

After recording, return to:
Stanley Buchanan and Audrey Buchanan
24090 Old Day Creek Rd.
Sedro Woolley, WA 98284

CT 620043739

CHICAGO TITLE

Grantor (Name of Decedent): Audrie Elma Buchanan
Grantee (Heirs): Stanley Buchanan
Abbreviated Legal Description: Lot(s): 2, 3, 4 and 5, Block: 66, Burlington
Tax Parcel No.(s): P71736 / 4076-066-005-0015

INHERITANCE LACK OF PROBATE AFFIDAVIT**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**STATE OF WashingtonCOUNTY OF Skagit

The undersigned, Stanley Buchanan, executes this affidavit relating to the estate of Audrie Elma Buchanan (herein "Decedent"), who died on 11-10-2017, in the County of Snohomish, State of Washington, then being a resident of the City of Edmonds, County of Snohomish, 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: _____
 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:

Lots 2, 3, 4, and 5, Block 66, Amended Plat of Burlington, Skagit County, Washington, as per Plat recorded in Volume 3 of Plats, page 17, Records of Skagit County, Washington.

Situating in Skagit County, 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.

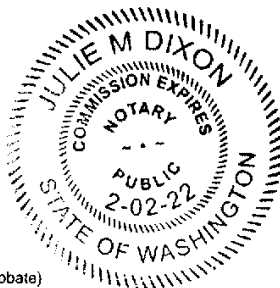
Stanley Buchanan
 Signature

Stanley Buchanan
 Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 10/8/2020 by _____
Stanley Buchanan (name of person making statement).



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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-048766

LOCAL FILE NUMBER: 4422

DATE ISSUED: 11/21/2017

FEE NUMBER: 311117

FIRST AND MIDDLE NAME(S): AUDRIE ELMA
LAST NAME(S): BUCHANAN

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: NOVEMBER 10, 2017

HOUR OF DEATH: 01:20 PM

SEX: FEMALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER:

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

BIRTH DATE: [REDACTED]

BIRTHPLACE: BC CANADA

MARITAL STATUS: MARRIED

SPOUSE: STANLEY JAMES BUCHANAN

OCCUPATION: NURSE

INDUSTRY: MEDICAL

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: STANLEY BUCHANAN

RELATIONSHIP: SPOUSE

ADDRESS: 16852 76TH AVE W, EDMONDS, WA 98026

CAUSE OF DEATH:

A: ALZHEIMER DEMENTIA

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LEFT HUMERUS FRACTURE,
HYPERTENSION, ATRIAL FIBRILLATION

DATE OF INJURY: SEPTEMBER 11, 2017

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 16852 76TH AVE W

CITY, STATE, ZIP: EDMONDS, WASHINGTON 98026

COUNTY: SNOHOMISH

DESCRIBE HOW INJURY OCCURRED: FELL FROM WHEELCHAIR, FRACTURE
EXACERBATED NATURAL DISEASE AND INITIATED TERMINAL DECLINE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 16852 76TH AVE W

CITY, STATE, ZIP: EDMONDS, WASHINGTON 98026

RESIDENCE STREET: 16852 76TH AVE W

CITY, STATE, ZIP: EDMONDS, WA 98026

INSIDE CITY LIMITS: YES

COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 46 YEARS

FATHER/PARENT: DAVID PACE

MOTHER/PARENT:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: WASHELLI CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: NOVEMBER 17, 2017

FUNERAL FACILITY: CASCADE MEMORIAL BELLEVUE

ADDRESS: 13620 NE 20TH STREET

CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98005

FUNERAL DIRECTOR: MADISON P. MUSCHAMP

MANNER OF DEATH: ACCIDENT

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: JOHN M. LACY, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 9509 29TH AVENUE WEST

CITY, STATE, ZIP: EVERETT, WA 98204

DATE SIGNED: NOVEMBER 13, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 17SN1685

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SHARON MAUCH

DATE RECEIVED: NOVEMBER 14, 2017

 Affidavit for Correction		Mail to: 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			
Required	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:	
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:			
The record now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct			
16a. Signature:		16b. Signature of 2 nd parent (if required):	
Printed name:		Printed name:	
Date:		Date:	
INSTRUCTIONS – go to www.doh.wa.gov for more information			
Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof			
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"> • Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • Certificate of Naturalization • Hospital/medical record • Passport • Green/Permanent Resident card (I-551) 			
Birth Certificates			
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. 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. 3. Documentary proof must be five or more years old or established within five years of birth.			
Child under 18 <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • 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)* • After age one, 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 documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required 		Adult (18 years or older) <ul style="list-style-type: none"> • Only the adult can change his or her birth certificate • If the first or middle name is missing, three pieces of documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof is required 	
*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.			
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)			
Death Certificates			
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.			
Marriage/Dissolution (Divorce) Certificates			
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.			

DOH 422-034 October 2015

Certificate not valid unless the Seal of the State of Washington is visible when heat applied

