

After recording, return to:
Alyssia Brock
451 Tahoma St
Mount Vernon, WA 98273

CHICAGO TITLE
020042285

Grantor (Name of Decedent): Christopher Michael Brock
Grantee (Heirs): Alyssia Brock
Abbreviated Legal Description: Unit 23, Westpoint Condo
Tax Parcel No.(s): P116731 / 4751-000-023-0000

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA

COUNTY OF Whatcom

The undersigned, Alyssia Brock, executes this affidavit relating to the estate of Christopher Brock (herein "Decedent"), who died on 12/27/19, in the County of Skagit, State of WA, then being a resident of the City of Burlington, 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: Alyssia Brock - wife

Name and relationship: Aunalee Brock - daughter

Name and relationship: Christian Brock - son

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 attached legal

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.

Alyssia Brock
 Signature

5/1/20
 Date

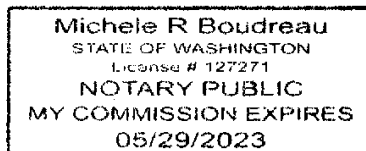
Alyssia Brock
 Print Name

State of Washington

County of Whatcom

Signed and sworn to (or affirmed) before me on 5/1/2020 by Alyssia Brock
 (name of person making statement).

Michelle R Boudreau
 Name: MICHELE R BOUDREAU
 Notary Public in and for the State of Washington,
 Residing at: Bellingham
 My appointment expires: May 29, 2023



LEGAL DESCRIPTION

Order No.: 620042285

For APN/Parcel ID(s): P116731/ 4751-000-023-0000

Unit 23, WESTPOINT, A CONDOMINIUM, according to the Declaration thereof recorded April 20, 2000, under Auditor's File No. 200004200063 and any amendments thereto And Amended Survey Map and Plans thereof recorded under Auditor's File No. 200009070034, 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: 2019-057112

DATE ISSUED: 12/31/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): CHRISTOPHER MICHAEL
LAST NAME(S): BROCK

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 27, 2019

HOUR OF DEATH: 05:31 PM

SEX: MALE

AGE: 36 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTH PLACE: ANACORTES, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ALYSSIA GERLITS

OCCUPATION: MANAGER

INDUSTRY: RETAIL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: ALYSSIA BROCK

RELATIONSHIP: WIFE

ADDRESS: 747 WESTPOINT COURT BURLINGTON WA 98233

CAUSE OF DEATH:

A: MULTIPLE BLUNT FORCE TRAUMA INJURIES

INTERVAL: IMMEDIATE

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: MOTOR VEHICLE COLLISION

DATE OF INJURY: DECEMBER 27, 2019

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: RAILROAD CROSSING

LOCATION OF INJURY: GARRETT RD AND HIGHWAY 20

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: OPERATOR OF MOTOR VEHICLE THAT
COLLIDED WITH A MOVING TRAIN.

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE

FACILITY OR ADDRESS: GARRETT ROAD AND HIGHWAY 20

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 747 WESTPOINT COURT

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: JAMES MICHAEL BROCK

MOTHER: JULIE ANN [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JANUARY 02, 2020

CITY:

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 393

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: ADAM J. CRENNA

MANNER OF DEATH: ACCIDENT

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: DEBORAH HOLLIS

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: DECEMBER 29, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 19SK0414

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: DECEMBER 30, 2019

DOH 422-132 (9/18)

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			
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:	
First Middle Last		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/Married		First Middle Last/Married	
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:			
PO Box or Street Address			
City State Zip			
Telephone Number:		Email Address:	
()			
Use the space 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 2nd 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			
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)	
• 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 using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.		• 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	
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). 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			

DOH 422-034 January 2015

CERTIFIED

DEC 31 2019

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

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


0 3 2 6 6 9 8 9