

**202104220113**04/22/2021 02:36 PM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor**Return Address:**Kent W. Scarth
22978 Buchanan St.
Mount Vernon, WA 98273**2021-1734**
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX**APR 22 2021****AFFIDAVIT (LACK OF PROBATE)**Amount Paid \$ 0
By Skagit Co. Treasurer
DeputyThe undersigned affiant/grantee Kent W. Scarth, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Spouse
*Relationship to decedent*of Susan K. Scarth, who died on March 4, 2021
Decedent/Grantor *Date*at Seattle, King County, Washington
City *County* *State***REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**~~Abbreviated~~ Legal Description:

The West 80 feet of the North 175 feet of Lot S, Block 3, "Bingham Acreage, Skagit County, Washington," as per plat recorded in Volume 4 of Plats, page 24, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Assessor's Property Tax Parcel/Account Number: P 62187
(Attach full legal description of the property)☒ Decedent left no Last Will and Testament.☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent.

Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of 3)

Kent William Scouth, 64, Spouse, 22978
Buchanan St., Mount Vernon, WA 98273

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : _____

Kent William Scarth

Affiant's full name

360-610-1079

Telephone number

22978 Buchanan StreetMount Vernon, WA 98 273

City

State

Zip Code

Kent W Scarth MARCH 24 2021

Signature

Date

State of Washington County of WhatcomI know or have satisfactory evidence that Kent William Scarth

(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 3 / 24 / 2021(SEAL OR
STAMP)[Signature]
Signature of Notary PublicResiding at: Bellingham, WANotary Public in and for the State of WashingtonMy appointment expires: 10/01/2023

NOTARY PUBLIC
STATE OF WASHINGTON
JAMIA S BURNS
COMMISSION NO. 88476
COMMISSION EXPIRES 10-01-2023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-011457

DATE ISSUED: 03/15/2021
FEE NUMBER: 1706332

FIRST AND MIDDLE NAME(S): SUSAN KATHERINE
LAST NAME(S): SCARTH

COUNTY OF DEATH: KING
DATE OF DEATH: MARCH 04, 2021
HOUR OF DEATH: 09:34 AM
SEX: FEMALE AGE: 64 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: ABERDEEN, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: KENT SCARTH

OCCUPATION: NURSING AID
INDUSTRY: HEALTHCARE
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

INFORMANT: KENT SCARTH
RELATIONSHIP: SPOUSE
ADDRESS: 22978 BUCHANAN STREET, MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A: SUBDURAL HEMATOMA
INTERVAL: DAYS
B: BLUNT FORCE INJURY OF HEAD
INTERVAL: DAYS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LIVER FAILURE WITH
COAGULOPATHY, PANCREATIC CANCER

DATE OF INJURY: MARCH 03, 2021
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 22978 BUCHANAN ST.

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: PROBABLE GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: UNIVERSITY OF WASHINGTON MEDICAL CENTER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195

RESIDENCE STREET: 22978 BUCHANAN ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-8027
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: WALT KRACHAK
MOTHER: PHYLLIS [REDACTED]

METHOD OF DISPOSITION: ALKALINE HYDROLYSIS
PLACE OF DISPOSITION: FIRST HYDROLYSIS SERVICES

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: MARCH 09, 2021

FUNERAL FACILITY: ELEMENTAL CREMATION & BURIAL - BELLEVUE

ADDRESS: 2105 112TH AVE NE STE 100
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004
FUNERAL DIRECTOR: SABRINA M. BRADLEY

MANNER OF DEATH: ACCIDENT
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 RESPONSE

CERTIFIER NAME: RICHARD C. HARRUFF, MD, PHD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104
DATE SIGNED: MARCH 08, 2021

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 21-0714
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: MARCH 09, 2021

DOH 422-132 King (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

Affidavit for Correction

04/22/2021 02:36 PM
 Washington State Department of Health
 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
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Required information must match current information on record

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:	

Section for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14a. Signature: Printed name: Date:		14b. Signature of 2nd parent (if required): Printed name: Date:	
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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

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.
- 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.
- *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.

Death Certificates

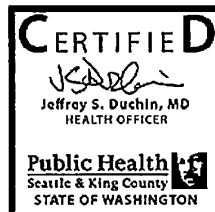
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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



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