

After recording, return to:  
Scott R. Butler and Anna R. Butler  
12174 Chinook Drive  
Burlington, WA 98233

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Heather Beauvais  
Affidavit No. 2020-2600  
Date 07/13/2020

CHICAGO TITLE  
500103701

Grantor (Name of Decedent): Willis Clinton Elder  
Grantee (Heirs): Anna Renee Butler  
Abbreviated Legal Description: LT 28, WEST VIEW ACRES SUBDIVISION, SKAGIT COUNTY, WASH.  
Tax Parcel No.(s): P70272 / 4037-000-028-0007

**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, Anna R Butler, executes this affidavit relating to the estate of Willis C Elder (herein "Decedent"), who died on 1/20/2011 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:) \_\_\_\_\_

**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: Anna R. Butler, 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.

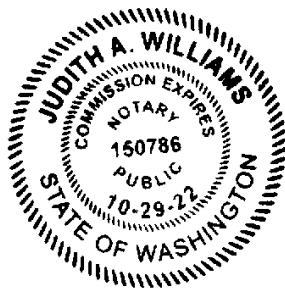
Anna R Butler  
 Signature

Anna R Butler  
 Print Name

State of Washington

County of SKAGIT

Signed and sworn to (or affirmed) before me on July 8, 2020 by ANNA RENEE BUTLER  
 (name of person making statement).



Judith A. Williams  
 Name: JUDITH A. WILLIAMS  
 Notary Public in and for the State of Washington,  
 Residing at: STANWOOD  
 My appointment expires: 10/29/22

**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P70272 / 4037-000-028-0007**

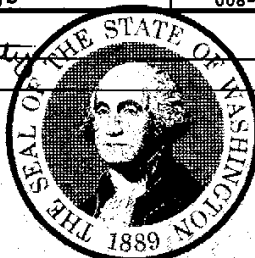
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LOT 28, WEST VIEW ACRES SUBDIVISION, SKAGIT COUNTY, WASH., ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 7 OF PLATS, PAGE 35, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

