

After recording, return to:  
DeAnna L. McFadden  
14533 Jura Way  
Anacortes, WA  
98221

CHICAGO TITLE  
L20045565

Grantor (Name of Decedent): Donald M McFadden  
Grantee (Heirs): DeAnna L. McFadden  
Abbreviated Legal Description: Lot(s): Ptn. 12, 13 and 14, Entners Tracts Subdivision 1  
Tax Parcel No.(s): P65203 / 3909-000-013-0001

**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, DeAnna L. McFadden, executes this affidavit relating to the estate of Donald M McFadden (herein "Decedent"), who died on May 28, 2020, 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: DeAnna L. McFadden Spouse

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:

PARCEL "A":

Lot 13, "ENTNER'S TRACTS SUBDIVISION NO. 1", as per plat recorded in Volume 8 of Plats, pages 73 and 74, records of Skagit County, Washington;

EXCEPT that portion described as follows:

Beginning at a point on the North line of said Lot 13, 130.15 feet West of the East line of said lot, said point being the true point of beginning; thence continuing West along said North line of said Lot 13, 47.27 feet; thence Southeasterly to a point 4 feet South of the true point of beginning; thence North 4 feet to the true point of beginning.

ALSO EXCEPT that portion thereof conveyed to Commonwealth Limited Partnership I, a Washington Limited Partnership, by deed recorded May 3, 2005 as Auditor's File No. 200505030071.

Situate in the County of Skagit, State of Washington.

PARCEL "B":

Beginning at the Northwest corner of Lot 14, "ENTNER'S TRACTS SUBDIVISION NO. 1", as per plat recorded in Volume 8 of Plats, pages 73 and 74, records of Skagit County, Washington; thence North 88°51'00" East (Plat South 88°51'00" East) along the North line of said Lot 14, 123.52 feet; thence South 26°10'36" East, 19.98 feet; thence North 82°57'35" West, 124.70 feet to the Northwesterly corner of an existing chain link fence; thence North 88°51'00" West, 8.55 feet to the point of beginning.

Situate in the County of Skagit, State of Washington.

PARCEL "C":

That portion of Lot 12, "ENTNER'S TRACTS SUBDIVISION NO. 1", as per plat recorded in Volume 8 of Plats, pages 73 and 74, records of Skagit County, Washington, described as follows:

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
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 (continued)

Beginning at a point on the South line of said Lot 12, 42.51 feet West of the East line of said lot,  
 said point being the true point of beginning;  
 thence continuing West along said South line, 87.64 feet;  
 thence North at right angles 2.16 feet;  
 thence Southeasterly to the true point of beginning.

Situate in the County of Skagit, State of 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.

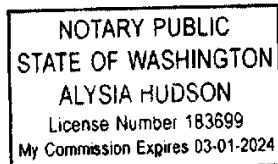
Deanna L McFadden  
 Signature

Deanna L McFadden  
 Print Name

State of Washington

County of Skagit

Signed and sworn to (or, affirmed) before me on 12.15.2020 by Deanna L  
McFadden (name of person making statement).



Alysia Hudson  
 Name: Alysia Hudson  
 Notary Public in and for the State of Washington,  
 Residing at: Arlington  
 My appointment expires: 03.01.2024

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-024812

DATE ISSUED: 06/03/2020  
FEE NUMBER:FIRST AND MIDDLE NAME(S): DONALD MAYSON  
LAST NAME(S): MCFADDENCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MAY 28, 2020  
HOUR OF DEATH: 12:15 PM  
SEX: MALE AGE: 85 YEARS  
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: MAY 13, 1935  
BIRTHPLACE: SEATTLE, WAMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: DEANNA LEE PITTSOCCUPATION: DRIVER  
INDUSTRY: TRUCKING  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NOINFORMANT: DEANNA MCFADDEN  
RELATIONSHIP: WIFE  
ADDRESS: 14533 JURA WAY, ANACORTES, WA 98221CAUSE OF DEATH  
A: CARDIOMYOPATHY  
INTERVAL: MONTHS  
B: CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: STAGE 4 CHRONIC KIDNEY DISEASE

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: HOME  
FACILITY OR ADDRESS: 14533 JURA WAY  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 14533 JURA WAY  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 29 YEARSFATHER: ALTON BROOKS MCFADDEN  
MOTHER: EVELYN DOROTHY JONESMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: JUNE 01, 2020

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMSMANNER 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: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: MAY 29, 2020CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: JUNE 01, 2020

 <b>Affidavit for Correction</b>		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			
<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 Birth 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>			
The record now shows:		The true fact is:	
8.		9.	
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 2nd parent (if required):	
Printed name:		Printed name:	
Date:		Date:	
<b>INSTRUCTIONS</b> go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information			
<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. 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.			
<b>Child under 18</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>			
<b>Adult (18 years or older)</b>			
<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 using this form, 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 DOH 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). 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.			

**\*CERTIFIED\***

JUN 03 2020

Skagit County Health Department

Certificate not valid unless the Seal of the State of Washington is present. Color when heat applied.

