

After recording, return to:  
Theresa J. Carroll  
6438 Olson Rd  
Ferndale, WA 98248

Grantor (Name of Decedent): Bruce James Carroll  
Grantee (Heirs): Theresa Jean Carroll  
Abbreviated Legal Description: Lot(s): 11 EAGLEMONT PHASE 1C  
Tax Parcel No.(s): P116360/4744-000-011-0000

**CHICAGO TITLE**  
**620040899**

### 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, Theresa Carroll, executes this affidavit relating to the estate of Bruce James Carroll (herein "Decedent"), who died on Oct 23, 2016, 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.
  - ☐ 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: \_\_\_\_\_

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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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]  
 Signature

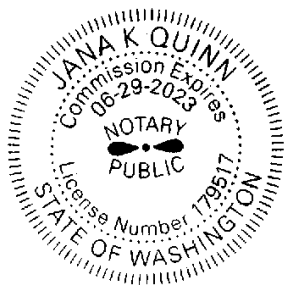
2-12-2020  
 Date

Theresa Carroll  
 Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on February 12 2020 by \_\_\_\_\_  
Theresa Carroll (name of person making statement).



[Signature]  
 Name: Jana K Quinn  
 Notary Public in and for the State of Washington,  
 Residing at: Arlington  
 My appointment expires: 06/29/2023

**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P116360/4744-000-011-0000**

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Lot 11, EAGLEMONT PHASE 1C, according to the plat thereof recorded in February 1, 2000, under Auditor's File No. 200002010036, records of Skagit County, Washington.

Situated in Skagit County, Washington.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-043561

DATE ISSUED: 11/18/2016

FEE NUMBER: 0000000029

GIVEN NAMES: **BRUCE JAMES**  
 LAST NAME: **CARROLL**

COUNTY OF DEATH: **SKAGIT**  
 DATE OF DEATH: **OCTOBER 23, 2016 FOUND**  
 HOUR OF DEATH: **UNKNOWN**  
 SEX: **MALE**  
 AGE: **60 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT HISPANIC**  
 RACE: **WHITE**

BIRTHDATE: [REDACTED]  
 BIRTHPLACE: **BENNINGTON CNTY, VERMONT**

MARITAL STATUS: **MARRIED**  
 SPOUSE: **THERESA J. GAUTHIER**

OCCUPATION: **BUSINESS OWNER**  
 INDUSTRY: **RETAIL PAINT**  
 EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**  
 US ARMED FORCES? **NO**

INFORMANT: **THERESA J. CARROLL**  
 RELATIONSHIP: **WIFE**  
 ADDRESS: **3812 DOGWOOD PLACE, MOUNT VERNON, WA 98274**

PLACE OF DEATH: **HOME**  
 FACILITY OR ADDRESS: **3812 DOGWOOD PLACE**  
 CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

RESIDENCE STREET: **3812 DOGWOOD PLACE**  
 CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**  
 INSIDE CITY LIMITS? **YES**  
 COUNTY: **SKAGIT**  
 TRIBAL RESERVATION: **NOT APPLICABLE**  
 LENGTH OF TIME AT RESIDENCE: **9 MONTHS**

FATHER/PARENT: **EDWARD C CARROLL**  
 MOTHER/PARENT: **MARGARET [REDACTED]**

METHOD OF DISPOSITION: **BURIAL**  
 PLACE OF DISPOSITION: **GRAND VIEW CEMETERY**  
 CITY, STATE: **ANACORTES, WA**  
 DISPOSITION DATE: **NOVEMBER 05, 2016**

FUNERAL FACILITY: **KERN FUNERAL HOME**  
 ADDRESS: **1122 S. 3RD STREET**  
 CITY, STATE, ZIP: **MT. VERNON WA 98273**  
 FUNERAL DIRECTOR: **REX E. WATT**

CAUSE OF DEATH:  
 A. **PRESUMED HYPERTENSIVE CARDIOVASCULAR DISEASE**  
 INTERVAL: **YEARS**  
 B.   
 INTERVAL:  
 C.   
 INTERVAL:  
 D.   
 INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
**HYPERTENSION AND HYPERLIPIDEMIA**

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

LOCATION OF INJURY:

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

MANNER OF DEATH: **NATURAL**  
 AUTOPSY: **NO**  
 AVAILABLE TO COMPLETE THE CAUSE OF DEATH? **NOT APPLICABLE**  
 DID TOBACCO USE CONTRIBUTE TO DEATH? **YES**  
 PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**

ME/CORONER: **HAYLEY THOMPSON**  
 TITLE: **CORONER**  
 ME/CORONER:  
 ADDRESS: **116 S. 11TH ST**  
 CITY, STATE, ZIP: **MOUNT VERNON WA 98274**  
 DATE SIGNED: **OCTOBER 24, 2016**

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
**NOT APPLICABLE**

ITEM(S) AMENDED: **NONE**

NUMBER(S): **NONE**  
 DATE(S): **NONE**



CASE REFERRED TO ME/CORONER: **NO**  
 FILE NUMBER: **182-16**

ATTENDING PHYSICIAN:  
**NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR:  
**CHERYL PETERSON**  
 DATE RECEIVED: **OCTOBER 27, 2016**

## Affidavit for Correction

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This is a legal document. Complete in ink and do not alter.

 P.O. Box 47814  
 Olympia, WA 98504-7814  
 360-236-4300

## STATE OFFICE USE ONLY

State File Number \_\_\_\_\_ Fee Number \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Affidavit Number \_\_\_\_\_

<b>Required</b>	<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:		
	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"/> Parents	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Other (specify)	
7. Return Mailing Address:						

Telephone Number: \_\_\_\_\_ Direct 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 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS – go to \_\_\_\_\_ 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 parent's 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

**\*CERTIFIED\***

NOV 18 2016

 Skagit County Health Department  
 HONORARY CLERK