

After recording, return to:
Gayle Mocabee

CHICAGO TITLE
620038237

Grantor (Name of Decedent): Melvin Mocabee
Grantee (Heirs): Gayle Mocabee
Abbreviated Legal Description: Ptn Gov't Lt 3 in 6-34-4E
Tax Parcel No.(s): P23711 / 340406-0-090-0001 and P23710 / 340406-0-088-0005

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, Kent Gayle Mocabee, executes this affidavit relating to the estate of Melvin Mocabee (herein "Decedent"), who died on April 20, 2019 in the County of Skagit, 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 KRM
- 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: Gayle Macabee - Spouse
Name and relationship: Kent Macabee - Son
Name and relationship: Noel Macabee - Son
Name and relationship: Rob Macabee - Son

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:

PARCEL A:

That portion of Government Lot 3, Section 6, Township 34 North, Range 4 East, W.M., described as follows:

Beginning at a point on the South line of the County Road running along the North line of said Government Lot 3, 650 feet West of the Northeast corner of said Government Lot 3;
Thence South parallel to the East line of said Government Lot 3, 120 feet;
Thence West parallel to the North line of said Government Lot 3, 83 feet;
Thence North 120 feet to the County Road;
Thence East 83 feet to the point of beginning.

Situated in Skagit County, Washington.

PARCEL B:

The North 120 feet of that portion of the West 77 feet of the East 810 feet of Government Lot 3 in Section 6, Township 34 North, Range 4 East, W.M., lying South of Peterson Road.

Situated in Skagit County, 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
Kent H. Macabee
Print Name

8/22/19
Date

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 Aug 22, 2019 by Keith
Mocabee (name of person making statement).



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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-018066

DATE ISSUED: 04/23/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MELVIN CLIFFORD
LAST NAME(S): MOCABEE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 20, 2019
HOUR OF DEATH: 06:36 PM
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: OAKLAND, CA

MARITAL STATUS: MARRIED
SPOUSE: GAYLE JOHNSON

OCCUPATION: UNITED STATES MARINE CORPS
INDUSTRY: MILITARY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: GAYLE MOCABEE
RELATIONSHIP: WIFE
ADDRESS: 860 PETERSON ROAD BURLINGTON, WA 98233

CAUSE OF DEATH:
A: METASTATIC LUNG CANCER
INTERVAL: 4 WEEKS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOME
FACILITY OR ADDRESS: 860 PETERSON ROAD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 860 PETERSON ROAD
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 33 YEARS

FATHER/PARENT: JOHN A MOCABEE
MOTHER/PARENT: LILLIAN [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERY

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: APRIL 29, 2019

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 393
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

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: NO RESPONSE

CERTIFIER NAME: PAUL C. CREELMAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 712 S. BURLINGTON BLVD.
CITY, STATE, ZIP: BURLINGTON, WA 98233
DATE SIGNED: APRIL 22, 2019

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: APRIL 23, 2019



Affidavit for Correction

08/29/2019 01:03 PM Page 5 of 5
M.H.S. 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
-------------------	------------	----------	------	------------------

Required information must match current information on record

Required	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:	
	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: <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:

Telephone Number: () Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record now shows:		9. The true fact is:	
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

CERTIFIED

APR 23 2019

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



0 2 1 3 8 7 8 3

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