

After recording, return to:
Mark Nesheim, Personal Representative to the
estate of Rosella M. Nesheim, deceased



201905170065

05/17/2019 01:40 PM Pages: 1 of 6 Fees: \$104.00
Skagit County Auditor

CHICAGO TITLE
020038040

Grantor (Name of Decedent): Jack B. Nesheim
Grantee (Heirs): Mark E. Nesheim / son
Abbreviated Legal Description: Tract 35, Westview Acres Subdivision, Skagit County, Wa.
Tax Parcel No.(s): P70281/ 4037-000-035-0016

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF Washington
COUNTY OF Skagit

The undersigned, Mark E. Nesheim, executes this affidavit relating to the estate of Jack B. Nesheim (herein "Decedent"), who died on June 5, 2006, in the County of King, State of Washington, then being a resident of the City of Burlington, 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.

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

other (identify:)

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: See Attached

Name and relationship: Rosella M. Nesheim, spouse

Name and relationship: _____

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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

[Signature]
Signature

5-16-19
Date

Mark E. Nesheim
Print Name

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on May 16, 2019 by Mark E. Nesheim
(name of person making statement).

NOTARY PUBLIC
STATE OF WASHINGTON
LOUREA L. GARKA
License Number 122836
My Commission Expires 10-27-2022

Lourea L. Garka
Name: Lourea L. Garka
Notary Public in and for the State of
Washington,
Residing at: Arlington
My appointment expires: 10/27/2022

Jack B. Nesheim and Rosella M. Nesheim beneficiaries:

Mark Nesheim / Son
24021 75th Ave SE
Woodinville, WA 98072
SSN 534-74-3700

Michael Nesheim / Son
805 Lucas Drive
Sedro Wooley, WA 98284
SSN 539-54-4144

Vicki Eisenman / Daughter
985 East Creek View Drive
Sisters, OR 97759
SSN 539-54-2721

Jan Nesheim / Daughter
12131 Chinook Drive
Burlington, WA 98233
SSN 533-60-4862

Chris Axelson / Grand Son. Only child of Kathleen A. Nesheim Axelson (deceased)
22506 56th Ave West
Mounlake Terrace, WA 98043
SSN 535-04-5817

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P70281/ 4037-000-035-0016

Tract Thirty-five (35) in WESTVIEW ACRES SUBDIVISION, SKAGIT COUNTY, WASHINGTON, according to the plat recorded in Volume 7 of Plats, Page 35, records of Skagit County, Washington.

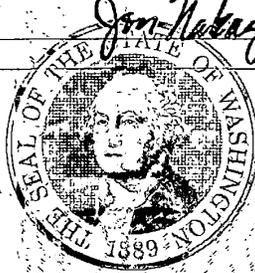
Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 5718 Washington State Certificate of Death State File Number 6 56637

1. Legal Name (include AKA's if any) First Middle LAST Suffix 2. Death Date 3. Sex (M/F) 4a. Age - Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. Social Security Number 6. County of Death 7. Birthdate 8a. Birthplace (City, Town, or County) 8b. (State or Foreign Country) 9. Decedent's Education 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. 11. Decedent's Race(s) 12. Was Decedent ever in U.S. Armed Forces? Yes No 13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 13b. City or Town 13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code - 4 13g. Inside City Limits? Yes No Unk 14. Estimated length of time at residence. 15. Marital Status at Time of Death 16. Surviving Spouse's Name (Give name prior to first marriage) 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name) 19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last) 21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 24. Place of Death, if Death Occurred in a Hospital: 25. Facility Name (if not a facility, give number & street or location) 26a. City, Town, or Location of Death 26b. State 27. Zip Code 28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State 31. Name and Complete Address of Funeral Facility 32. Date of Disposition 33. Funeral Director Signature X

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. RESPIRATORY FAILURE Due to (or as a consequence of): Interval between Onset & Death b. ARDS Due to (or as a consequence of): Interval between Onset & Death c. SEPSIS Due to (or as a consequence of): Interval between Onset & Death d. INFECTION (PRESUMED PNEUMONIA) Due to (or as a consequence of): Interval between Onset & Death 35. Other significant conditions contributing to death but not resulting in the underlying cause given above 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No 38. Manner of Death Natural Accident Suicide Homicide Undetermined Pending 39. If female Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 40. Did tobacco use contribute to death? Yes No Probably Unknown 41. Date of Injury 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work? Yes No Unk 45. Location of Injury: Number & Street City or Town: State: Zip Code - 4: 46. Describe how injury occurred. 47. If transportation injury, specify: Driver/Operator Passenger Other (Specify) 48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 50. Hour of Death (24hrs) 51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed 53. Title of Certifier MD 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner? Yes No 57. Registrar Signature 58. Date Received JUN 8 2006 59. Amendments





Affidavit for Correction 05/17/2019 01:40 PM

Page for Statistics
P.O. Box 47814
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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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

The Record now shows:		The True fact is:	
6.		7.	
8.		9.	
10.		11.	
12.		13.	

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received.

Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Numerident Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- | | |
|--|---|
| <p>Child (under 18)</p> <ul style="list-style-type: none"> Only parent(s) or legal guardian can change the birth certificate. Guardian must submit certified court order giving them authority to act on behalf of child(ren). Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required. Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed. To correct birth date, place of birth or parent's information, one documentary proof is required. | <p>Adult (18 years or older)</p> <ul style="list-style-type: none"> Only the adult themselves can change the birth certificate. If the first or middle name is absent, three pieces of documentary proof are required. If the first and/or middle name is misspelled, two pieces of documentary proof are required. To correct birth date, place of birth or parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth. |
|--|---|
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

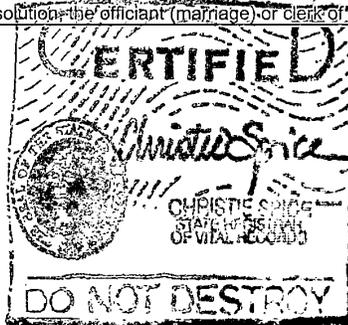
Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2012



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