



**201907250052**

07/25/2019 11:27 AM Pages: 1 of 5 Fees: \$105.50  
Skagit County Auditor

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

CHICAGO TITLE  
020039152

Grantor (Name of Decedent): Alan Martin  
Grantee (Heirs): Beverly Martin, Susan Martin, Alan Pearson, Julie Lawrence \*  
Abbreviated Legal Description: Unit 304, BLDG 2, The Ridge at Maddox Creek  
Tax Parcel No.(s): P122671 Condo \*Holly Richmond (JP)

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

STATE OF Washington  
COUNTY OF Island

The undersigned, Beverly Martin, executes this affidavit relating to the estate of Alan Martin (herein "Decedent"), who died on May 22, 2019, in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, 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: Beverly Martin, Spouse

Name and relationship: Susan K. Marlow, daughter

Name and relationship: Alana S. Pearson, daughter

Name and relationship: Julie M. Lawrence, daughter

**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.

Beverly L. Martin  
 Signature

7/11/19  
 Date

Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on July 11, 2019 by Beverly L. Martin  
 (name of person making statement)



Name: JUSTYNE P. RIEHL  
 Notary Public in and for the State of Washington,  
 Residing at: Sedro Woolley  
 My appointment expires: 12-9-21

## LEGAL DESCRIPTION

Order No.: 620039152

**For APN/Parcel ID(s): P122671/4852-000-304-0000**

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UNIT 304, BUILDING 2, THE RIDGE AT MADDOX CREEK A CONDOMINIUM, PHASE 2, ACCORDING TO THE DECLARATION THEREOF RECORDED SEPTEMBER 12, 2003, UNDER AUDITOR'S FILE NO. 200309120223, AND ANY AMENDMENTS THERETO; AND SURVEY AND MAP PLANS THEREOF RECORDED APRIL 6, 2005, UNDER AUDITOR'S FILE NO. 200504060077, 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: 2019-023133

DATE ISSUED: 07/17/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ALAN OHLIN

LAST NAME(S): MARTIN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 22, 2019

HOUR OF DEATH: 04:45 AM

SEX: MALE AGE: 94 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED

SPOUSE: BEVERLY LANGE LANGE

OCCUPATION: TEACHER

INDUSTRY: MATH

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: YES

INFORMANT: BEVERLY LANGE MARTIN

RELATIONSHIP: WIFE

ADDRESS: 1419 DIGBY PLACE, MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: ACUTE CEREBROVASCULAR ACCIDENT

INTERVAL: > 1 DAY

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 1419 DIGBY PLACE 304

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER/PARENT: HUBERT GLEN MARTIN

MOTHER/PARENT: ELLEN [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MAY 23, 2019

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES

ADDRESS: 281 S BURLINGTON BLVD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

FUNERAL DIRECTOR: PAUL L. GIBSON

MANNER OF DEATH: NATURAL

AUTOPSY: NO

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: RYAN GUANZON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 EAST KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: MAY 23, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: MAY 23, 2019

 <b>Affidavit for Correction</b>		Mail to: Center for Health 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			
<b>Required Information must match current information on record</b>			
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
1. Name on Record:		2. Date of Event:	3. Place of Event:
First Middle Last		MM/DD/YYYY	City or County
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First Middle Last		First Middle Last	
6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
7. Return Mailing Address:			
PO Box or Street Address			
Telephone Number:		Email Address:	
( )			
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>			
The record now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct</b>			
16a. Signature:		16b. Signature of 2nd parent (if required):	
Printed name:		Printed name:	
Date:		Date:	
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>			
<b>Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof</b>			
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:			
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Passport</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>			
<b>Birth Certificates</b>			
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. <b>The proof(s) must match</b> 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			
<b>Child under 18</b>		<b>Adult (18 years or older)</b>	
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>		<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>	
*To change any part of the name of a child using this form, <b>signatures from both parents listed on the certificate are required</b> . If one parent is deceased, submit a death certificate with request.			
<b>This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)</b>			
<b>Death Certificates</b>			
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). 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.			
<b>Marriage/Dissolution (Divorce) Certificates</b>			
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 January 2015



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

# \*CERTIFIED\*

JUL 17 2019

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



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