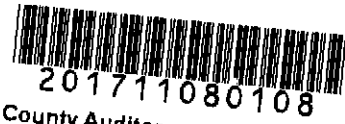


After recording, return to:
Chicago Title Company of Washington
425 Commercial
Mount Vernon, WA 98273



201711080108
Skagit County Auditor
11/8/2017 Page

1 of 4 \$111.00
3:55PM

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20175275
NOV 08 2017

CHICAGO TITLE
020031054

Amount Paid \$0
Skagit Co. Treasurer
By Mark Deputy

Grantor (Name of Decedent): Michael F. Bell, Sr.
Grantee (Heirs): Sigrid J. Bell
Abbreviated Legal Description: Lot(s): 11 Unit(S): SAMISH SHORES
Tax Parcel No.(s): P68802 / 3991-000-011-0002

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, Sigrid J. Bell, executes this affidavit relating to the estate of Michael F. Bell, Sr. (herein "Decedent"), who died on May 14, 2017, in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, 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 _____ in [mm/dd/yyyy], under Recording No. _____ in _____ County, Washington.
☐ other (identify): _____

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: Sigrid J. Bell, spouse

Name and relationship: Michael F. Bell, Jr., son

Name and relationship: Bradley S. Bell, son

Name and relationship: Synthia J. Tennyson, daughter

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:

Lot 11, Samish Shores Plat, Skagit County, Washington, as per plat recorded in Volume 8 of plats, pages 7 and 7a, records of Skagit County, Washington.

Situate 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.

Sigrid J. Bell
Signature
Sigrid Janet Bell
Print Name

10/12/2017
Date

State of Washington Idaho
County of Kootenai

Signed and sworn to (or affirmed) before me on October 12th, 2017 by Sigrid Janet Bell
(name of person making statement)



Michelle Rotondi
Name: Michelle Rotondi
Notary Public in and for the State of Washington, Idaho
Residing at: Kootenai
My appointment expires: 1-17-2023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-022209

DATE ISSUED: 10/11/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MICHAEL FRANK
LAST NAME(S): BELL SR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 14, 2017
HOUR OF DEATH: 03:25 PM
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: COLFAX, WA

MARITAL STATUS: MARRIED
SPOUSE: SIGRID JANET GUNDERSON

OCCUPATION: RANCHER/TEACHER/CHEF
INDUSTRY: FARMING/EDUCATION/RESTAURANT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: SIGRID JANET BELL
RELATIONSHIP: WIFE
ADDRESS: 1780 EAST RIO VISTA AVE. BURLINGTON, WA 98233

CAUSE OF DEATH:
A: ACUTE RESPIRATORY FAILURE
INTERVAL: 2 WEEKS
B: EXACERBATION OF PULMONARY FIBROSIS
INTERVAL: 2 WEEKS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, HYPERTENSION, CORONARY ARTERY DISEASE

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

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

RESIDENCE STREET: 10467 WALLEN ROAD
CITY, STATE, ZIP: BOW, WA 98232
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 43 YEARS

FATHER/PARENT: DR FRANK NELSON BELL
MOTHER/PARENT: HAZEL JOY [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MAY 17, 2017

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: REX E. WATT

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

CERTIFIER NAME: ANDRIY VITER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: MAY 16, 2017

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: MAY 17, 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
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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"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <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 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

OCT 11 2017

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

