

After recording, return to:  
Joyce A. Barns  
6607 Jackson Lane  
Highlands, Co 80130

CHICAGO TITLE CO.  
020044228

Grantor (Name of Decedent): Robert Barns  
Grantee (Heirs): Joyce Barns  
Abbreviated Legal Description: LT 9, BLK 2, HILLCREST PARK ADDN TO MT VERNON  
Tax Parcel No.(s): P53170 / 3730-002-009-0008

**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, Joyce Barns, executes this affidavit relating to the estate of Robert Barns (herein "Decedent"), who died on 12/23/2018, in the County of SKAGIT, State of WASH, then being a resident of the City of MOUNT VERNON, County of SKAGIT, State of WASH.

**(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: Joyce Barnts wife

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.

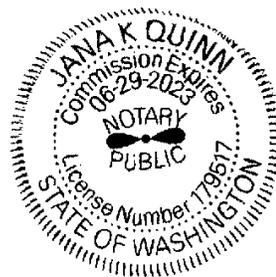
Joyce Barnts  
Signature

Joyce Barnts  
Print Name

State of Washington  
County of Skagit

Signed and sworn to (or affirmed) before me on September 30 2020 by Joyce Barnts  
(name of person making statement).

Janak Quinn  
Name: Janak Quinn  
Notary Public in and for the State of Washington,  
Residing at: Arlington  
My appointment expires: 06/29/2023



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P53170 / 3730-002-009-0008**

Lot 9, Block 2, HILLCREST PARK ADDITION TO MOUNT VERNON, according to the plat thereof, recorded in Volume 6 of Plats, page 8, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-056933

DATE ISSUED: 01/04/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT LEWIS  
LAST NAME(S): BARNTS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 23, 2018  
HOUR OF DEATH: 06:40 PM  
SEX: MALE AGE: 82 YEARS  
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

RESIDENCE STREET: 1714 SOUTH 14TH ST  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 5 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: STERLING, CO

FATHER/PARENT: LEWIS B BARNTS [REDACTED]  
MOTHER/PARENT: MARY LOUISE [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: JOYCE DEFOE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: OWNER  
INDUSTRY: ORTHOPEDIC MEDICAL DISTRIBUTOR  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: DECEMBER 28, 2018

INFORMANT: JOYCE BARNTS  
RELATIONSHIP: WIFE  
ADDRESS: 1714 SOUTH 14TH ST MOUNT VERNON, WA 98274

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:  
A: SEVERE PROTEIN CALORIE MALNUTRITION  
INTERVAL: YEARS  
B: MIXED DEMENTIA  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: ROBERT W. COONEY, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: DECEMBER 27, 2018

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: DECEMBER 28, 2018

 <b>Affidavit for Correction</b>		Mail to: <b>Center for Health Statistics</b> P. O. Box 47614 Olympia, WA 98504-7814 360-236-4300	
<b>This is a legal document. Complete in ink and do not alter.</b>			
<b>STATE OFFICE USE ONLY</b>			
State File Number	Fee Number	Initials	Affidavit Number
<b>Required information must match current information on record</b>			
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:		4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)	
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		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:			
Telephone Number:		Email Address:	
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>			
8. The record now shows:		9. The true fact is:	
10.		11.	
12.		13.	
14.		15.	
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct</b>			
16a. Signature:		16b. Signature of 2 <sup>nd</sup> parent (if required):	
Printed name:		Printed name:	
Date:		Date:	
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>			
<b>Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof</b>			
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:			
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Passport</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>			
<b>Birth Certificates</b>			
1. 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.			
2. <b>The proof(s) must match</b> 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.			
3. Documentary proof must be five or more years old or established within five years of birth.			
<b>Child under 18</b>		<b>Adult (18 years or older)</b>	
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>		<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>	
*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request			
<b>This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DQH 422-032)</b>			
<b>Death Certificates</b>			
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.			
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.			
<b>Marriage/Dissolution (Divorce) Certificates</b>			
1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.			
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.			

DQH 422-034 October 2015

**\*CERTIFIED\***

JAN 04 2019

*Howard L. Brand*

Skagit County Health Department  
Howard L. Brand M.D. Health Officer



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