After recording, return to: Margerete Noble

201901150053

01/15/2019 11:32 AM Pages: 1 of 4 Fees: \$102.00 Skagit County Auditor

CHICAGO TITLE 620036689

Grantor (Name of Decedent): Eugene Cloner Noble	
Grantee (Heirs): Margarete Noble / aka Marg	erete Noble
Abbreviated Legal Description: Lot(s): 4, 5 and Ptn. 3 Block: 91 CITY OF ANACOR	
Tax Parcel No.(s): P55548 / 3772-091-005-0004	
INTERITANCE LACK OF PROPATE AFFIDAVIT	
INHERITANCE LACK OF PROBATE AFFIDAVIT (To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of	f Ownership)
$A \cap A$	• •
STATE OF TO TO	@margerete Noble
COUNTY OF Surfamed	C. Margarate Noble
The undersigned, brada Morales for (and & by describe this affidavit related to the Country of Skap, T.Co., State of White Land, then being the country of Skap, T.Co., State of White Land, then being the country of t	ting to the estate of
Evalue 2 mes Nable (herein "Decedent"), who died on 12-11	- ano8 .
in the County of Skap, T Co., State of WHS by then being	ng a resident of the
City of Mac Coule, County of Ska of, State of Was	shinaton.
(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 together pamed in that contain instrument execution a joint together.	and a second to the second to
One (1) of the joint tenants named in that certain instrument creating a joint ter	lancy with a right or
survivorship identified in that certain deed recorded on	
[mm/dd/yyyy], under Recording No.	, in
County, Washington.	
□ other (identify:)	
Affile Miller of Duberty)	Y
	11.08.18 @ 03:00 PM by TM V-02150.620019-620036689

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

<u>Na</u>	mes 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: 710/90 etc 70/06/ 500056
	Name and relationship: MARGARETE NIBLE Spouse
	Name and relationship: MARGARET NIBLE, speuse
	Name and relationship: MARGARETTE NOBLE, Spouse
De	scription of the Property Margerete Noble @
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:
	The West half of Lot 3, and all of Lots 4 and 5, Block 91, "CITY OF ANACORTES", according to the plat recorded in Volume 2 of Plats, page 4, records of Skagit County, Washington.
	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.
IN	WITNESS,WHEREOF, the undersigned have executed this document on the date(s) set forth below.
<u> </u>	Sund Mylls Signature Scenda Morales
Pri	nt Name
Sta	ate of Washington
Со	unty of Shonomish
Sig	ned and sworn to (or affirmed) before me on <u>January 4th 209</u> by <u>Royanda Mwales</u> (name of person making statement).
	Notary Public State of Washington JENNIFER S STAFFORD MY COMMISSION EXPIRES June 15, 2022 My appointment expires: UNIFER S. Stafford Notary Public in and for the State of Washington, Residing at: Snowwish My appointment expires: UNIFER S. Stafford Notary Public in and for the State of Washington, Residing at: Snowwish My appointment expires:

File Number	<u>-08</u>				rtificate of De			File Numbe				
1. Legal Name erous AKA	Stany) First	Middle	ι	LAST	Şu	fils 2. De	sath Date		8	75578		
Eugene		mer	MOI				Dec 11, 2008					
3. Sex (M/F) 4a	i. Age – Last Birti 76	heay 4b. Under 1 Months	Year Days	4c. Under	r 1 Day Minutes	5. Social Securi	nty Number		5. County of Skag:			
7. Birthdate		Ba. Birthplace (City, Town, or County) Bb. (State or Foreig						's Education				
10. Was Decedent of His		Anacortes Washington Congan? (Yes or No) Nyes, specty. 11, Decedent's Race(s)					10th Grade - No Di			iploma. 12, Was Decedent ever in I		
No		•	-		Caucasian					Armed Forces? Yes		
1309-16th S	per and Street (e.g., 824 SE 5 th St.) (include Apl. No.) St.,									lown ortes		
13c. Residence: County Skagit	13	d. Tribal Reserva	ation Name (d s	pplicable) 1	13e. State or Fore		13	f. Zip Code		3g. Inside City Limits?		
14. Estimated length of ti	me at residence	e. 15. Marital St	atus at Time of	Death 1	Washingt 16. Surviving Spor	use's or Domest	lic Partner's	98221 Name (Give r		SZYes □ No □ ! nsl marriade)		
17 Heuri Occupation (In-	dents has always	Marri		1	Margaret	te Zeltir	nger					
17. Usual Occupation (in Press Opera		k done during mosi	of working life, (c	O NOT USE P		ywood Mil		ise Company I	Name)			
19. Father's Name (First Cecil (nmn) A		μ)				r's Name Before		oge (First, Mc	ide, Lest)			
21. Informant's Name		22. Relatio	riship to Deced	dent 23.	Mailing Address:	line Delor		Caty or Town	-	Za		
Margarete Nob		Wife			1309-16t	h St.	1	Macorte		WA 98221		
24. Piece of Death, if Death	Occurred in a Hos	spital:				eath, if Death Occur ident ' # Re			a Hospital:			
25. Facility Name (finota 1309-16th St.	facility, give numb	ber & street or locati	ion)			Sa. City, Town,		of Death		27. Zip Code		
28. Method of Disposition		29. Place of F	Inal Disposition	n (Name of c	complety, crematory.			I oration_C	WA Ity/Town, and	98221		
Cremation		Northw	est Creme	HOTY	,,.	, ,	Γ*		tes, Was			
14 Name and Complete	A 44			11017								
1. Name and Complete Evans Funeral	Address of Fun Chapel &	neral Facility		<u> </u>	nd St. Anso	ortes, WA	98221-			Isposition 13, 2008		
31. Name and Complete EVANS Funeral, 33. Funeral Director Sig 34. Enter the chain of ex- ventricular fibriliation with	ents - diseases	ly Lux s, mjunes, or come etiology. DO N	Country Abbrevia	105 -32r	(See Instructions a	nd examples)		,	32. Date of D Dec 1	Isposition 13, 2008		
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DOH/CHS 003 Rev 07/09/07

