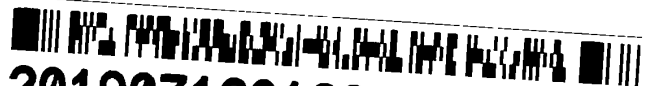


After recording, return to:
The Estate of Roy and Joan Lee
c/o Myrna L. Hoyle
8064 Wyatt LN
Concrete, WA. 98237



201907120128

07/12/2019 03:43 PM Pages: 1 of 5 Fees: \$105.50
Skagit County Auditor

CHICAGO TITLE
020038638

Grantor (Name of Decedent): Joan L. Lee
Grantee (Heirs): Myrna . Hoyle
Abbreviated Legal Description: LT 1, Centennial Grove
Tax Parcel No.(s): P100815

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, Myrna . Hoyle, executes this affidavit relating to the estate of Joan L. Lee (herein "Decedent"), who died on May 29, 2017, in the County of Skagit, State of Washington, then being a resident of the City of Sedro Woolley, 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:) bro sister-in-law

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: Myrna Hoyle sister-in-law

Name and relationship: Dwaine Lee brother-in-law

Name and relationship: Roy Rodger Lee, spouse

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)** See attached legal description.

- ☐ The decedent left a Will that devises real property.
☐ The decedent left no Will that devises real property.

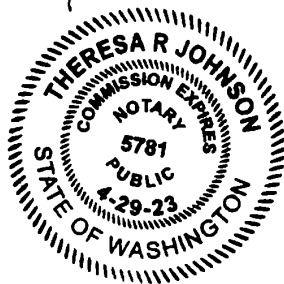
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Myrna Hoyle
 Signature
Myrna Hoyle
 Print Name

4/14/19
 Date

State of Washington
 County of Skagit

Signed and sworn to (or affirmed) before me on June 14, 2019 by Myrna Hoyle
 (name of person making statement).



Theresa R. Johnson
 Name: Theresa R. Johnson
 Notary Public in and for the State of
 Washington,
 Residing at: Camano Island
 My appointment expires:
4-29-23

LEGAL DESCRIPTION

Order No.: 620038638

For APN/Parcel ID(s): P100815 / 4579-000-001-0000

LOT 1, PLAT OF CENTENNIAL GROVE, ACCORDING TO THE PLAT THEREOF, RECORDED IN
VOLUME 15 OF PLATS, PAGE 26, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-024345

DATE ISSUED: 06/09/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOAN LILLIAN
LAST NAME(S): LEE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 29, 2017
HOUR OF DEATH: 02:30 PM
SEX: FEMALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, SKAGIT COUNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: ROY LEE

OCCUPATION: OFFICE MANAGER
INDUSTRY: RETIREMENT CENTER
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: ROY LEE
RELATIONSHIP: HUSBAND
ADDRESS: 2506 N 34TH PLACE, MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A: RAPID PROGRESSION OF DEMENTIA
INTERVAL: 4.5 MONTHS
B: UNKNOWN ETIOLOGY
INTERVAL: UNKNOWN
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION,
HYPERLIPIDEMIA

DATE OF INJURY:
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: UNKNOWN
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: BIRCHVIEW MEMORY CARE CENTER
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 2506 N 34TH PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: JAMES BATEY
MOTHER/PARENT: MERRIBEL [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JUNE 05, 2017

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: REX E. WATT

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LUCIA C. MULLER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2116 EAST SECTION STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: MAY 31, 2017

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: LUCIA MULLER, MD

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: JUNE 01, 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	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				
7. Return Mailing Address: P.O. Box or Street Address City State Zip				
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 foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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

- 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)

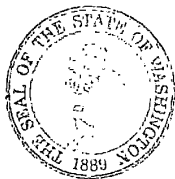
Death Certificates

- 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



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

CERTIFIED

JUN 09 2017

Skagit County Health Department
Howard L. Johnson MD Health Officer


0 1 4 4 0 9 3 7