11/17/2020 02:29 PM Pages: 1 of 5 Fees: \$107.50

Skagit County Auditor, WA

After recording, return to: Doris E. Winship 17678 W Ingleside Dr Surprise, AZ 85374

CHICAGO TITLE U20043983

Grantor (Name of Decedent): Donald Winship
Grantee (Heirs): Doris Winship
Abbreviated Legal Description: Lt 24, Broadview Addn to Anacortes
Tax Parcel No.(s): P56937 / 3777-000-024-0007
INHERITANCE LACK OF PROBATE AFFIDAVIT (To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
STATE OF ALICOPA
The undersigned, 100 r 1 s E Winsh pexecutes this affidavit relating to the estate of Unald Winsh p (herein "Decedent"), who died on 5cpt. 21, 2018,
n the County of Skagit , State of Washington , then being a resident of the
City of Anacortes, County of Skagit, state of Mashington.
(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:)

Affidavit (Lack of Probate) WA0000080.doc / Updated: 04.28.20 Printed: 11.17.20 @ 02:18 PM by DR WA-CT-FNRV-02150.620019-620043983

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: DOVIS Win Ship (Spouse)
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.
DORIS E Winship Print Name
State of Washington ARIZONA
County of
Signed and sworn to (or affirmed) before me on November (2020 by Doft 5 E. (name of person making statement). Name: Lynca Hustes Notary Public in and for the State of Washington, Africana Residing at: 8129 w (name Lu Paula A) My appointment expires: 85545
Notary Public - Arizona Maricopa County Commission # 534526 My Comm. Expires Sep 18, 2021

Affidavit (Lack of Probate) WA0000080,doc / Updated; 04,28,20 Printed: 11,03,20 @ 12:01 PM by JR WA-CT-FNRV-02150,620019-620043983

EXHIBIT "A"Legal Description

For APN/Parcel ID(s): P56937 / 3777-000-024-0007

Lot 24, Broadview Addition to the City of Anacortes, according to the plat thereof, recorded in Volume 7 of Plats, page 22, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Affidavit (Lack of Probate) WA0000080.doc / Updated: 04.28.20

Printed: 11.03.20 @ 12:01 PM by JR WA-CT-FNRV-02150.620019-620043983



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED. 09/03/2020 FEE NUMBER: 113548288

CERTIFICATE NUMBER: 2018-041829

FIRST AND MIDDLE NAME(S): DONALD CHARLES LAST NAME(S): WINSHIP

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 21, 2018

HOUR OF DEATH: 01:30 PM

SEX: MALE SOCIAL SECURITY NUMBER: AGE: 82 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: ALTON, IL

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DORIS EILEEN LANGIN

OCCUPATION: MINISTER

INDUSTRY: CHRISTIAN CHURCHES EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: DORIS E WINSHIP

RELATIONSHIP: WIFE

ADDRESS: 1509 - 39TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:

A: CONGESTIVE HEART FAILURE, SYSTOLIC

INTERVAL: YEARS

B: AORTIC VALVE DISEASE

INTERVAL: YEARS

C: BICUSPID AORTIC VALVE

INTERVAL: YEARS

D:

INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, ALZHEIMER'S DEMENTIA

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: NURSING HOME/LONG TERM CARE FACILITY FACILITY OR ADDRESS: MIRA VISTA CARE CENTER

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1509 - 39TH STREET CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 9 YEARS

FATHER: LINCOLN ASHMORE WINSHIP

MOTHER: MARJORIE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: SEPTEMBER 27, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

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: MARY RAMSBOTTOM, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1400 E. KINCAID STREET CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: SEPTEMBER 26, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR; CHERYL PETERSON

DATE RECEIVED: SEPTEMBER 26, 2018

Weshington State Department of Health

Affidavit for Correction

11/17/2020 021/2016 P.Mc-Racyar Seedit-Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300

This is a legal document. Complete in ink and do not alter.

