



202009030071

09/03/2020 12:56 PM Pages: 1 of 8 Fees: \$110.50
Skagit County Auditor

After recording mail to:

Stiles Law Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Address: 202 N Central Avenue, Sedro Woolley, WA 98284
Legal: Ptn. Lots 15 and 16, Block 2, "ROSEDALE GARDEN TRACTS OF SEDRO-WOOLLEY"
Tax Parcel #: P76908 / 4169-002-016-0403

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiants, DONNA ANDERSON, CANDYCE THOMPSON, KENNETH KUHNS and KAROL DENNIS execute this affidavit relating to the estate of WILMA KUHNS, the Decedent, who died on August 10, 2020, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

DONNA ANDERSON, CANDYCE THOMPSON, KENNETH KUHNS and KAROL DENNIS, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiants are the rightful heirs to the property described below.

Relationship of the Affiant to the Decedent

2. The affiants are (check one):

- ☐ The lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☒ Surviving children / stepchildren of the Decedent
☐ One 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 9/3/2020 [mm/dd/yyyy], under Recording No. 202009030072 in Skagit County, Washington.
☐ Other (identify): _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Donna Anderson 1018 34 th Street Anacortes, WA 98221	legal	daughter
Candyce Thompson 6816 88 th PI NE Marysville, WA 98270	legal	daughter
Kenneth Kuhns 122 South Federal Place Santa Fe, NM 87501-9998	legal	stepson
Karol Dennis 12004 22 nd St NE Lake Stevens, WA 98258	legal	stepdaughter

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:

The North 80 feet of the South 200 feet of the East 150 feet of Lots 15 and 16, Block 2, "ROSEDALE GARDEN TRACTS OF SEDRO-WOOLLEY", as per plat recorded in Volume 3 of Plats, page 52, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

5. **Status of the Will (if any)**

- ☐ The decedent left no Will that devises real property.
☒ The decedent left a Will that devises real property.
☒ The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated December 27, 2017.
 The Will devises and states that:

III (B) If my spouse does not survive me by ninety (90) days, I hereby give, devise and bequeath all the rest, residue and remainder of my estate, as defined above and including without limitation all property acquired by me after the execution of this Will, to Donna Anderson, Candace Thompson, Kenneth Kuhns and Karol Dennis, in equal shares by right of representation.

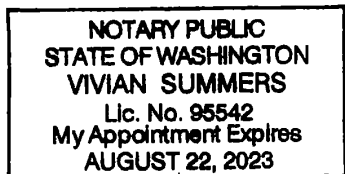
DATED: 08/17/, 2020

Donna Anderson
 Donna Anderson - Affiant

STATE OF WASHINGTON)
) ss.
 COUNTY OF Skagit)

On this day personally appeared before me **Donna Anderson** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 17 day of August, 2020.



Vivian Summers
 Notary Public in and for the State of Washington,
 residing at Pracosta WA
 My appointment expires August 22, 2023

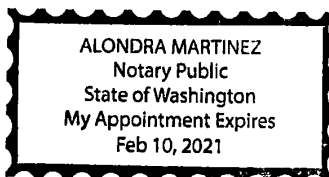
DATED: 8/17, 2020

Candye Thompson
Candye Thompson - Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF Snohomish)

On this day personally appeared before me **Candye Thompson** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 17 day of August; 2020.



[Signature]
Notary Public in and for the State of Washington,
residing at Marysville
My appointment expires Feb 10, 2021

DATED: 8/17, 2020

by: [Signature]
Kenneth Kuhns - Affiant *all rights reserved*

STATE OF NEW MEXICO)
COUNTY OF Santa Fe) ss.

On this day personally appeared before me **Kenneth Kuhns** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 17 day of August, 2020.



[Signature]
Notary Public in and for the State of New Mexico,
residing at 1101 Don Diego Ave
My appointment expires 2-19-21

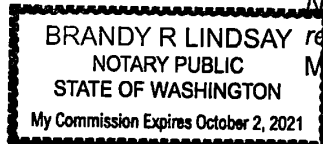
DATED: 8/14, 2020



Karol Dennis - Affiant

STATE OF WASHINGTON)
COUNTY OF Shenandoah) ss.

On this day personally appeared before me **Karol Dennis** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 14th day of August, 2020.




Notary Public in and for the State of Washington,
residing at 1411 Stevens
My appointment expires 10/02/2021

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-036983

DATE ISSUED: 08/14/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILMA JO

LAST NAME(S): KUHN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 10, 2020

HOUR OF DEATH: 12:20 PM

SEX: FEMALE AGE: 92 YEARS

SOCIAL SECURITY NUMBER: 533-26-3464

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: FEBRUARY 04, 1928

BIRTHPLACE: ANACORTES, WA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: PATTY DOUGE

RELATIONSHIP: NIECE

ADDRESS: 4114 RIDGEWOOD AVE, BELLINGHAM, WA 98229

CAUSE OF DEATH:

A: CEREBRAL VASCULAR ACCIDENT

INTERVAL: 2 HOURS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DEMENTIA, HYPERTENSION, PAROXYSMAL ATRIAL FIBRILLATION

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 410 SOUTH NORRIS STREET #101

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: WILLARD SYLVESTER CHILDS

MOTHER: AVON M BAKER

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: AUGUST 14, 2020

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOHN HAAS

MANNER OF DEATH: NATURAL

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: BRENT L. HERR, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: AUGUST 12, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: AUGUST 13, 2020

202009030071

**Affidavit for Correction**

09/03/2020 12:56 PM
 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:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY	(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/Maiden	First	Middle
			Last/Maiden	
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 section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	

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

14a. Signature:		14b. Signature of 2 nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
 - Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
 - To correct the sex of the child, one proof documentation 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.

Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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

CERTIFIED

AUG 14 2020

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



0 4 1 4 0 1 0 3