

After recording, return to:
Jerry Robert Byfield
Jerry Robert Byfield Personal Representative of the
Estate of Margaret E. Byfield
13814 Avon Allen Rd
Mount Vernon, WA 98273

CHICAGO TITLE
020042839

Grantor (Name of Decedent): John Rathbun BYFIELD
Grantee (Heirs): Margaret BYFIELD
Abbreviated Legal Description: Lts 7 & 8, Blk 11, and Lts 1, 4, 5 & 7, Blk 13, Skaling's Addition
Tax Parcel No.(s): P70484/ 4047-013-007-0003 and P70480/ 4047-011-008-0006

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, JERRY ROBERT BYFIELD, executes this affidavit relating to the estate of John Rathbun BYFIELD (herein "Decedent"), who died on June 8, 2010, in the County of Skagit, State of WA, then being a resident of the City of MT. VERNON, 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:)

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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: JAMES PAUL BYFIELD, SON
Name and relationship: CHRISTENE CLARA ADKINS, Daughter
Name and relationship: KAREN ALICE WEST, Daughter
Name and relationship: Jerry Robert Byfield, SON

Description of the Property Margaret Byfield, Wife

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.

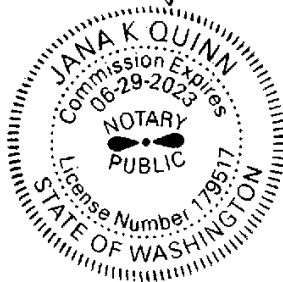
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Jerry Robert Byfield
Signature

JERRY ROBERT BYFIELD
Print Name

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on July 08 2020 by Jerry Robert Byfield (name of person making statement).



Jana K Quinn
Name: JANA K QUINN
Notary Public in and for the State of Washington,
Residing at: Archie
My appointment expires: 06/29/2023

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P70484/ 4047-013-007-0003 and P70480/ 4047-011-008-0006

LOTS 7 AND 8, BLOCK 11 AND LOTS 1, 4, 5 AND 7 BLOCK 13, SKAGLING'S ADDITION TO THE TOWN AVON, AS PER PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 12, RECORDS OF SKAGIT COUNTY, WASHINGTON.

TOGETHER WITH ALL OF THE VACATED ALLEY LYING BETWEEN LOT 8, BLOCK 11 AND LOT 1, BLOCK 13

ALL SITAUTE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **461-10** Washington State Certificate of Death State File Number

1. Legal Name (include AKAs if any) First Middle LAST Suffix **John Rathbun Byfield** 2. Death Date **06/08/2010**

3. Sex (M/F) **M** 4a. Age - Last Birthday **75** 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. Social Security Number 6. County of Death **Skagit**

7. Birthdate **Boise** 8a. Birthplace (City, Town, or County) **Idaho** 8b. (State or Foreign Country) **Some college credit no degree** 8c. Decedent's Education

10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. **No** 11. Decedent's Race(s) **Caucasian** 12. Was Decedent ever in U.S. Armed Forces? **No**

13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.) **17040 Brunswick St.** 13b. City or Town **Mount Vernon**

13c. Residence: County **Skagit** 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country **Washington** 13f. Zip Code + 4 **98273** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence. **18 years** 15. Marital Status at Time of Death **Married** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) **Margaret Krause**

17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED)) **Stillman** 18. Kind of Business/Industry (Do not use Company Name) **Refinery**

19. Father's Name (First, Middle, Last, Suffix) **Fay Byfield** 20. Mother's Name Before First Marriage (First, Middle, Last) **Gertrude**

21. Informant's Name **Margaret Byfield** 22. Relationship to Decedent **Wife** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip **17040 Brunswick St. Mount Vernon WA 98273**

24. Place of Death, if Death Occurred in a Hospital: **Emergency Room** 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 **98274**

28. Method of Disposition **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place) **Hawthorne Memorial Park** 30. Location-City/Town, and State **Mount Vernon, WA**

31. Name and Complete Address of Funeral Facility **Hawthorne Funeral Home 1825 E. College Way Mount Vernon WA 98273-0398** 32. Date of Disposition **June 10, 2010**

33. Funeral Director Signature X *[Signature]*

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. **COPD w/ acute exacerbation** Interval between Onset & Death **4 hours approx. years**

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 **to chronic sm.**

c. Due to (or as a consequence of): Interval between Onset & Death

d. Due to (or as a consequence of): Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above **Arraia fontana**

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death Natural Homicide Accident Undetermined Suicide Pending 39. If female Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes Probably No 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? Yes No 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: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated *[Signature]* 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) and manner stated X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Carl Berliner, Dr. 607 N. 4th St. Mount Vernon WA 98273** 50. Hour of Death (24hrs) **0841**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (MM/DD/YYYY) **06/08/2010**

53. Title of Certifier **Dr.** 54. License Number **WA 40276** 55. ME/Coroner File Number **NJA# 273** 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature *[Signature]* 58. Date Received (MM/DD/YYYY) **JUN 10 2010**

59. Amendments





Affidavit for Correction

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

STATE OFFICE USE ONLY

State File Number	File Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type Birth Death Marriage Dissolution

1. Name on record	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution):	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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 Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as public information and may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within 30 days of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Marriage 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	

Birth Certificates

- Only a parent, legal guardian, or the child (if under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof 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 live (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:
 - 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.
 - All 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 need no other 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)

Death Certificates

- Only the executor, beneficiary, or other exceptions 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 less than 30 days from date of death please contact the county health department where the death occurred to make changes.

Marriage, Divorce, or Annulment Certificates

- Personal facts (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 status of a marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 0203 (Rev. 01/07)

CERTIFIED

JUN 10 2010

H. Henderson

Clallam County Health Department

TT00275926