



**202103180188**

03/18/2021 02:47 PM Pages: 1 of 6 Fees: \$108.50  
Skagit County Auditor

**After recording please return to:**

Raymond A. Minnerly  
8639 Ershig Road  
Bow, Washington 98232

**RECORDING COVER PAGE**

DOCUMENT TITLE: LACK OF PROBATE AFFIDAVIT

RELATED REFERENCE NUMBERS: 200003170098

GRANTORS: RAYMOND A. MINNERLY AND VIRGINIA A. WOLFF

GRANTEE: THE PUBLIC

350313-3-005-0000 / P34244

**LACK OF PROBATE AFFIDAVIT**

State of Washington )  
 )  
County of Skagit ) ss.

Raymond A. Minnerly, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information regarding the estate of Virginia Ann Wolff, deceased, and the statements herein are representations of fact which may be relied upon by all persons dealing with the following described real property:

The North 4 acres of the West 1/2 of the Southwest 1/4 of the Northwest 1/4 of the Southwest 1/4 of Section 13, Township 35 North, Range 3 East, W.M.;

EXCEPT the West 20 feet there of conveyed to Skagit County for road recorded May 5, 1988 under Auditor's File No. 28469, records of Skagit County, Washington;

AND EXCEPT that portion lying Southerly of the following described line:

Commencing at the Southwest corner of said Section 13; thence North 2 degrees 23'58" West along the West line of said Section 13 a distance of 1442.88 feet to a point of intersection with an existing fenceline extended Westerly to the West line of said Southwest 1/4; thence South 89 degrees 21'45" East on said line, a distance of 20.03 feet to the East line of West 20 feet of said Southwest 1/4; thence North along the East line of the West 20 feet of said Southwest 1/4; a distance of 1.00 foot to the true point of beginning of this line description; thence Easterly parallel to an existing fenceline and lying 1.00 foot North thereof South 89 degrees 21'45" East, 121.57 feet; thence South 88 degrees 53'22" East 188.60 feet more or less to the East line of the West 1/2 of the Southwest 1/4 of the Northwest 1/4 of the Southwest 1/4 of said Section 13 and the terminus of said line description.

SUBJECT TO: PARAGRAPHS A & B, SCH. B-1 OF FIRST AMERICAN TITLE COMPANY'S PRELIMINARY COMMITMENT FOR TITLE INSURANCE NO. 61562

Assessor's Property Tax Parcel Account Number(s): 350313-3-005-0000 / P34244

///

SECOND, that said Decedent died December 30, 2020, in Bow, Skagit County, Washington. A certified copy of decedent's death certificate is attached as Exhibit A, and is incorporated by this reference.

THIRD, that I am the Decedent's surviving spouse, and her sole heir at law.

FOURTH, that the Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor of this county, except for a Last Will and Testament on February 12, 2014, in which she bequeathed her entire estate to me. The original of that Will has been filed (but not probated) with Skagit County Superior Court and given a matter number of 21-4-00036-29.

FIFTH, that the Affiant states of his own knowledge that each of the obligations of the decedent's estate, including but not limited to her debts, expenses of last illness, funeral and burial, promissory notes, installment contracts, mortgages, and state and federal succession taxes, if any, have been paid in full or provided for by the Affiant, who is the decedent's surviving spouse. The amount of income tax due to the federal government is not known at this time, but is believed to be well provided for by the Affiant.

Dated this 16 day of March, 2021.

*Raymond A. Minnerly*  
Raymond A. Minnerly

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2021-1146  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
MAR 18 2021  
Amount Paid \$ 0  
Skagit Co. Treasurer  
By *[Signature]* Deputy

STATE OF WASHINGTON )

: ss

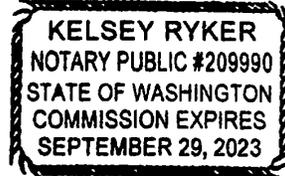
County of Skagit )

I certify that I know or have satisfactory evidence that Raymond A. Minnerly is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated 03/16/2021



Notary Public in and for the State  
of Washington, residing at Anacortes  
My Commission Expires: 09/29/2023



UNOFFICIAL DOCUMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-062718

DATE ISSUED: 01/21/2021  
FEE NUMBER: 2715FIRST AND MIDDLE NAME(S): VIRGINIA ANN  
LAST NAME(S): WOLFFCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 30, 2020  
HOUR OF DEATH: 04:00 AM  
SEX: FEMALE AGE: 69 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: ROCHESTER, MNMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: RAYMOND A MINNERLYOCCUPATION: PHYSICIAN  
INDUSTRY: MEDICAL  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES: NOINFORMANT: RAYMOND A MINNERLY  
RELATIONSHIP: SPOUSE  
ADDRESS: 8639 ERSHIG RD, BOW, WA 98232CAUSE OF DEATH:  
A: PARKINSON'S DISEASE  
INTERVAL: YEARSB: INTERVAL:  
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: HOME  
FACILITY OR ADDRESS: 8639 ERSHIG RD  
CITY, STATE, ZIP: BOW, WASHINGTON 98232-9776RESIDENCE STREET: 8639 ERSHIG RD  
CITY, STATE, ZIP: BOW, WA 98232-9776  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 20 YEARSFATHER: JOHN MANEY WOLFF  
MOTHER: VIRGINIA GERALDIN [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLECITY, STATE: MARYSVILLE, WASHINGTON  
DISPOSITION DATE: JANUARY 12, 2021

FUNERAL FACILITY: WESTERN CREMATION ALLIANCE

ADDRESS: 1037 NE 65TH ST #80125  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98115  
FUNERAL DIRECTOR: ADRIEN H. HUNTERMANNER 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: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JANUARY 12, 2021CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: JANUARY 12, 2021

Exhibit A



Affidavit for Correction

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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

Required information must match current information on record

Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record: First, Middle, Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: City, State, County
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: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, 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:

Table with 2 columns: The record currently shows: (8, 10, 12) and 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.

14a. Signature: Printed name: Date:
14b. Signature of 2nd parent (if required): Printed name: 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 form 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.
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 proof documentation are required.
• If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
• To correct parent's birth date, place of birth, or name, one proof documentation is required.

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

CERTIFIED



Anthony L-Chen, MD, MPH
DIRECTOR

DO NOT DESTROY

2704419



0 4 3 5 2 9 6 9

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