

POOR ORIGINAL

After recording, return to:
Brian K Renfro
6117 S Cheshire Avenue
Boise, ID 83709



201809110070

09/11/2018 03:33 PM Pages: 1 of 4 Fees: \$139.00
Skagit County Auditor

CHICAGO TITLE
620035476

Grantor (Name of Decedent): Marionne Renfro
Grantee (Heirs): Brian K Renfro, Gregory R. Renfro, Michael A Renfro
Abbreviated Legal Description: Lot(s): 40 CREEKSIDE VILLAGE PHASE II
Tax Parcel No.(s): P84015 / 4536-000-040-0007

INHERITANCE LACK OF PROBATE AFFIDAVIT AND **

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

** DEATH CERTIFICATE

STATE OF Idaho

COUNTY OF Ada

The undersigned, Brian K. Renfro, executes this affidavit relating to the estate of Marionne Renfro (herein "Decedent"), who died on 7/4/18 in the County of King, State of Washington, then being a resident of the City of Anacortes, 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 _____ [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: Brian K. Renfro Son

Name and relationship: Gregory R Renfro Son

Name and relationship: Michael A Renfro Son

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 40, CREEKSIDE VILLAGE, PHASE II, according to the plat thereof, recorded in Volume 14 of Plats, pages 133 and 134, records of Skagit County, Washington.

Situated in Skagit County, Washington

5. Status of the Will (if any)

- [X] 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.

Brian K. Renfro
Signature

09/11/18
Date

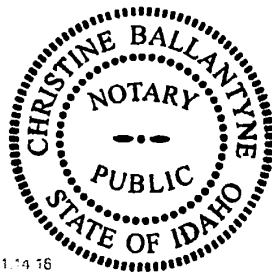
Brian K. Renfro
Print Name

CB Idaho
State of Washington
County of ada

Signed and sworn to (or affirmed) before me on 4 September 2018 by Brian K Renfro
(name of person making statement)

Christine Ballantyne
Name:

Notary Public in and for the State of Washington,
Residing at:
My appointment expires:



CHRISTINE BALLANTYNE
RESIDING IN: MERIDIAN, IDAHO
ADA COUNTY
COMM. EXPIRES 12/3/2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-029555

DATE ISSUED: 07/17/2018
FEE NUMBER: 54120

FIRST AND MIDDLE NAME(S): MARIANNE
LAST NAME(S): RENFRO

COUNTY OF DEATH: KING
DATE OF DEATH: JULY 04, 2018
HOUR OF DEATH: 12:20 AM
SEX: FEMALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: KLINE GALLAND HOME
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98118

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

RESIDENCE STREET: 2101 CREEKSIDE CIR
CITY, STATE, ZIP: ANACORTES, WA 98221-2461
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: HOTCHKISS, CO

FATHER/PARENT: RANOLD MCDONALD
MOTHER/PARENT: MARGARET [REDACTED]

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

OCCUPATION: ACCOUNTANT
INDUSTRY: CITY GOVERNMENT
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: JULY 06, 2018

INFORMANT: BRIAN RENFRO
RELATIONSHIP: SON
ADDRESS: 6117 S. CHESHIRE AVE, BOISE, ID 83709

FUNERAL FACILITY: SMART CREMATION

ADDRESS: 120 15TH STREET SE SUITE 201
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372
FUNERAL DIRECTOR: LORRI M. DENISON

CAUSE OF DEATH:
A: HYPOXIA
INTERVAL: DAYS
B: ASPIRATION PNEUMONIA
INTERVAL: ABOUT ONE WEEK
C: SEVERE STROKE
INTERVAL: ABOUT 3 WEEKS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: IRENE J. KARLSEN THOMPSON, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 5950 SIXTH AVE S SUITE 100
CITY, STATE, ZIP: SEATTLE, WA 98108
DATE SIGNED: JULY 05, 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: DIANE BOGAN
DATE RECEIVED: JULY 06, 2018



Affidavit for Correction 201809110070

Mailed to: Center for Health Statistics
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Olympia, WA 98504-7814
360-236-4300

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

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

Required	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 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**
- 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.
 - 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.
 - Documentary proof must be five or more years old or established within five years of birth.

- | | |
|--|--|
| <p>Child under 18</p> <ul style="list-style-type: none"> • 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 | <p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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**
- 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.
 - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

- Marriage/Dissolution (Divorce) Certificates**
- 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.
 - 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.



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