

After recording, return to:  
Mark W. Coulter  
Estate of Beverly J. Coulter  
16464 Britt Rd  
Mount Vernon, WA 98273

CHICAGO TITLE  
020046876

Grantor (Name of Decedent): DONALD COULTER  
Grantee (Heirs): BEVERLY COULTER  
Abbreviated Legal Description: LOT 25, UMBARGER TRACTS  
Tax Parcel No.(s): P72864 / 4095-000-025-0009

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

STATE OF WA  
COUNTY OF SKAGIT

The undersigned, BEVERLY COULTER executes this affidavit relating to the estate of DONALD COULTER (herein "Decedent"), who died on JUNE 9, 2016 in the County of SKAGIT, State of WA, then being a resident of the City of BURLINGTON, County of SKAGIT, State of WA.

(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): \_\_\_\_\_

**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: Donald Coulter, 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:

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.

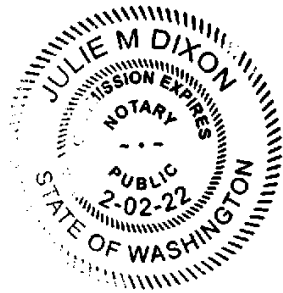
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Mark W. Coulter as personal Rep for Estate  
Signature of Beverly J Coulter

MARK W. COULTER, PR  
Print Name

State of Washington  
County of Skagit

Signed and sworn to (or affirmed) before me on 3/30/2021 by Mark W  
Coulter AS P.R. (name of person making statement)



Julie M Dixon  
Name: Julie M Dixon  
Notary Public in and for the State of Washington,  
Residing at: Camano Island  
My appointment expires: 2/2/2022

**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P72864 / 4095-000-025-0009**

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LOT 25, UMBARGER TRACTS, ACCORDING TO THE PLAT RECORDED IN VOLUME 9 OF PLATS,  
PAGES 107 AND 108, 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: 2016-025929

DATE ISSUED: 06/13/2016

FEE NUMBER: 000000029

GIVEN NAMES: DONALD  
LAST NAME: COULTERCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 09, 2016  
HOUR OF DEATH: 12:55 A.M.  
SEX: MALE  
AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITEBIRTHDATE: JUNE 09, 1937  
BIRTHPLACE: TULARE, CALIFORNIAMARITAL STATUS: MARRIED  
SPOUSE: BEVERLY ROYALOCCUPATION: PASTOR  
INDUSTRY: CHURCH  
EDUCATION: 9-12TH GRADE, NO DIPLOMA  
US ARMED FORCES? NOINFORMANT: BEVERLY COULTER  
RELATIONSHIP: WIFE  
ADDRESS: 1112 SHULER AVE BURLINGTON WA 98233PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1112 SHULER AVE  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE STREET: 1112 SHULER AVE  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 40 YEARSFATHER/PARENT: FLOYD COULTER  
MOTHER/PARENT: JEWEL [REDACTED]METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: JUNE 13, 2016FUNERAL FACILITY: HAWTHORNE FUNERAL HOME  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
FUNERAL DIRECTOR: KIRK S. DUFFYCAUSE OF DEATH:  
A. GASTRIC ADENOCARCINOMA  
INTERVAL: 2 MONTHS  
B. INTERVAL:  
C. INTERVAL:  
D. INTERVAL:

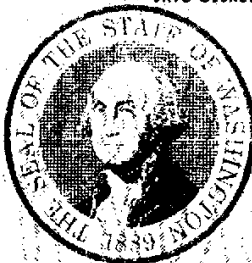
OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: ERIC STARK, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: PO BOX 329  
CITY, STATE, ZIP: BURLINGTON WA 98233  
DATE SIGNED: JUNE 10, 2016STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONECASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 379ATTENDING PHYSICIAN:  
NOT APPLICABLELOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: JUNE 10, 2016



**Affidavit for Correction**

03/31/2016 01:41 PM Page 5 of 6

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
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**Required information must match current information on record**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

4. Father/Parent Full Legal 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) \_\_\_\_\_

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:**

The record now shows:	The true fact is:
_____	9. _____
_____	11. _____
_____	13. _____
_____	15. _____

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

a. Signature: \_\_\_\_\_ 16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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

change any part of the name of a child, **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)**

**Informant 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). The informant may change marital status with proof. 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.

**\*CERTIFIED\***

JUN 13 2016

*H. Anderson*  
 Skagit County Health Department