

After recording, return to:
Wayne Brusseau
30733 State Route 20
Sedro Woolley, WA 98284

Grantor (Name of Decedent): SORENA BRUSSEAU
Grantee (Heirs): WAYNE BRUSSEAU
Abbreviated Legal Description: Lot(s): 59 SHANGRI-LA ON THE SKAGIT
Tax Parcel No.(s): P69053

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

STATE OF WA
COUNTY OF Skagit

CHICAGO TITLE
W20040042

The undersigned, Wayne Brusseau, executes this affidavit relating to the estate of Sorena Brusseau (herein "Decedent"), who died on March 12, 2018, in the County of Skagit, State of WA, then being a resident of the City of Mt Vernon, 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.
 - other (identify): _____

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(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: Wayne Brusseau - Husband

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 59, "SHANGRI-LA ON THE SKAGIT, " AS PER PLAT RECORDED IN VOLUME 9 OF
PLATS, PAGES 52 AND 53, RECORDS OF SKAGIT COUNTY, WASHINGTON.

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.

Wayne Brusseau
Signature

9-17-19
Date

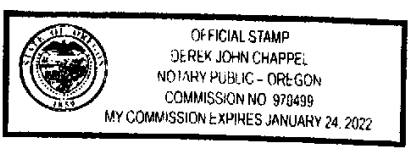
Wayne Brusseau
Print Name

Wayne Brusseau 9-27-19

State of ~~Washington~~ ^{OR}

County of Skagit Deschutes

Signed and sworn to (or affirmed) before me on 9/27/2019 by Wayne Brusseau
(name of person making statement)



[Signature]
Name: Derek John Chappel
Notary Public in and for the State of Washington ^{OR}
Residing at: Deschutes
My appointment expires: 1/24/22

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

CERTIFICATE OF DEATH

DATE ISSUED: 03/13/2018
FEE NUMBER: [REDACTED]

CERTIFICATE NUMBER: 2018-011347

FIRST AND MIDDLE NAME(S): SORENA CAROL
LAST NAME(S): BRUSSEAU

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 12, 2018
HOUR OF DEATH: 01:10 AM
SEX: FEMALE AGE: 72 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: ST HELENS, OR

MARITAL STATUS: MARRIED
SPOUSE: WAYNE BRUSSEAU

OCCUPATION: VP OF MEMBERSHIP
INDUSTRY: INSURANCE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: WAYNE BRUSSEAU
RELATIONSHIP: HUSBAND
ADDRESS: 3448 NORTH WOODLAND DRIVE, MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: LUNG CANCER
INTERVAL: 2 YEARS
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: 3448 NORTH WOODLAND DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 3448 NORTH WOODLAND DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 39 YEARS

FATHER/PARENT: WILLIAM WAKEFIELD COOK II
MOTHER/PARENT: GLADYS IRENE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 14, 2018

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

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: JONATHAN K. PLOUDRE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2116 EAST SECTION STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: MARCH 13, 2018

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MARCH 13, 2018

DOH 422-132 (4/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

		Affidavit for Correction		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		
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:					
The record now shows:			The true fact is:			
3.			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:		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:						
<ul style="list-style-type: none"> • 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			Adult (18 years or older)			
<ul style="list-style-type: none"> • 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 						
*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.						

CERTIFIED

MAR 13 2018


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



0 1 8 0 2 4 6 3

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