When recorded return to:
Leslie K Grimes
33604 Old Portland Rd
Adel, IA 50003

201804300187
Skagit County Auditor $113.00
4/30/2018 Page 1 of 6 2:50PM

Filed for record at the request of:

CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620034149

CHICAGO TITLE
620034149

DOCUMENT TITLE(S)

1. Lack of Probate Affidavit
2. Death Certificate

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

Additional reference numbers on page _____ of document

GRANTOR(S)

1. Leslie K Grimes
2. Washington, State of

☐ Additional names on page _____ of document

GRANTEE(S)

1. Public
2. Randall David Grimes

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot(s): 2 SKAGIT COUNTY SHORT PLAT NO. 93-029

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P104059 / 350328-3-002-0504

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

After recording, return to:
Leslie K Grimes
33604 Old Portland Rd
Adel IA 50003

Grantor (Name of Decedent): Randall D. Grimes

Grantee (Heirs): Leslie K Grimes

Abbreviated Legal Description: Lot(s): 2 SKAGIT COUNTY SHORT PLAT NO. 93-029 Tax/Map ID(s):

Tax Parcel No.(s): P104059 / 350328-3-002-0504

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

STATE OF Iowa

COUNTY OF Dallas

The undersigned, Leslie K. Grimes, executes this affidavit relating to the estate of Randall Grimes (herein "Decedent"), who died on 5-29-2015, in the County of SKAGIT, State of WA, then being a resident of the City of Bow, 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.

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: Leslie K. Grimes wife

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:

Lot 2, Short Plat No. 93-029, approved September 27, 1993, recorded September 28, 1993, in Book 10 of Short Plats, pages 238 and 239, under Auditor's File No. 9309280113, being a portion of the Northwest quarter of the Southwest quarter of Section 28, Township 35 North, Range 3 East, W.M.

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.

Leslie K Grimes — Signature

4-19-2018 — Date

Leslie K Grimes

Print Name

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

(continued)

State of ~~Washington~~ Iowa

County of Dallas

Signed and sworn to (or affirmed) before me on April 19, 2018 by Leslie K. Grimes
(name of person making statement).

JULIE A SLEEP
Commission Number 744845
My Commission Expires
January 18, 2019

Julie A Sleep

Name: Julie A. Sleep

Notary Public in and for the State of ~~Washington~~, Iowa

Residing at: 10501 Oakwood Drive, Urbandale, IA 50322

My appointment expires: 01/18/2019

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-015701

DATE ISSUED: 06/08/2015

FEE NUMBER: 0000000029

GIVEN NAMES: RANDALL DAVID
LAST NAME: GRIMES

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 29,2015
HOUR OF DEATH: 02:15 P.M.
SEX: MALE
AGE: 59 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [redacted]
BIRTHPLACE: ANACORTES, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: LESLIE KIM [redacted]

OCCUPATION: MECHANIC
INDUSTRY: BOWLING ALLEYS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: LESLIE GRIMES
RELATIONSHIP: WIFE
ADDRESS: 16392 BRADLEY ROAD, BOW, WA 98232

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 16392 BRADLEY ROAD
CITY, STATE, ZIP: BOW, WASHINGTON 98232

RESIDENCE STREET: 16392 BRADLEY ROAD
CITY, STATE, ZIP: BOW, WASHINGTON 98232
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: JESSE GRIMES
MOTHER: LORRAINE [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: JUNE 06,2015

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:
A. UNKNOWN
INTERVAL: HOURS
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
DIABETES, CORONARY ARTERY DISEASE, KIDNEY FAILURE

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: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CHIA-JEN KUAN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 121 S 12TH STREET SUITE B
CITY,STATE,ZIP: MOUNT VERNON WA 98274
DATE SIGNED: JUNE 05,2015

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 098-15
ATTENDING PHYSICIAN:
CHIA-JEN KUAN MD

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: JUNE 05,2015

DOH 01-003 (1/15)

Affidavit for Correction

Washington State Department of Health

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

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 Birth 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 using this form, **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). 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 January 2015