

POOR ORIGINAL



201805310035

05/31/2018 11:37 AM Pages: 1 of 6 Fees: \$113.00
Skagit County Auditor

After recording, return to:
Laura Kahn

1500 E College Way
Ste A, PMB 280
Mt. Vernon, WA 98273

CHICAGO TITLE
020034254

Grantor (Name of Decedent): Kenneth C Kahn

Grantee (Heirs): Laura B Kahn

Abbreviated Legal Description: Lot(s): 4 SKAGIT COUNTY SHORT PLAT NO. 504-80

Tax Parcel No.(s): P38749 / 350509-4-001-0303

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

Death Certificate

STATE OF Washington

COUNTY OF Skagit

The undersigned, Laura B Kahn, executes this affidavit relating to the estate of
Kenneth C Kahn (herein "Decedent"), who died on 3/21/18,
in the County of Skagit, State of WA, then being a resident of the
City of Sedro Woolley, 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.
 - other (identify): _____

PLEASE COMPLETE

SIGN AND RETURN

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)

For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds

This is a two (2) part form. The first affidavit is for title company internal use. The second, shorter affidavit is for recording in connection with claiming an exemption from real estate excise tax.

STATE OF WA Title Insurance Commitment No.: 620034254COUNTY OF Skagit County: Skagit

The undersigned, Laura B. Kahn, executes this affidavit relating to the estate of Kenneth C. Kahn (herein "Decedent"), who died on 3-06-18, in the 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:

That the undersigned is (check one):

- the lawful surviving spouse of the Decedent
 Surviving child of the Decedent
 Registered domestic partner 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,
 other (identify): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

- spouse or registered domestic partner; and
- children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving grandchildren, parents, brothers and sisters of decedent); and
- all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death; see RCW11.04.015:

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name and relationship: Laura A. KahnAddress: Sequoia WayleyName and relationship: Angela PrattAddress: Mount VernonName and relationship: Maris LarsenAddress: Squawam

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: Laura B Kahan, Spouse

Name and relationship: Angela Pratt, daughter

Name and relationship: Maria Larson, daughter

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:

Parcel A:

Tract 4, SKAGIT COUNTY SHORT PLAT NO. 504-80, approved December 12, 1980, and recorded December 15, 1980, in Volume 5 of Short Plats, page 12, under Auditor's File No. 8012150005, records of Skagit County, Washington;

Parcel B:

An easement for ingress, egress and utilities over and across Tract "A", Short Plat No. 504-80, located in Section 9, Township 35 North, Range 5 East, W.M., approved December 12, 1980 and recorded in Volume 5 of Short Plats, page 12, under Auditor's File No. 8012150005, records of Skagit County, Washington.

Parcel C:

An easement for ingress and egress and utilities over and across a strip of land 60 feet in width, in a portion of the Southeast 1/4 of the Northeast 1/4 of Section 9, Township 35 North, Range 5 East, W.M., the centerline of said 60 foot tract being more particularly described as follows:

Beginning at the East 1/4 corner of said Section 9;
thence North 0°24'22" East 787.69 feet along the East line of said Section 9, to the centerline of an existing County road;
thence North 75°26'20" West 685.18 feet along said centerline of County road to the true point of beginning of said centerline of 60 foot tract;
thence South 1°00'00" West 162.84 feet to the South line of that certain tract of land conveyed to Puget Sound Power and Light Company by instrument recorded under Auditor's File No. 871370, said South line being a terminus of said centerline and 60 foot tract, EXCEPT any portion thereof lying within the County road.

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.

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-010539

DATE ISSUED: 03/08/2018
FEE NUMBER: 2711

FIRST AND MIDDLE NAME(S): KEN
LAST NAME(S): KAHN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 06, 2018
HOUR OF DEATH: 01:15 PM
SEX: MALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 7540 SUNNY LANE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 7540 SUNNY LANE
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BURLINGTON, WA

FATHER/PARENT: MELVIN KAHN
MOTHER/PARENT: BESSIE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: LAURA EATON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PUGET SOUND CREMATORY

OCCUPATION: SKAGIT CO PUD
INDUSTRY: WATER
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: PUYALLUP, WASHINGTON
DISPOSITION DATE: MARCH 08, 2018

INFORMANT: LAURA KAHN
RELATIONSHIP: WIFE
ADDRESS: 7540 SUNNY LANE, SEDRO WOOLLEY, WA 98289

FUNERAL FACILITY: CREMATION SOCIETY OF WASHINGTON

ADDRESS: PO BOX 7506
CITY, STATE, ZIP: TACOMA, WASHINGTON 98417
FUNERAL DIRECTOR: TIMOTHY GRANT

CAUSE OF DEATH:
A: ACUTE MYELOBLASTIC LEUKEMIA
INTERVAL: 5 WEEKS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: MARCH 07, 2018

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: MARIA VIVANCO
DATE RECEIVED: MARCH 07, 2018



Affidavit for Correction 201805310035

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98512-47814
360-236-4300

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

05/31/2018 11:37 AM

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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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 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: 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, **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)

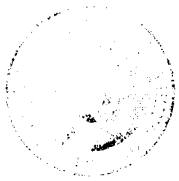
Death Certificates

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



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of chapter 70.58 RCW

CERTIFIED



Anthony L-Chen, MD, MPH
DIRECTOR
DO NOT DESTROY

27064056



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