



201810310053

10/31/2018 12:14 PM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

When recorded return to:

Michael A. Winslow
Attorney at Law
1204 Cleveland Avenue
Mount Vernon, Washington 98273

AFFIDAVIT (LACK OF PROBATE)

GRANTOR: Robert M. Hughes, deceased.

GRANTEE: Donna D. Hughes, an unmarried person.

LEGAL DESCRIPTION:

Lot 1, Skagit County Short Plat No. 93-039, approved September 10, 1997, and recorded October 13, 1997, in Volume 13 of Short Plats, page 50, under Auditor's File No. 9710130055, records of Skagit County, Washington; being a portion of Government Lot 6, Section 6, Township 33 North, Range 5 East, W.M. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Including manufactured home 1999 Silvercrest Howardmanor 39X28 Serial Number 17710838.

**ASSESSOR'S PROPERTY TAX
PARCEL OR ACCOUNT NO.** P113310

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20184821
OCT 31 2018

**REFERENCE NOS OF DOCUMENTS
ASSIGNED OR RELEASED:** None.

Amount Paid \$0
Skagit Co. Treasurer
By *man* Deputy

The undersigned Affiant/Grantee, Donna D. Hughes, being first duly sworn, deposes and states as follows: That she is a rightful heir, as listed on heirs at law, to the real property described below, and is the surviving spouse of Robert M. Hughes, who died on March 6, 2018, at Mount Vernon, Skagit County, Washington. A certified copy of the Death Certificate is attached hereto as *Exhibit A*.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Lot 1, Skagit County Short Plat No. 93-039, approved September 10, 1997, and recorded October 13, 1997, in Volume 13 of Short Plats, page 50, under Auditor's File No. 9710130055, records of Skagit County, Washington; being a portion of Government Lot 6,

Section 6, Township 33 North, Range 5 East, W.M. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Including manufactured home 1999 Silvercrest Howardmanor 39X28 Serial Number 17710838.

Assessor's Property Tax Parcel/Account Number: P113310 / 330506-4-001-0900

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which HAS NOT been probated or revoked. The will left all property of the Decedent to Donna D. Hughes, his surviving spouse.

The Decedent executed no other agreements to convey, conveyances in escrow, revocable trusts, or other instruments for the purpose of conveying or encumbering the land subject of this affidavit to any other persons. Affiant is entitled to distribution of the subject property from the Decedent because Decedent and Affiant were Husband and Wife, took title to the property as Husband and Wife, and as such property is community in nature, belongs to the Affiant as surviving spouse.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the Decedent. Affiant hereby identifies all heirs at law of the Decedent:

<u>Full Name and Address</u>	<u>Age</u>	<u>Relationship</u>
Carol Beach 1615 202nd Place S.W. Lynnwood, WA 98036	Legal	Daughter
Susan Farrell 8611 Fourth Place S.E. Everett, WA 98208	Legal	Daughter
Donna Hughes 18632 Four Jay Lane Mount Vernon, WA 98274	Legal	Wife
Scott Hughes 837 Ferry Street Sedro-Woolley, WA 98284	Legal	Son

DATED: October 24, 2018.

Donna D. Hughes
Telephone: (360) 422-5123
18632 Four Jay Lane
Mount Vernon, WA 98274

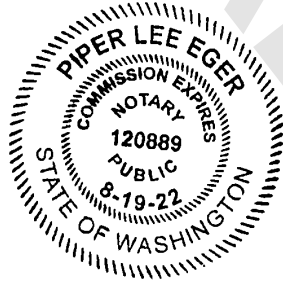
Donna Hughes
Signature

October 24, 2018
Date

State of Washington)
 :ss
County of Skagit)

I certify that I know or have satisfactory evidence that Donna D. Hughes is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes in the instrument.

Dated: October 24, 2018.



Piper Lee Eger Notary Public
My appointment expires: 8/19/22

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

5

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-010917

DATE ISSUED: 03/13/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT
LAST NAME(S): HUGHES

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 06, 2018
HOUR OF DEATH: 05:30 AM
SEX: MALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 18632 FOUR JAY LANE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 18632 FOUR JAY LANE
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: YAKIMA, WA

FATHER/PARENT: HUGHES
MOTHER/PARENT: GLADYS [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: DONNA MCDONALD

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: QUALITY ASSURANCE
INDUSTRY: AEROSPACE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 12, 2018

INFORMANT: DONNA HUGHES
RELATIONSHIP: WIFE
ADDRESS: 18632 FOUR JAY LANE MOUNT VERNON, WA 98274

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:
A: MELANOMA, WIDELY METASTATIC
INTERVAL: 1 1/2 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: NO
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 09, 2018

EXHIBIT A

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

201810310053

Mail to: Center for Health Statistics

10/31/2018 12:14 PM Page 5 of 5

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:
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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 nd parent (if required):
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Printed name:	Date:	Printed name:	Date:
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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.

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

- 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

CERTIFIED

MAR 13 2018

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



0 1 8 0 2 4 3 2

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