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06/04/2019 03:05 PM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

After recording, return to:
Kelly Miller
Chicago Title Company of Washington
425 Commercial St
Mount Vernon, WA 98273

CHICAGO TITLE
620038145

Grantor (Name of Decedent): Clardia Swedelius
Grantee (Heirs): ERIC Swedelius
Abbreviated Legal Description: Lot(s): Ptn. 20 PLATE 1. SEDRO HOME ACREAGE
Tax Parcel No.(s): P77099 / 4171-001-020-0009

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

STATE OF WA

COUNTY OF Skagit

The undersigned, ERIC Swedelius, executes this affidavit relating to the estate of _____ (herein "Decedent"), who died on 1/7/17, in the County of SKAGIT, State of WA, then being a resident of the City of Sedro-Woolley, County of SKAGIT, State of WA.

(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: ERIC Swedelius SPOUSE

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:

LOT 20, "PLAT NO. 1, SEDRO HOME ACREAGE, SKAGIT COUNTY, WASHINGTON, 1904" AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 39, RECORDS OF SKAGIT COUNTY, WASHINGTON:

EXCEPT THE NORTH 60 FEET OF THE WEST 120 FEET THEREOF;

AND EXCEPT THE SOUTH 20 FEET THEREOF FOR STREET.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF 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.


Signature

5/3/19
Date

ERIC Swedelius
Print Name

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

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on May 3, 2019 by Eric
Swedelius (name of person making statement).



Kelly K. Miller
Name: Kelly K. Miller
Notary Public in and for the State of WA
Washington,
Residing at: Mount Vernon
My appointment expires:
9-9-2020

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-000833

DATE ISSUED: 02/22/2018
FEE NUMBER:FIRST AND MIDDLE NAME(S): CLAUDIA MARIE
LAST NAME(S): SWEDELIUSCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 07, 2017
HOUR OF DEATH: 02:57 AM
SEX: FEMALE AGE: 58 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: 19372 MORTON ROAD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITERESIDENCE STREET: 804 FERRY STREET
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARSBIRTH DATE: [REDACTED]
BIRTHPLACE: MINNEAPOLIS, MNFATHER/PARENT: LAWRENCE HARVEY NIEDENFUER
MOTHER/PARENT: CLAUDINE MINNETTA [REDACTED]MARITAL STATUS: UNKNOWN
SPOUSE: NOT APPLICABLEMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYOCCUPATION: FLORIST DESIGNER
INDUSTRY: FLORAL
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NOCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 10, 2017INFORMANT: BENJAMIN ISAAC ASCHENBRENNER
RELATIONSHIP: SON-IN-LAW
ADDRESS: 1201 E. SPRING STREET, NEW ALBANY, INDIANA 47150

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 SOUTH THIRD STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: REX E. WATTCAUSE OF DEATH:
A: COLON CANCER, METASTATIC TO BONE AND LUNGS
INTERVAL: 5 MONTHS
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: NOT APPLICABLEDATE 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, WASHINGTON 98273
DATE SIGNED: JANUARY 09, 2017

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: CHERYL PETERSON
DATE RECEIVED: JANUARY 10, 2017



Affidavit for Correction

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

Record Type: Birth Death Marriage 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: Self Guardian Informant Hospital Parent(s) Funeral Director 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

1. 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.
2. **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.
3. 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

1. 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.
2. 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.
2. 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

MAY 16 - 9:15

CERTIFIED

FEB 2 2 2018

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



0 1 8 0 1 6 2 6

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