

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

CHICAGO TITLE
020043983

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 Arizona
COUNTY OF MARICOPA

The undersigned, Doris E. Winship executes this affidavit relating to the estate of Donald Winship (herein "Decedent"), who died on Sept. 21, 2018, in the County of Skagit, State of Washington, then being a resident of the City of Anacortes, County of Skagit, 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): _____

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(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: Debbie Peterson (daughter)
Name and relationship: DORIS Winship (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
Signature

DORIS E Winship
Print Name

State of ~~Washington~~ ARIZONA
County of Maricopa

Signed and sworn to (or affirmed) before me on NOVEMBER 14, 2020 by DORIS E. WINSHIP
(name of person making statement).

[Signature] Notary Public
Name: LYNDA HUGHES
Notary Public in and for the State of Washington, Arizona
Residing at: 8129 W Camel Ln Peoria AZ
My appointment expires: 09/18/2021 85345

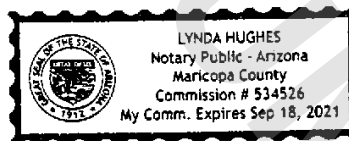


EXHIBIT "A"
Legal Description

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.



STATE OF WASHINGTON DEPARTMENT OF HEALTH


CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2018-041829

DATE ISSUED: 09/03/2020
FEE NUMBER: 113548288FIRST AND MIDDLE NAME(S): DONALD CHARLES
LAST NAME(S): WINSHIPCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 21, 2018
HOUR OF DEATH: 01:30 PM
SEX: MALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: ALTON, ILMARITAL STATUS: MARRIED
SURVIVING SPOUSE: DORIS EILEEN LANGINOCCUPATION: MINISTER
INDUSTRY: CHRISTIAN CHURCHES
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YESINFORMANT: DORIS E WINSHIP
RELATIONSHIP: WIFE
ADDRESS: 1509 - 39TH STREET, ANACORTES, WA 98221CAUSE 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
DEMENTIADATE 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 98274RESIDENCE 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 YEARSFATHER: LINCOLN ASHMORE WINSHIP
MOTHER: MARJORIE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, 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. WAHAMMANNER 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 RESPONSECERTIFIER NAME: MARY RAMSBOTTOM, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: SEPTEMBER 26, 2018CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: SEPTEMBER 26, 2018



Affidavit for Correction

11/17/2020 02:29 PM Page 5 of 5
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

Form fields for State File Number, Fee Number, Initials, Date, Affidavit Number, Record Type (Birth, Death, Marriage, Dissolution), Name on Record, Date of Event, Place of Event, Father/Parent Full Birth Name, Mother/Parent Full Birth Name, Name of Person Requesting Correction, Relationship to Person on Record, 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:

Table with 2 columns: The record currently shows: and The true fact is: with rows 8-13 for corrections.

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

Signature fields for 14a. Signature and 14b. Signature of 2nd parent (if required), including printed name and 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
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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage from 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
1. 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.
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 proof documentation.
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.

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.
Jean Remsbecker



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