

After recording, return to:
Mary Alice Brown
22376 Nita Lane
Sedro Woolley, WA 98284

CHICAGO TITLE
62004173

Grantor (Name of Decedent): William C Brown, Jr
Grantee (Heirs): Mary Alice Brown
Abbreviated Legal Description: Lot 1, SKAGIT COUNTY SHORT PLAT NO. SP97-0031
Tax Parcel No.(s): P119082/ 360435-2-007-0100 SE NW 35-36-4 (ud)

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, Mary Alice Brown executes this affidavit relating to the estate of William C Brown, Jr (herein "Decedent"), who died on 6-20-2008, in the County of Skagit, State of WA, then being a resident of the City of Sedro-Woolley, 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:) _____

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: Mary Alice Brown, spouse
 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.

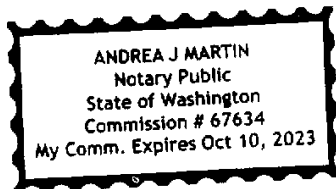
Mary Alice Brown by Susan E Thompson POA 3-31-2020
 Signature Date

Mary Alice Brown by Susan E Thompson POA
 Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 3-31-2020 by _____
Susan E Thompson (name of person making statement).



Andrea J Martin
 Name: Andrea J Martin
 Notary Public in and for the State of Washington,
 Residing at: Burlington
 My appointment expires: 10-10-2023

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P119082/ 360435-2-007-0100

Lot 1, SKAGIT COUNTY SHORT PLAT NO. SP97-0031, recorded under Auditor's File No. 200203120169, records of Skagit County, Washington, in Volume 15 of Short Plats, page 660, and being a portion of the Northeast Quarter of the Northwest Quarter and the Southeast Quarter of the Northwest Quarter of Section 35, Township 36 North, Range 4 East of the Willamette Meridian.

Situate in Skagit County, State of Washington.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number 570-08		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix William Clifford Brown				2. Death Date 06/20/2008	
3. Sex (M/F) Male	4a. Age - Last Birthday 77	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) San Jose	8b. (State or Foreign Country) CA	9. Decedent's Education High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 6 th St.) (include Apt. No.) 22394 Nita Ln				13b. City or Town Sedro-Woolley	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WA	13f. Zip Code + 4 98284	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 4 1/2 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Mary Alice	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Electronics Technician			18. Kind of Business/Industry (Do not use Company Name) Electronics		
19. Father's Name (First, Middle, Last, Suffix) William Brown			20. Mother's Name Before First Marriage (First, Middle, Last) Estel Stocking Kalkbrenner		
21. Informant's Name Mary Brown		22. Relationship to Decedent Spouse	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 22394 Nita Ln Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Inpatient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) Skagit Valley Hospital			26a. City, Town, or Location of Death Mount Vernon	26b. State WA	27. Zip Code 98273
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Neptune Society Cremation Services		30. Location-City/Town, and State Kent, WA	
31. Name and Complete Address of Funeral Facility Neptune Society, 19324 40th Ave W, Ste A, Lynnwood, WA 98036					32. Date of Disposition 07/01/2008
33. Funeral Director Signature X <i>Joe Henryson</i>					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Pneumonia Interval between Onset & Death 10 days Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)/LAST b. Due to (or as a consequence of): Interval between Onset & Death c. Due to (or as a consequence of): Interval between Onset & Death d.					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above CRF, anemia, a-Lb, big fx, ASCVD, T2DM			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred			47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician: To the best of my knowledge, death occurred as the result of the disease, injury, or condition stated on this certificate. X <i>[Signature]</i>			48b. Medical Examiner/Coroner: On the basis of examination, and/or investigation, in my opinion, death occurred as the result of the disease, injury, or condition stated on this certificate. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) D. Hoeft MD SUN Mt. Vernon, WA			50. Hour of Death (24hrs) 2155		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) 06/25/2008		
53. Title of Certifier MD		54. License Number MD00044292	55. ME/Coroner File Number NJA-284		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature X <i>[Signature]</i>			58. Date Received (mm/dd/yyyy) JUL 01 2008		
59. Amendments					





Affidavit for Correction

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

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number																
Use the section below for requesting any changes on the record.																				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution																				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)																
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)																		
The Record is incorrect or incomplete as follows:																				
6. The Record now shows:		7. The True fact is:																		
8.		9.																		
10.		11.																		
12.		13.																		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:																
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.																				
15. Signature:		16. Date:		17. Address:																
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <table border="0"> <tr> <td>Examples of documentary proof:</td> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Record</td> </tr> <tr> <td></td> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td></td> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td></td> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>					Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record		Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)		Insurance Records	Birth Record	Alien Registration Card (front and back)		Marriage/Divorce Records	Passport	
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	Marriage/Divorce Records	Passport																		
<p>Birth Certificates:</p> <ol style="list-style-type: none"> Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe. Proof must be five (or more) years old or have been established within five years of birth. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: <ul style="list-style-type: none"> - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday). This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021) 																				
<p>Death Certificates:</p> <ol style="list-style-type: none"> Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes. 																				
<p>Marriage/Dissolution (Divorce) Certificates:</p> <ol style="list-style-type: none"> Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit. 																				

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JUL 10 2008

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

PP00518973