

After recording, return to:
Rodney J Glassett
27309 104th Dr. N.W.
Stanwood, WA 98292

CHICAGO TITLE COMPANY
620046613

Grantor (Name of Decedent): Trudy A. Glassett
Grantee (Heirs): Rodney J. Glassett, surviving spouse
Abbreviated Legal Description: Lot(s): 30, Skyline Div. 7
Tax Parcel No.(s): P59610 / 3823-000-030-0003

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

STATE OF WA

COUNTY OF Whitman

The undersigned, Rodney J. Glassett, executes this affidavit relating to the estate of Trudy A. Glassett (herein "Decedent"), who died on 6/22/2018 in the County of Skagit, State of WA, then being a resident of the City of Anacortes, 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): _____

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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: Rodney J. Glassett, surviving spouse
 Name and relationship: Jennifer Ann Markley (Glassett), daughter
 Name and relationship: Michael James Glassett, son
 Name and relationship: Peter Andrew Glassett, son

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:

Lot 30, "SKYLINE NO. 7," as per plat recorded in Volume 9 of Plats, pages 70 and 71, records of Skagit County, Washington.

TOGETHER WITH that portion of Section 28, Township 35 North, Range 1 East, W.M., described as follows:

Beginning at the most Southerly corner of Lot 30, "SKYLINE NO. 7," as per plat recorded in Volume 9 of Plats, pages 70 and 71, records of Skagit County, Washington;
 thence South 43°34'28" West, 97.00 feet from which point the center of a curve bears South 43°34'28" West a distance of 50.00 feet;
 thence Westerly 14.69 feet along the arc of said curve having a central angle of 16°49'43";
 thence North 26°44'45" East, 97.00 feet to the Southwesterly corner of said Lot 30;
 thence Southeasterly 43.18 feet along the arc of aforementioned curvature having a radius of 147.00 feet and a central angle of 16°49'43" to the point of beginning.

EXCEPTING THEREOF any portion lying within the boundaries of "SKYLINE SHORT PLAT" (if any) (Volume 6 of Short Plats, pages 87 through 90, under Auditor's File No. 8310120030, records of Skagit County, Washington.)

Situate in the City of Anacortes, 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.

X Rodney J. Glassett
 Signature

Rodney J. Glassett
 Print Name

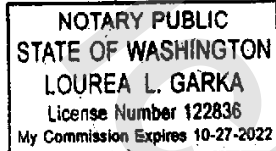
INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

State of Washington

County of SnohomishSigned and sworn to (or affirmed) before me on April 2, 2021 by _____
Rooney J. Glasett (name of person making statement).

Loorea L. Garka
Name: Loorea L. Garka
Notary Public in and for the State of Washington,
Residing at: Arlington
My appointment expires: 10/27/2022



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-027663

DATE ISSUED: 11/14/2019
FEE NUMBER:FIRST AND MIDDLE NAME(S): TRUDY ANN
LAST NAME(S): GLASSETTCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 22, 2018
HOUR OF DEATH: 04:30 AM
SEX: FEMALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: RODNEY JAMES GLASSETTOCCUPATION: SCHOOL TEACHER
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NOINFORMANT: ROD GLASSETT
RELATIONSHIP: HUSBAND
ADDRESS: 5501 DOON WAY, ANACORTES, WA 98221CAUSE OF DEATH:
A: HEMORRHAGIC CEREBRAL VASCULAR ACCIDENT
INTERVAL: MINUTES
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTATIC PANCREATIC
CANCERDATE 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: EMERGENCY ROOM
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 5501 DOON WAY
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 13 YEARSFATHER: ARCHIBALD RANDALL SWIFT
MOTHER: COLLEEN EDITH [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JUNE 25, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOHN HAASMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: FRANKLIN E. BJORSETH, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2511 M AVENUE, SUITE A
CITY, STATE, ZIP: ANACORTES, WA 98221
DATE SIGNED: JUNE 22, 2018CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: DAWN M. KOENIG
DATE RECEIVED: JUNE 25, 2018



Affidavit for Correction

202104060043

Mail to: Center for Health Statistics
04/06/2021 10:54 AM Page 5 of 5
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
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Required information must match current information on record

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	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 foregoing is true and correct

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

CERTIFIED

NOV 14 2019


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


0 3 2 6 5 5 1 2


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