342