

After recording, return to:

Margery J. Marty

Chicago Title Co.  
425 Commercial St.  
Mount Vernon, WA  
98273

CHICAGO TITLE  
620043463

Grantor (Name of Decedent): JULIUS A. MARTY  
Grantee (Heirs): MARGERY J. MARTY  
Abbreviated Legal Description: Lot(s): 1, Skagit County Short Plat No. 29-75  
Tax Parcel No.(s): P66513 / 3938-001-033-0000 SE 26-33-6

### INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF WA

COUNTY OF PIERCE

The undersigned, MARGERY J. MARTY, executes this affidavit relating to the estate of JULIUS A. MARTY (herein "Decedent"), who died on Dec 10, 2001 in the County of KING, State of WASH, then being a resident of the City of BURDEN, County of KING, 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: Margery J. Marty, 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

**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.

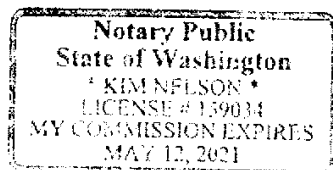
Margery J. Marty  
 Signature

MARGERY J. MARTY  
 Print Name

State of Washington

County of PIRCE

Signed and sworn to (or affirmed) before me on 8-27-2020 by MARGERY J. MARTY  
S. MARTY (name of person making statement)



Kim Nelson  
 Name: Kim Nelson  
 Notary Public in and for the State of Washington.  
 Residing at: 1001 - WA  
 My appointment expires: 5-12-21

**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P66513 / 3938-001-033-0000**

---

Tract 1, SKAGIT COUNTY SHORT PLAT NO. 29-75, approved August 1, 1975, and recorded September 4, 1975, in Volume 1 of Short Plats, page 58, under Auditor's File No. 823009, records of Skagit County, Washington, being a portion of Lots 32 and 33, Block 1, Lake Cavanaugh Subdivision No. 2, recorded in Volume 5, page 49, records of Skagit County, Washington.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

