

After recording, return to:
Judy L. Peterson
400 Gilkey Rd #112
Burlington, WA 98233

Grantor (Name of Decedent): Albert N. Peterson
Grantee (Heirs): Judy L. Peterson
Abbreviated Legal Description: LT 18, VEDERE TERRACE
Tax Parcel No.(s): P70159 / 4035-000-018-0001

CHICAGO TITLE
620041466

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, Judy L. Peterson, executes this affidavit relating to the estate of Albert N. Peterson (herein "Decedent"), who died on July 7, 2016, 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
☐ 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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 (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: Jason Peterson - son
 Name and relationship: Scott Peterson - son
 Name and relationship: Kelli Peterson - daughter
 Name and relationship: Judy L Peterson - Spouse

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.

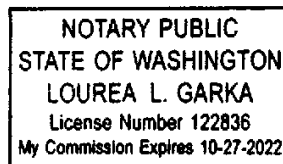
Judy L Peterson
 Signature
Judy L Peterson
 Print Name
Judy L Peterson

2-20-2020
 Date
3/15/2020

State of Washington

County of SKAGIT

Signed and sworn to (or affirmed) before me on March 5, 2020 by Judy L Peterson
 (name of person making statement)



Lourea L. Garka
 Name: Lourea L. Garka
 Notary Public in and for the State of Washington,
 Residing at: Perth, WA
 My appointment expires: 10/27/2022

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P70159 / 4035-000-018-0001

Lot 18, Vedere Terrace, according to the plat thereof, recorded in Volume 7 of plats, page 84, 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: 2016-027909

DATE ISSUED: 07/12/2016

FEE NUMBER: 0000310716

GIVEN NAMES: ALBERT NORDIEN
LAST NAME: PETERSON

SUFFIX: JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 07, 2016
HOUR OF DEATH: 11:45 P.M.
SEX: MALE
AGE: 72 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITEBIRTHDATE: [REDACTED]
BIRTHPLACE: EVERETT, WASHINGTONMARITAL STATUS: MARRIED
SPOUSE: JUDY LYNN JACOBSONOCCUPATION: TRUCK DRIVER
INDUSTRY: FREIGHT LINE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YESINFORMANT: JUDY LYNN PETERSON
RELATIONSHIP: WIFE
ADDRESS: 17083 GAILEE DR BURLINGTON WA 98233PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 17083 GAILEE DR
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE STREET: 17083 GAILEE DR
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARSFATHER/PARENT: ALBERT NORDIEN PETERSON SR
MOTHER/PARENT: IRENE IRIS [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES
CITY, STATE: KENT, WA
DISPOSITION DATE: JULY 11, 2016FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY
ADDRESS: 1321 STATE AVE
CITY, STATE, ZIP: MARYSVILLE WA 98270
FUNERAL DIRECTOR: WILLIAM G. JOHNSTONCAUSE OF DEATH:
A. MULTIPLE MYELOMA
INTERVAL: 5 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:STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONEMANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWNAVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: ROBIN L. WALLACE, ARNP
TITLE: ARNP
CERTIFIER
ADDRESS: 1717 15TH ST.
CITY, STATE, ZIP: EVERETT WA 98201
DATE SIGNED: JULY 08, 2016CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
ROBIN WALLACE ARNPLOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: JULY 11, 2016



Affidavit for Correction

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
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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:	
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 Number 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.

