

JONES BUTLER DOLAN, PS  
P.O. Box 2784  
Mount Vernon, WA 98273  
360-336-2939



**201806250195**

06/25/2018 02:56 PM Pages: 1 of 7 Fees: \$105.00  
Skagit County Auditor

**LACK OF PROBATE AFFIDAVIT  
COMMUNITY PROPERTY**

---

**Document Title:** Lack of Probate Affidavit – Community Property  
**Grantor:** Kaye M. Taylor, deceased  
**Grantee:** Robin L. Taylor, a single man  
**Assessor Parcel No:** P83155, 4472-000-031-0004  
**Abbreviated Legal:** Lot 31, "PLAT OF HILLTOP HAVEN NO. 2"  
**Reference No:** 200704170002

---





Exhibit A

## Legal Description

Lot 31, "PLAT OF HILLTOP HAVEN NO. 2", as per plat recorded in Volume 14 of Plats, pages 2 and 3, records of Skagit County, Washington.

Subject to covenants, conditions, restrictions, and easements, and by this reference made a part hereof.

## EXCEPTIONS:

A. PROTECTIVE COVENANTS AND/OR EASEMENTS, BUT OMITTING RESTRICTIONS, IF ANY, BASED ON RACE, COLOR, CREED OR NATIONAL ORIGIN:

Dated: July 18, 1986  
Recorded: July 21, 1986  
Auditor's No.: 8607210126

Said Covenants were rerecorded under Auditor's File No. 8707200074 to add additional lots to said Covenants.

B. MATTERS AS DISCLOSED AND/OR DELINEATED ON THE FACE OF THE FOLLOWING PLAT/SUBDIVISION:

Plat/Subdivision Name: Hilltop Haven No. 2  
Recorded: January 31, 1985  
Auditor's No.: 8501310022

Said matters include but are not limited to the following:

1. An easement is hereby reserved for and granted to the City of Mount Vernon, Puget Sound Power & Light Company, Public Utility District No. 1, Continental or General Telephone Companies, Nationwide Cablevision Co., and Cascade Natural Gas co., and their respective assigns under and upon the exterior seven (7) feet in which to install, lay, construct, renew, operate, maintain and remove utility systems, lines, fixtures, and appurtenances attached thereto. For the purpose of providing utility services to the subdivision and other property, together with the right to enter upon the

lots and tracts at all times for the purposes stated, with the understanding that any grantee shall be responsible for all unnecessary damage it causes to any real property owner in the subdivision by the exercise of rights and privileges herein granted.

2. Right of the public to make necessary slopes for cuts or fills upon property herein described in the reasonable original grading for the streets, avenues, alleys and roads, as dedicated in the plat.

3. Seven (7) foot wide utility easement, as delineated on the face of the plat across the front and rear lines of the subject property.

C. STANDARD PARTICIPATION CONTRACT (REGARDING SEWERS),  
INCLUDING THE TERMS AND PROVISIONS THEREOF:

Between: City of Mount Vernon  
And: Steve Eller  
Dated: February 11, 1988  
Recorded: March 1, 1988  
Auditor's No.: 8803010029

By said instrument the City of Mount Vernon also acknowledged payment of \$600.00.

CERTIFICATE OF DEATH



DATE ISSUED: 11/03/2017  
FEE NUMBER:

CERTIFICATE NUMBER: 2017-047147

FIRST AND MIDDLE NAME(S): KAYE MARIE  
LAST NAME(S): TAYLOR

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 01, 2017  
HOUR OF DEATH: 06:30 AM  
SEX: FEMALE AGE: 77 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 535 N WAUGH ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 535 N WAUGH ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BELOIT, WI

FATHER/PARENT: LESTER BUCKWALTER  
MOTHER/PARENT: DARLENE [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: ROBIN L TAYLOR

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

OCCUPATION: SECRETARY  
INDUSTRY: LEGAL  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: NOVEMBER 03, 2017

INFORMANT: ROBIN L TAYLOR  
RELATIONSHIP: HUSBAND  
ADDRESS: 535 N WAUGH ROAD MOUNT VERNON, WA 98273

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: RICK B. LEMLEY

CAUSE OF DEATH:  
A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE  
INTERVAL: YEARS  
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: YES  
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: NOVEMBER 01, 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: CHERYL PETERSON  
DATE RECEIVED: NOVEMBER 03, 2017



# Affidavit for Correction 201806250195

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.

06/25/2018 02:56 PM Page 1 of 1

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

**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: \_\_\_\_\_  
First, Last, Middle Initial, Day, Month, Year, City, State, County

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)  
First, Last, Middle Initial, Day, Month, Year, City, State

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: \_\_\_\_\_  
P.O. Box, Street, Apt., City, State, Zip

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 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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.

# \*CERTIFIED\*

NOV 03 2017

*Howard Leibrand*  
Skagit County Health Department  
Howard Leibrand M.D., Health Officer



0 1 5 1 9 2 5 0