

After recording, return to:  
Roxanne L Erskine

2311 So. 118th St  
Seattle, WA 98168

CHICAGO TITLE  
620043787

Grantor (Name of Decedent): Richard Neal Erskine

Grantee (Heirs): ROXANNE L. ERSKINE

Abbreviated Legal Description: Lot(s): 121, Cascade River Park No. 3

Tax Parcel No.(s): P63994 / 3873-000-121-0002

### INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF WA

COUNTY OF Skagit

The undersigned, ROXANNE L. ERSKINE, executes this affidavit relating to the estate of Richard Neal Erskine herein "Decedent", who died on 27 MAR 98 in the County of KING, State of WA, then being a resident of the City of Seattle, County of King, 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: Michael Joseph Erskine - Son  
 Name and relationship: Jessica Marie Erskine, daughter  
 Name and relationship: Roxanne L. Erskine, spouse  
 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:

Lot 121, "Cascade River Park No. 3," according to the plat thereof, recorded in Volume 9 of Plats, Pages 22 through 24, inclusive, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

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.

Roxanne L. Erskine  
 Signature

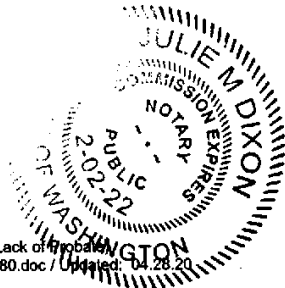
ROXANNE L. ERSKINE  
 Print Name

State of Washington

County of Washington

Signed and sworn to (or affirmed) before me on 8/20/2020 by \_\_\_\_\_  
Roxanne L. Erskine (name of person making statement).

Julie M Dixon  
 Name: Julie M Dixon  
 Notary Public in and for the State of Washington,  
 Residing at: Cameron, WA  
 My appointment expires: 2/2/2022



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFIED COPY OF DEATH CERTIFICATE

3251  
LOCAL FILE NUMBER

### Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Richard Middle: Neal Last: Erskine				2. SEX (M / F) Male		3. DEATH DATE (Mo. Day, Yr) Mar. 27, 1998	
4. AGE LAST BIRTHDAY (Yrs) 45		5. UNDER 1 YEAR MOS DAYS HOURS AMIS		6. UNDER 1 DAY HOURS AMIS		7. BIRTHDATE (Mo. Day, Yr) [REDACTED]	
8. BIRTHPLACE (City, State or Foreign Country) Spartanburg, SC		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH King			
11. CITY, TOWN OR LOCATION OF DEATH Seattle				12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RAVOUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE Virginia Mason Hospital			
13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes		14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married					
15. SURVIVING SPOUSE (if wife, give maiden name) Roxanne Lee Silveira		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (3-12) 12 College (1-4 or 5+)			
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Quality Assurance Inspector Aerospace		19. KIND OF BUSINESS OR INDUSTRY Aerospace		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 2311 S. 118th St.		23. CITY/TOWN OR LOCATION Seattle		24. INSIDE CITY LIMITS? (Yes / No) No		25. COUNTY King	
26. FATHER'S NAME—FIRST, MIDDLE, LAST Glenn Erskine		27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Marie [REDACTED]		28. LENGTH OF RES. IN CO. 10yrs.		29. STATE WA	
30. INFORMANT—NAME Roxanne L. Erskine		31. MAILING ADDRESS 2311 S. 118th St.		32. CITY OR TOWN Seattle, Washington		33. ZIP 98168	
34. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		35. DATE (Mo. Day, Yr) Apr. 2, 1998		36. CEMETERY/CREMATORY—NAME Bonney-Watson Crematory		37. LOCATION—CITY/TOWN, STATE Seattle, Washington	
38. FUNERAL DIRECTOR SIGNATURE x Stan A. Wilegan		39. NAME OF FACILITY Bonney-Watson		40. ADDRESS OF FACILITY Washington Memorial Funeral Home		41. CITY/TOWN, STATE, ZIP SeaTac, WA 98188	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
42. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE x Joan D. Holman				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE x			
44. DATE SIGNED (Mo. Day, Yr) 3-31-98		45. HOUR OF DEATH (24 Hrs.) 2030 PM		46. DATE SIGNED (Mo. Day, Yr)		47. HOUR OF DEATH (24 Hrs.)	
48. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Joan Holman, MD 140 SW 146th St. Burien, WA 98166				49. PRONOUNCED DEAD (Mo. Day, Yr)		50. HOUR PRONOUNCED DEAD (24 Hrs.)	
51. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Joan Holman, MD 140 SW 146th St. Burien, WA 98166				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
54. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death) DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.				A. Multiple Myeloma DUE TO, OR AS A CONSEQUENCE OF			
				B. DUE TO, OR AS A CONSEQUENCE OF			
				C. DUE TO, OR AS A CONSEQUENCE OF			
				D. DUE TO, OR AS A CONSEQUENCE OF			
55. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)				56. INJURY DATE (Mo. Day, Yr)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, PUBLIC, SCHOOL, FACTORY, BLDG, ETC (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. SIGNATURE Joan Holman		63. DATE RECEIVED (Mo. Day, Yr.) APR 3 1998		DOH 01-003 (8/96)	

## USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES		FEE NUMBER		INITIALS	DATE	AFFIDAVIT NUMBER	
STATE OFFICE USE ONLY						STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Death <input type="checkbox"/>		Marriage <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER		for	
2. NAME				3. DATE OF EVENT		4. PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)				6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)			
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:							
THE RECORD NOW SHOWS:				THE TRUE FACT IS:			
7.				8.			
9.				10.			
11.				12.			
13.				14.			
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY						15.	
PHONE NUMBER: _____							
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.							
16. SIGNATURE				17. DATE		18. ADDRESS	

DCH 110-007 (Rev. 8/96)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

**Birth Certificates**

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian or the adult (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.
- The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
- Examples of documents of proof:
 

Baptismal Certificate	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record (DD-214)	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	Passport
- Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name with only their signature until the child's 18th birthday.
- This affidavit cannot be used to add a father to a birth certificate.

**Death Certificates**

- 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 attending physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections  
 Center for Health Statistics  
 1112 Quince Street South  
 P.O. Box 9709  
 Olympia, WA 98507-9709

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



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