Record Type: Birth Death Marriage Dissolution (Divorce)		I Fac Nu		ATE OFFICE	CONTRACTOR OF THE PARTY OF THE	LD-I-	
Name on Record Type: Birth Death Marriage Dissolution (Divorce)	State File Number	Fee Nu	mper		Initials	Date	Affidavit Number
First Middle Last Middle	to the house of the same	Reg	uired informatio	n must mate	h current in	formation on reco	rd
Return Mailing Address: Person on Record: Person on Record: Funeral Director Other (specify)	Record Type:	Birth	Death	☐ Marr	age		
Return Mailing Address: Send Funeral Director Other (specify) Other	1. Name on Record:	Middle	Last			I	l
Return Mailing Address: Brown of Person Requesting Correction: Person on Record: Person on Record: Funeral Director Other (specify)	4. Father/Parent Full Bi	rth Name (Spouse A	for Marrlage or Dis	solution) 5.	Mother/Parent	Full Birth Name (Spou	use B for Marriage or Dissolution)
Return Mailing Address: Brown of Person Requesting Correction: Person on Record: Person on Record: Funeral Director Other (specify)							
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows: The record currently shows:	6. Name of Person Requesting Correction: Relationship						
Use the section below for requesting any changes on the record. The record le incorrect or incomplete as follows: The record currently shows: The true fact is: 9. 11. 13. I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 4a. Signature: Instructions — go to www.dor.wa.gov for more information sequired proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: INSTRUCTIONS — go to www.dor.wa.gov for more information sequired proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: Orally a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate. 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 from DOH 422-159). Adult (18 years or older) Only the adult can change their own birth certificate. If the first or middle name is missing, three pieces of proof documentation are required. To correct parent's information, one proof documentation is required. To correct parent's information, one proof documentation from a medical provider is required to change the first or middle name. To correct parent's information, one proof documentation from a medical provider is required to change the first or middle name. To correct parent's birth date, piace of birth, or name, one proof documentation is required. To correct parent's birth date, piace of birth, or name, one proof docume				r.	11	Sinn	Zio
The record currently shows: 9.	elephone Number:			En	ail Address:		
1. I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 14a. Signature: 14b. Signature of 2 nd parent (if required): 14c: 14c: 14c: 14d. Signature of 2 nd parent (if required): 15d. Signat				ges on the r	cord. The r		
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. IAs. Signature: Instructions – go to www.doh.wa.gov for more information Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Scoial 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. Inthe 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). Adult (18 years or older) To correct parent's information, one proof documentation is required. To correct parent's information, one proof documentation from a medical provider is required to change the first or middle name. To correct parent's information, one proof documentation is required. To correct parent's information, one proof documentation is required. To correct parent's information, one proof documentation is required. To correct parent's information, one proof documentation is required. To correct parent's information, one proof documentation is required. To correct parent's information, one proof documentation is required. To correct parent's information, one proof documentation is required. To correct parent's information, one proof documentation is required. To correct parent's information, one proof documentation is required. To correct parent's birth date, place of birth, or name, one proof documentation is		record currently si	iows:	9.		I ne tru	Je Tact IS:
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4a. Signature: Date: Printed name: Date: Date	2.						
4a. Signature: Date: Printed name: Date: Date	i declare unde	er penalty of peri	ury under the lav	vs of the Sta	te of Washi	ngton that the force	poing is true and correct.
INSTRUCTIONS – go to www.doh.wa.gov for more information equired 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. Inth 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 from DOH 422-159). Adult (18 years or older) 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 name). No proof is required to change the last name. No proof is required to change the last name. No proof is required to change the last name. No proof is required to change the last name. To correct parent's information, one proof documentation is required. To correct the sex of the child, one proof documentation is required. To correct the sex of the child, one proof documentation is required. To correct the sex of the child, one proof documentation from a medical provider is required. To correct the sex of the child, one proof documentation is required. To correct the sex of the child, one proof documentation is require		pommy or port	ary arrast are ful				
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equired proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: Sirth/Marriage/Divorce record Military record (DD-214) 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. In the 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. In 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 from DOH 422-159). Adult (18 years or older) Only the adult can change their own birth certificate. If the first or middle name is missing, three pieces of proof documentation are required. To correct parent's information, one proof documentation from a medical provider is required to change the first, middle or last names); the first, middle or last name. To correct parent's information, one proof documentation from a medical provider is required. To correct parent's information, one proof documentation from a medical provider is required. To correct parent's information, one proof documentation from a medical provider is required. To correct parent's birth date, place of birth, or name, one proof documentation is required. To correct parent's birth date, place of birth, or name, one proof documentation are required. To correct parent's birth date, place of birth, or name, one proof documentation is required. To corr			INSTRUCTIONS -	go to www.doh	.wa.gov for m	ore information	
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adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.	Only a parent(s), legal gu The proof(s) must mate Mary Ann Doe. Proof documentation must This affidavit cannot be u hild under 18 If legal guardian(s), incl Up to age one or up to of Parentage form, last i on certificate (can be ar thereafter, a court order No proof is required to of To correct parent's infor To correct parent's infor To change any part of the provider is required. To change any part of the certificate with request. Teath Certificates Only the informant may member may change the	the the asserted fact(s) of the five or more yet sed to add a parent ude certified court or one year following the name can be change by combination of the is required to change the first or mation, one proof do name of a child using the change the non-meter one-medical infor-medical infor-medic	s). For example, if the ars old or established to a birth certificate or der proving guardiale filing of an Acknowld once to either partifirst, middle or last get the last name. It will be the last name of the	ed within five y (use Acknowle anship. wledgment ents' name names); ired. medical com both parent thout proof documentation.	s the name she ears of birth. Edgment of Pa dult (18 years of Only the adult If the first or are required. If the first, minorm To correct particles required.	rentage from DOH 422 or older) t can change their own niddle name is missing delle and/or last name eact, two pieces of proorent's birth date, place certificate are required.	e, the proof must show the name to be 2-159). In birth certificate. In the pieces of proof documentation is misspelled, or month and/or day of documentation are required. If one parent is deceased, submit a death decutors/administrators, or a family stered domestic partner, parent, sibling terms are to be considered.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.