|                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                                                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Local File Number <b>52-11</b>                                                                                                                                                                                                                                                                  |                                      | Washington State Certificate of Death                                                                                                                                                                                                                                                                                                                           |                                                | State File Number                                                                                                                                                                                                      |  |
| 1. Legal Name (include AKA's if any) First Middle LAST Suffix<br><b>Willis Clinton Elder</b>                                                                                                                                                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                | 2. Death Date<br><b>01/20/2011</b>                                                                                                                                                                                     |  |
| 3. Sex (M/F)<br><b>M</b>                                                                                                                                                                                                                                                                        | 4a. Age - Last Birthday<br><b>49</b> | 4b. Under 1 Day<br>Months Days<br><b>0 0</b>                                                                                                                                                                                                                                                                                                                    | 4c. Under 1 Day<br>Hours Minutes<br><b>0 0</b> | 5. Social Security Number<br>[REDACTED]                                                                                                                                                                                |  |
| 6. County of Death<br><b>Skagit</b>                                                                                                                                                                                                                                                             |                                      | 7. Birthplace (City, Town, or County)<br><b>Burlington</b>                                                                                                                                                                                                                                                                                                      |                                                |                                                                                                                                                                                                                        |  |
| 8a. Birthplace (City, Town, or County)<br><b>Burlington</b>                                                                                                                                                                                                                                     |                                      | 8b. (State or Foreign Country)<br><b>Washington</b>                                                                                                                                                                                                                                                                                                             |                                                | 9. Decedent's Education<br><b>Trade School</b>                                                                                                                                                                         |  |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.<br><b>No</b>                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                | 11. Decedent's Race(s)<br><b>Caucasian</b>                                                                                                                                                                             |  |
| 12. Was Decedent ever in U.S. Armed Forces? <b>No</b>                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                                                                                                                                        |  |
| 13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)<br><b>12174 Chinook Dr.</b>                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                | 13b. City or Town<br><b>Burlington</b>                                                                                                                                                                                 |  |
| 13c. Residence: County<br><b>Skagit</b>                                                                                                                                                                                                                                                         |                                      | 13d. Tribal Reservation Name (if applicable)                                                                                                                                                                                                                                                                                                                    |                                                | 13e. State or Foreign Country<br><b>Washington</b>                                                                                                                                                                     |  |
| 13f. Zip Code + 4<br><b>98233</b>                                                                                                                                                                                                                                                               |                                      | 13g. Inside City Limits?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk                                                                                                                                                                                                                                               |                                                |                                                                                                                                                                                                                        |  |
| 14. Estimated length of time at residence.<br><b>7 years</b>                                                                                                                                                                                                                                    |                                      | 15. Marital Status at Time of Death<br><b>Married</b>                                                                                                                                                                                                                                                                                                           |                                                | 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)<br><b>Anna Frostad</b>                                                                                                           |  |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))<br><b>Electrician</b>                                                                                                                                                                       |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                | 18. Kind of Business/Industry (Do not use Company Name)<br><b>Electrical</b>                                                                                                                                           |  |
| 19. Father's Name (First, Middle, Last, Suffix)<br><b>Edward Elder</b>                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                | 20. Mother's Name Before First Marriage (First, Middle, Last)<br><b>Margaret [REDACTED]</b>                                                                                                                            |  |
| 21. Informant's Name<br><b>Anna Elder</b>                                                                                                                                                                                                                                                       |                                      | 22. Relationship to Decedent<br><b>Spouse</b>                                                                                                                                                                                                                                                                                                                   |                                                | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip<br><b>16879 Bradley Rd. Bon WA 98232</b>                                                                                                      |  |
| 24. Place of Death, if Death Occurred in a Hospital:<br><b>Residence</b>                                                                                                                                                                                                                        |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                | 25. Facility Name (if not a facility, give number & street or location)<br><b>12174 Chinook Dr.</b>                                                                                                                    |  |
| 26a. City, Town, or Location of Death<br><b>Burlington</b>                                                                                                                                                                                                                                      |                                      | 26b. State<br><b>WA</b>                                                                                                                                                                                                                                                                                                                                         |                                                | 27. Zip Code<br><b>98233</b>                                                                                                                                                                                           |  |
| 28. Method of Disposition<br><b>Burial</b>                                                                                                                                                                                                                                                      |                                      | 29. Place of Final Disposition (Name of cemetery, crematory, other place)<br><b>Hawthorne Memorial Park</b>                                                                                                                                                                                                                                                     |                                                | 30. Location-City/Town, and State<br><b>Mount Vernon, WA</b>                                                                                                                                                           |  |
| 31. Name and Complete Address of Funeral Facility<br><b>Hawthorne Funeral Home 1825 E. College Way Mount Vernon WA 98273-0398</b>                                                                                                                                                               |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                | 32. Date of Disposition<br><b>01/26/2011</b>                                                                                                                                                                           |  |
| 33. Funeral Director Signature X <i>[Signature]</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. <b>DIABETIC KETOACIDOSIS w/ COMA</b> Interval between Onset & Death: <b>HOURS FOR AWC</b>                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                                                                                                                                        |  |
| 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. <b>HYPOTENSION / ABNORMAL INSUFFICIENCY</b> Interval between Onset & Death: <b>2-3 LITERS DIABETIC</b>         |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                                                                                                                                        |  |
| c. Interval between Onset & Death:                                                                                                                                                                                                                                                              |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                                                                                                                                        |  |
| d. Interval between Onset & Death:                                                                                                                                                                                                                                                              |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                                                                                                                                        |  |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above                                                                                                                                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                | 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<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending                                                  |                                      | 39. If female<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> Probability <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                                  |  |
| 41. Date of Injury (mm/yyyy)                                                                                                                                                                                                                                                                    |                                      | 42. Hour of Injury (24hrs)                                                                                                                                                                                                                                                                                                                                      |                                                | 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)<br><b>Apartment</b>                                                                                                            |  |
| 44. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                | 45. Describe how injury occurred                                                                                                                                                                                       |  |
| 46. Date of Injury (mm/yyyy)                                                                                                                                                                                                                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                | 47. If transportation injury, specify:<br><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 at the time, date, and place and due to the cause(s) stated above. I am a physician, medical examiner, or coroner.<br><b>Carl Berliner, Dr. 607 N. 4th St. Mount Vernon, WA 98273</b>                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                | 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 above.<br><b>Early AM hours</b> |  |
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)<br><b>Carl Berliner, Dr. 607 N. 4th St. Mount Vernon, WA 98273</b>                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                | 50. Hour of Death (24hrs)<br><b>Early AM hours</b>                                                                                                                                                                     |  |
| 51. Name and Title of Attending Physician if other than Certifier (Type or Print)                                                                                                                                                                                                               |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                | 52. Date Signed (mm/yyyy)<br><b>01/21/2011</b>                                                                                                                                                                         |  |
| 53. Title of Certifier<br><b>Dr.</b>                                                                                                                                                                                                                                                            |                                      | 54. License Number<br><b>WA 40270</b>                                                                                                                                                                                                                                                                                                                           |                                                | 55. ME/Coroner File Number<br><b>008-011</b>                                                                                                                                                                           |  |
| 56. Was case referred to ME/Coroner?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                     |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                | 57. Date Received (mm/yyyy)<br><b>JAN 24 2011</b>                                                                                                                                                                      |  |
| 58. Registrar Signature<br><b>Theresa Marshall, Deputy</b>                                                                                                                                                                                                                                      |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                                                                                                                                        |  |
| 59. Amendments                                                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                                                                                                                                        |  |





## Affidavit for Correction

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

## STATE OFFICE USE ONLY

State File Number: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Affidavit Number: \_\_\_\_\_

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): \_\_\_\_\_

4. Father's Full Name: \_\_\_\_\_ 5. Mother's Full Name (if for Birth) (Wife for Marriage or Dissolution): \_\_\_\_\_

The Record is incorrect or incomplete as follows:

The Record now shows:

The True fact is:

6. \_\_\_\_\_ 7. \_\_\_\_\_

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 foregoing is true and correct.

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_

All vital records are registered as such and may only be changed by affidavit only once. Subsequent changes must be made by court order.

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

Examples of documentary proof:   
 - Certificate of Naturalization   
 - Medical Record   
 - School Transcripts   
 - Hospital Discharge   
 - Marriage Record (DD 911)   
 - Voter's Registration Card (if it bears an effective date)   
 - Alien Registration Card (front and back)   
 - We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

## Birth Certificates:

- Only a parent, legally ordered father, mother, or adult next-of-kin (18 or older) may change the birth certificate.
- The proof(s) must reflect 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. or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been issued within five years of birth.
- Up to age one, the parent(s) or legal guardian(s) 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 can be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, all 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 921)**

## Death Certificates:

- Only the informant, the funeral director or executor/administrator (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.

## Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date of place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date of place of marriage or dissolution, the affiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH CHS 023a 6-1-10

\*CERTIFIED\*

FEB 01 2011

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

UU00007758