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Affidavit for Correction

01/15/2019 11:32 AM Page 4 of 4

Cen	ter	tor	Health	n Sta	tisti
P.O.	Во	x 4	7814		

Cen	ter	for	Health	Statistics
P.O.	Во	x 47	7814	

	Wishington State Department of Health	This is a	legal docume	ent. Comp	olete in ini	k and d	o not alter.	(P.O. Box 47814 Olympia, WA 985 360-236-4300	504-7814
			S	TATE OFF	ICE USE C	NLY				—— <i>1</i> ——
Stat	e File Number	Fee Nu	mber		I	nitials	Date		Affidavit Numb	ber
		Rea	uired informati	on must n	natch curre	ent Info	rmation on record			• — —
	Record Type:	Birth	Marriage		~)					
굣	1. Name on Record:		Death		<u>aarrago</u>	-	Dissolution (3. Place of Eve	ent:
Required	First	Linkin					10M 0054447	1	data or Cou	unty)
atr	4. Father/Parent Full Birtl	h Name (Spouse A	for Marriage or D	issolution)	5. Mother/F	Parent Fu	ıll Birth Name (Spous	e B for N	farriage or Dis	solution)
ec	First	Middle		of Academy	1.951		Middle		Last/M	faiden
	6. Name of Person Requ	esting Correction:		Relationship Person on Re	to Se		☐ Guardian ☐ Funeral Director	☐ Info	rmant	☐ Hospital
7. R	eturn Mailing Address:									
ρ	O Box or Street Address							State		Zip
Tele	phone Number:				Email Addr	ess:				
()				<u> </u>					7 : 590
1.3				nges on th	e record.	The rec	ord is incorrect o		plete as foli	ows:
	The	record now show	vs:				The true	fact is:		
8.					9.					
10.					11.					
12.					13.					
14.					15.				-	
	I declare under	penalty of peri	iry under the l	aws of the	State of V	Vashing	ton that the forgo	oina is t	rue and cor	rect
16a.	Signature:	positive or positi	<u>,</u>	<u> </u>			nd parent (if required):		140 4114 0011	
D-:			In-t		District		<u> </u>			
Prin	ted name:		Date:		Printed nar	ne:			Dat	ie:
			NSTRUCTIONS -							
							tificate cannot be u			
	uired documentary proof n Birth/Marriage/Divorce reco									
	Sintriviamage/Divorce reco Certificate of Naturalization		record (DD-214) /medical record		School transo Passport	ripts	Social Secu Green/Pern		ildent Report esident card (I-	(-551)
	n Certificates	1 Tioopital	THOUSAN TOOOTA		асорон	-	- Greenin em	ilanoni i	coldent card (I	
2. 1	Only a parent(s), legal guar The proof(s) must match Mary Ann Doe									e name to be
	Documentary proof must be	e five or more vear	s old or establishe	ed within five	e vears of bir	th				
	d under 18	,			Adult (18 y	ears or c				
•	If legal guardian(s), include						an change his or her			_
•	Up to age one, last name certificate (can be any cor				 If the fir required 		dle name is missing,	three pie	ces of docume	entary proof are
•	After age one, a court ord						e and/or last name is	missnell	ed, or date of I	birth is incorrec
•	No proof is required to cha	ange the first or mi	iddle name*				cumentary proof are i		,	
•	To correct parent's information						t's birth date, place of	f birth, or	name, one doo	cumentary proc
•	To correct the sex of the opprovider is required	child, one document	tary proof from a r	medical	is requi	ed				
	*To change any part of the na certificate with request.	ame of a child using th	is form, signatures	from both pa	rents listed o	n the cert	ificate are required. If o	one parent	is deceased, sul	bmit a death
		it cannot be used	to add a father t	o a birth ce	ertificate (us	e patern	ity acknowledgmen	t form D	OH 422-032)	
Dea	th 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). 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

- 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
- 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

ISSUED This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued DEC 17 2018



under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

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

0 2 7 2 3 6 2