

After recording, return to:
Ralph L. Anderman
13010 E 36th Avenue
Spokane Valley, WA 99206

CHICAGO TITLE
020044493

Grantor (Name of Decedent): Schary Ann Anderman
Grantee (Heirs): Ralph L. Anderman
Abbreviated Legal Description: Lot(s): 11 FARMINGTON SQUARE CONDO
Tax Parcel No.(s): P121256 / 4828-000-011-0000

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF WA

COUNTY OF Spokane

The undersigned, Ralph L. Anderman executes this affidavit relating to the estate of Schary Ann Anderman (herein "Decedent"), who died on 12-18-2007, in the County of Spokane, State of WA, then being a resident of the City of Spokane, County of Spokane, 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: Ralph L Anderman, Spouse

Name and relationship: Anthony A Anderman, Son

Name and relationship: Joy Howell, daughter

Name and relationship: Ralph Anderman, Jr. Son

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.

Ralph L Anderman
 Signature

RALPH L ANDERMAN
 Print Name

State of Washington

County of Spokane

Signed and sworn to (or affirmed) before me on 24 OCT 2020 by Ralph L Anderman (name of person making statement).

Katie Hiatt
 Name: KATIE HIATT
 Notary Public in and for the State of Washington,
 Residing at: Spokane
 My appointment expires: 1-2-21



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P121256 / 4828-000-011-0000

Unit 11, FARMINGTON SQUARE CONDOMINIUM, according to the Declaration thereof recorded January 28, 2004, under Auditor's File No. 200401280083 and any amendments thereto, and Survey Map and Plans thereof recorded January 28, 2004, under Auditor's File No. 200401280084, records of Skagit County, Washington.

Situated in Skagit County, State of Washington.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number 993		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Schary Ann Anderman					2. Death Date 12/18/2007		
3. Sex (M/F) F	4a. Age - Last Birthday 68	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit		
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Sacramento	8b. (State or Foreign Country) CA		9. Decedent's Education 10th Grade			
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 553 Windmill Lane					13b. City or Town Burlington		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA	13f. Zip Code + 4 98233	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 2 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Ralph Lewis Anderman			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Homemaker				18. Kind of Business/Industry (Do not use Company Name) Own home			
19. Father's Name (First, Middle, Last, Suffix) Harold Schary Fender				20. Mother's Name Before First Marriage (First, Middle, Last) Elizabeth Georgia			
21. Informant's Name Ralph Lewis Anderman		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFO No. City or Town State Zip 553 Windmill Lane, Burlington, WA 98233			
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's home							
25. Facility Name (if not a facility, give number & street or location) 553 Windmill Lane					26a. City, Town, or Location of Death Burlington	26b. State WA	27. Zip Code 98233
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory			30. Location-City/Town, and State Mount Vernon, WA		
31. Name and Complete Address of Funeral Facility Hulbush Funeral Home & Cremation Service					32. Date of Disposition 12/19/2007		
33. Funeral Director Signature X <i>[Signature]</i>							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. Cardiac arrest Due to (or as a consequence of): respiratory arrest Due to (or as a consequence of): advanced lung cancer Due to (or as a consequence of): pericardial and pleural tumors							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above myelodysplastic syndrome							
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town County State Zip Code + 4: 307 South 13th Street, Mount Vernon, WA 98274					46. Describe how injury occurred		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					48. Medical Examiner/Coroner (Type or Print) [Signature]		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 307 South 13th Street, Mount Vernon, WA 98274					50. Hour of Death (24hrs) 0300		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (MM/DD/YYYY) 12/19/2007		
53. Title of Certifier MD		54. License Number 25269-1100019616		55. ME/Coroner File Number 455		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature Sandra Delits, Deputy					58. Date Received (MM/DD/YYYY) DEC 19 2007		
59. Amendments							





202010260175

10/26/2020 01:08 PM, Page 5 of 5

Affidavit for Correction**This is a legal Document. Complete in ink and do not alter.**State of Washington
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300**STATE OFFICE USE ONLY**

State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:		7. The True fact is:		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature		16. Date:		17. Address:
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge. All changes must be established by documentary proof submitted with the affidavit Examples of documentary proof: Certificate of Naturalization Medical Record School Record Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date) Insurance Records Birth Record Alien Registration Card (front and back) Marriage/Divorce Records Passport				
Birth Certificates:				
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.				
2. 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.				
3. Proof must be five (or more) years old or have been established within five years of birth.				
4. Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.				
5. Parents may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).				
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)				
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.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.				
Marriage/Dissolution (Divorce) Certificates:				
1. Person's fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.				
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.				

DOH/CHS 021 (Rev. 2002)

CERTIFIED

DEC 20 2007

*H. Leibrand M.D.*Skagit County Public Health Department
Howard Leibrand M.D., Health Officer

PP00200185