

After recording, return to:
Kevin Dawson
20801 Hermway Heights Place
Mount Vernon, WA 98274

CHICAGO TITLE
020040997

Grantor (Name of Decedent): Julie Lynn DAWSON
Grantee (Heirs): Kevin Carl DAWSON
Abbreviated Legal Description: LT 17, PLAT OF THUNDERBIRD 4
Tax Parcel No.(s): P100799/ 4570-000-017-0006

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, Kevin Dawson, executes this affidavit relating to the estate of Julie Dawson (herein "Decedent"), who died on 03-23-2018, in the County of Skagit, State of Washington, then being a resident of the City of Mt. 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): _____

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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: Kevin Dawson, 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.

[Signature]
Signature

04-27-2020
Date

Kevin Dawson
Print Name

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on 4-27-2020 by _____
Kevin Dawson (name of person making statement).

Notary Public
State of Washington
Jennifer Brazil
Commission Expires 07/25/2020

[Signature]
Name: Jennifer Brazil
Notary Public in and for the State of Washington,
Residing at: Skagit County
My appointment expires: 7-25-2020

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P100799/ 4570-000-017-0006

LOT 17, PLAT OF THUNDERBIRD 4, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 15 OF PLATS, PAGES 14 THROUGH 16, 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: 2018-013413

DATE ISSUED: 01/31/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JULIE LYNN
LAST NAME(S): DAWSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 23, 2018
HOUR OF DEATH: 09:00 AM
SEX: FEMALE AGE: 49 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3712 MOHAWK DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 3712 MOHAWK DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, WA

FATHER: BRUCE MUNRO
MOTHER: PATRICIA [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: KEVIN DAWSON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: MARCH 27, 2018

INFORMANT: KEVIN DAWSON
RELATIONSHIP: SPOUSE
ADDRESS: 3712 MOHAWK DRIVE, MOUNT VERNON, WA, 98273

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL
ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98228
FUNERAL DIRECTOR: TIM D. POWELL

CAUSE OF DEATH:
A: BREAST CANCER, WIDELY METASTATIC
INTERVAL: 6 YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: NOT PREGNANT WITHIN THE PAST YEAR

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

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: MARCH 26, 2018

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MARCH 26, 2018



Affidavit for Correction

04/28/2020 02:14 PM
Printer: 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
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Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First, Middle, Last | 2. Date of Event: MM/DD/YYYY | 3. Place of Event: (City or County)

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
First, Middle, Last/Maiden | First, Middle, Last/Maiden

6. Name of Person Requesting Correction: | Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

7. Return Mailing Address: PO Box or Street Address, City, State, Zip

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 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

- 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 using this form, 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). 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



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

CERTIFIED

JAN 3 1 2020

Steph Anderson
Steph Anderson
Stagit County Health Department
Health Officer



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