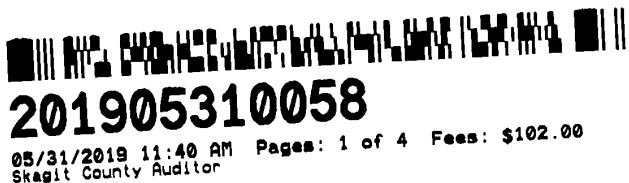


After recording, return to:  
Carolyn Bradshaw  
PO BOX 31965  
Bellingham, WA 98228



CHICAGO TITLE  
620038358

Grantor (Name of Decedent): Charles Everett Bradshaw  
Grantee (Heirs): Carolyn Bradshaw  
Abbreviated Legal Description: Tax/Map ID(s):  
Tax Parcel No.(s): P111694 Lot 1, SCSP No. 96-0094 being  
PTN: SW SW L. 34-4

**INHERITANCE LACK OF PROBATE AFFIDAVIT**

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

STATE OF Washington  
COUNTY OF Whatcom

The undersigned, Carolyn Bradshaw, executes this affidavit relating to the estate of Charles Everett Bradshaw (herein "Decedent"), who died on 11-30-08, in the County of Skagit, State of Washington, then being a resident of the City of Bellingham, 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: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

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:

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.

Carolyn Bradshaw  
 Signature

5-28-19  
 Date

Carolyn Bradshaw  
 Print Name

State of Washington

County of Whatcom

Signed and sworn to (or affirmed) before me on 5-28-19 by Carolyn  
Bradshaw (name of person making statement).



Keith G. Steinhilber  
 Name: \_\_\_\_\_  
 Notary Public in and for the State of Washington,  
 Residing at: Bellingham  
 My appointment expires: 3-20-23

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>104808</b>		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Charles Everett Bradshaw</b>				2. Death Date <b>11/30/2008</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>74</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>00 00</b>	6. County of Death <b>Skagit</b>	
7. Birthplace (City, Town, or County) <b>South Carrollyton</b>		8b. (State or Foreign Country) <b>KY</b>		9. Decedent's Education <b>Bachelor's Degree</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>		11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>18215 Marriott Lane</b>				13b. City or Town <b>Bellingham</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>WA</b>	
13f. Zip Code + 4 <b>98279</b>		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. <b>2 1/2 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Carolyn Sue Letchworth</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Salesman</b>		18. Kind of Business/Industry (Do not use Company Name) <b>Life Insurance</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Everett Pasqual Bradshaw</b>		20. Mother's Name Before (First, Middle, Last) <b>Carrie Alic</b>			
21. Informant's Name <b>Carolyn Bradshaw</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>18215 Marriott Lane, Bellingham, WA 98229</b>	
24. Place of Death, if Death Occurred in a Hospital <b>Inpatient</b>		25. Facility Name (if not a facility, give number & street or location) <b>United General Hospital</b>			
26a. City, Town, or Location of Death <b>Sedro-Woolley</b>		26b. State <b>WA</b>		27. Zip Code <b>98284</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mount Vernon Cemetery Crematory</b>		30. Location-City/Town, and State <b>Mount Vernon, WA</b>	
31. Name and Complete Address of Funeral Facility <b>Skagit Cremation Services, PO Box 2411, Mount Vernon, WA 98273</b>				32. Date of Disposition <b>12/02/2008</b>	
33. Funeral Director Signature X <i>[Signature]</i>					
34. Enter the <u>chain of events</u> - 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. <b>Aspiration pneumonia</b>		Interval between Onset & Death <b>6 days</b>	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. <b>Cerebrovascular accident &amp; dysphagia</b>		Interval between Onset & Death <b>years</b>	
c.		Interval between Onset & Death			
d.		Interval between Onset & Death			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Diabetes, Alzheimer's disease</b>				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street City or Town: County: State: Zip Code + 4:		46. Describe how injury occurred			
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician - To the best of my knowledge, death resulted from the above cause, and I am a duly licensed physician of the State of Washington.		48b. Medical Examiner/Coroner - On the basis of my knowledge, and to the best of my knowledge, the above cause of death is correct, and I am a duly licensed medical examiner or coroner of the State of Washington.			
X <b>Vanoy Smith MD</b>		X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Vanoy Smith, 1990 Hospital Drive, Sedro-Woolley, WA 98284</b>		50. Hour of Death (24hrs) <b>1545</b>		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Signed (mm/dd/yyyy) <b>12/01/2008</b>					
53. Title of Certifier <b>MD</b>		54. License Number		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
57. Registrar Signature X <i>[Signature]</i>		58. Date Received (mm/dd/yyyy) <b>DEC - 2 2008</b>			
59. Amendments					



DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (5/99)



# Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(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 Name (For Birth): (Wife for Marriage or Dissolution)
--	---

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
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. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

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

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

### 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - 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 023 (Rev. 9/2002)

**\*CERTIFIED\***  
DEC 10 2018  
Skagit County Public Health Department  
Howard Ecklund M.D., Health Officer

QQ00317143