



202101130139

01/13/2021 03:35 PM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

After recording, return to:
Constance Ann Peterson
16542 Britt Rd
Mount Vernon, WA 98273

CHICAGO TITLE
620046024

Grantor (Name of Decedent): Steven Clyde Peterson

Grantee (Heirs): Constance Ann Peterson

Abbreviated Legal Description: Lot(s): 1, Short Plat No. PL-03-0025, ptn. SW, 30-34-4E,
W.M.

Tax Parcel No.(s): P124139 / 340430-3-052-0106

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, Constance Ann Peterson, executes this affidavit relating to the estate of Steven Clyde Peterson (herein "Decedent"), who died on February 4, 2018 in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, 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.

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
 (continued)

☐ other (identify): _____

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: Constance Ann Peterson, 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 1 of Short Plat No PL-03-0025, recorded on February 15, 2006, under Auditor's File No. 200602150036, being a portion of the Northeast Quarter of the Southwest Quarter of Section 30, Township 34 North, Range 4 East, W.M.

Situate in Skagit County, Washington

Parcel B:

An easement for ingress and egress as delineated on Short Plat No PL-03-0025, recorded on February 15, 2006, under Auditor's File No. 200602150036.

Situate 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.

Constance Ann Peterson
 Signature

Constance Ann Peterson
 Print Name

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

State of Washington

County of SkagitSigned and sworn to (or affirmed) before me on 01.12.2021 by Constance
Ann Peterson (name of person making statement).

NOTARY PUBLIC
STATE OF WASHINGTON
ALYSIA HUDSON
License Number 183699
My Commission Expires 03-01-2024

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

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-005826

DATE ISSUED: 04/22/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): STEVEN CLYDE

LAST NAME(S): PETERSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: FEBRUARY 04, 2018

HOUR OF DEATH: 10:20 PM

SEX: MALE

AGE: 63 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CONNIE RUNDGREN

OCCUPATION: OWNER/OPERATOR

INDUSTRY: CONVENIENCE STORE

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: CONNIE PETERSON

RELATIONSHIP: WIFE

ADDRESS: 16542 BRITT RD MOUNT VERNON WA 98273

CAUSE OF DEATH:

A: RESPIRATORY FAILURE

INTERVAL: HOURS

B: METASTATIC LUNG CANCER

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 16542 BRITT RD

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER: CLYDE PETERSON

MOTHER: CAROL LEE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: FEBRUARY 08, 2018

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: KIRK S. DUFFY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: MALIK FUIMAONO, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: FEBRUARY 06, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: MALIK FUIMAONO, MD

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: FEBRUARY 08, 2018



Affidavit for Correction

01/13/2021 03:35 PM Page 5 of 5

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

 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

STATE OFFICE USE ONLY

State File Number Fee Number Initials Date Affidavit Number

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Initials		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Initials
	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:
 PO Box or Street Address City State Zip

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 forgoing is true and correct

 16a. Signature: 16b. Signature of 2nd parent (if required):
 Printed name: Date: Printed name: 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:

- 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

- 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

- Documentary proof must be five or more years old or established within five years of birth

Child under 18

- 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)

- 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 using this form, 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

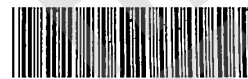
- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015


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

CERTIFIED

APR 22 2020

 Skagit County Health Department
 Howard Leibrand M.D., Health Officer


0 3 8 0 3 8 9 0