**12129**

LOCAL FILE NUMBER



### CERTIFICATE OF DEATH

146

STATE FILE NUMBER

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| 1. NAME<br>First: <b>Julius</b> Middle: <b>August</b> Last: <b>Marty</b>  |  |   |  | 2. SEX (M / F)<br><b>M</b>  |  | 3. DEATH DATE (Mo, Day, Yr)<br><b>12-10-01</b>   |  |
| 4. AGE LAST BIRTHDAY (Yrs)<br><b>63</b>   |  | 5. UNDER 1 YEAR<br>MOS: <b>63</b> DAYS: <b>00</b> HOURS: <b>00</b> MINS: <b>00</b>  |  | 7. BIRTHDATE (Mo, Day, Yr)<br><b>12-17-01</b>   |  | 8. BIRTHPLACE (City, State or Foreign Country)<br><b>Enumclaw, WA</b>  |  |
| 11. CITY, TOWN OR LOCATION OF DEATH<br><b>Burien</b>  |  | 12. PLACE OF DEATH — (a) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME<br><input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RMOUPT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE<br><b>16449 13th Ave. SW,</b> |  |   |  | 13. SMOKING IN LAST 15 YEARS? (Yes / No)<br><b>No</b>  |  |
| 14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)<br><b>Married</b>  |  | 15. SURVIVING SPOUSE (If wife, give maiden name)<br><b>Margery Weston</b>   |  | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>  |  | 17. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (K-12): <b>12</b> College (1-4 or 5+): <b></b> |  |
| 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)<br><b>Insurance Agent</b>   |  | 19. KIND OF BUSINESS OR INDUSTRY<br><b>Insurance</b>  |  | 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)<br><b>(Yes / No) Specify: No</b>                   |  | 21. RACE (Specify)<br><b>White</b>   |  |
| 22. RESIDENCE — NUMBER AND STREET<br><b>16449 13th Ave. SW</b>  |  | 23. CITY/TOWN, OR LOCATION<br><b>Burien</b>   |  | 24. INSIDE CITY LIMITS? (Yes / No)<br><b>Yes</b>  |  | 25A. COUNTY<br><b>King</b>   |  |
|   |  |   |  | 25B. LENGTH OF RES. IN CO.<br><b>63 yrs.</b>  |  | 26. STATE<br><b>WA</b>   |  |
|   |  |   |  |   |  | 27. ZIP CODE<br><b>98166</b>   |  |
| 28. FATHER'S NAME — FIRST, MIDDLE, LAST<br><b>August M. Marty</b>   |  |   |  | 29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME<br><b>Ida L. [REDACTED]</b>   |  |  |  |
| 30. INFORMANT — NAME<br><b>Margery Marty</b>  |  |   |  | 31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP<br><b>16449 13th Ave. SW, Burien, WA 98166</b>   |  |  |  |
| 32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 33. DATE (Mo, Day, Yr)<br><b>12-17-01</b>   |  | 34. CEMETERY/CREMATORY — NAME<br><b>Bonney Watson Crematory</b>   |  | 35. LOCATION — CITY/TOWN, STATE<br><b>Seattle, WA</b>  |  |
| 36. FUNERAL DIRECTOR SIGNATURE<br><i>[Signature]</i>  |  | 37. NAME OF FACILITY<br><b>Bonney Watson Parker Chapel</b>  |  | 38. ADDRESS OF FACILITY<br><b>900 SW 146th St. Burien, WA 98166</b>   |  |  |  |
| 39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.<br>SIGNATURE AND TITLE<br><i>[Signature]</i>  |  |   |  | 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.<br>SIGNATURE AND TITLE<br><b>X</b> |  |  |  |
| 40. DATE SIGNED (Mo, Day, Yr)<br><b>12/13/01</b>  |  | 41. HOUR OF DEATH (24 Hrs)<br><b>0800 hrs.</b>  |  | 44. DATE SIGNED (Mo, Day, Yr)   |  | 45. HOUR OF DEATH (24 Hrs)   |  |
| 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  |   |  | 46. PRONOUNCED DEAD (Mo, Day, Yr)   |  | 47. HOUR PRONOUNCED DEAD (24 Hrs)  |  |
| 48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)<br><b>Dr. Stanley W. Sherry-14434 Ambaum Blvd. SW #3, Burien, WA 98166</b>   |  |   |  | 49. ME/CORONER FILE NUMBER<br><b>NJA# 4850-01</b>   |  |  |  |
| 50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:  |  |   |  |   |  |  |  |
| IMMEDIATE CAUSE (Final disease or condition resulting in death).<br>DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.<br>Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. |  | A. <b>ASHD</b><br>DUE TO, OR AS A CONSEQUENCE OF:   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 yr</b>  |  |
|   |  | B.<br>DUE TO, OR AS A CONSEQUENCE OF:   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
|   |  | C.<br>DUE TO, OR AS A CONSEQUENCE OF:   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
|   |  | D.<br>DUE TO, OR AS A CONSEQUENCE OF:   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:<br><i>Arteriosclerosis, Atherosclerosis, Coronary Artery Disease</i>   |  |   |  |   |  |  |  |
| 54. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)   |  | 55. INJURY DATE (Mo, Day, Yr)   |  | 56. HOUR OF INJURY  |  | 57. DESCRIBE HOW INJURY OCCURRED:  |  |
| 58. INJURY AT WORK? (Yes / No)  |  | 59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)<br><b>[REDACTED]</b>  |  |   |  |  |  |
| 61. RECORD AMENDMENT (Registrar use only)<br>ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE   |  | 62. REGISTRAR SIGNATURE<br><i>[Signature]</i>   |  | 63. DATE RECEIVED (Mo, Day, Yr)<br><b>DEC 14 2001</b>   |  |  |  |

## 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"/> Marriage <input type="checkbox"/><br>Death <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                         |                  |

DOH 110-007 (Rev. 3-99)

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

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:
 

|                               |                           |   |
|-------------------------------|---------------------------|---|
| Certificate of Naturalization | Marriage Record           | School Record   |
| Census Record                 | Medical Record            | Voter's Registration Card (if it bears an effective date) |
| Hospital Records              | Military Record (DD-214)  | Alien Registration Card (front and back)                  |
| Insurance Records             | Your Child's Birth Record | Passport  |
6. Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
  - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parents may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

## Death Certificates

1. Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

## Marriage/Dissolution (Divorce) Certificates

1. 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 objects in birth photo. A person's own birth certificate is also acceptable proof.
2. 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.

