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05/21/2021 03:46 PM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

After recording mail to:

Stiles & Lehr Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Address: 802 McLean Drive, Sedro-Woolley, WA 98284
Legal: Section 13, Township 35 North, Range 4 East; Ptn. SE NE
Tax Parcel # P36359

Address: No situs
Legal: Ptn. SE NE, Section 13, Township 35 North, Range 4 East W.M.
Tax Parcel # P36360

Address: No situs
Legal: Ptn. SE NE, Section 13, Township 35 North, Range 4 East W.M.
Tax Parcel # P36368

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, JUDITH L. SMITH, executes this affidavit relating to the estate of JAMES VINCENT SMITH, the Decedent, who died on April 7, 2021, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

JUDITH L. SMITH, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The affiant is (check one):

- ☒ The lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent

- ☐ Surviving child of the Decedent
☐ One 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:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Judith L. Smith 802 McLean Drive Sedro Woolley, WA 98284	legal	spouse

Description of the Properties

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:

P36359

That portion of the Southeast Quarter of the Northeast Quarter of Section 13, Township 35 North, Range 4 East of the Willamette Meridian, described as follows:

Beginning at the West line of the county road running along the East line of said subdivision that is 247.92 feet North of the South line thereof; thence West, along a line 247.5 feet North of and parallel to the South line of said subdivision, a distance of 660 feet to the true point of beginning; thence South 247.5 feet to the South line of said subdivision;

thence East along said South line to a point which is 495 feet West of the East line of said subdivision;
thence North, along a line 495 feet West of and parallel to said East line, a distance of 247.92 feet;
thence West 195 feet to the true point of beginning;

EXCEPT that portion of the South Half of the Southeast Quarter of the Northeast Quarter of Section 13, Township 35 North, Range 4 East of the Willamette Meridian, described as follows:

Commencing at the East Quarter corner of said Section 13;
thence North $88^{\circ}08'21''$ West a distance of 690.70 feet along the East-West centerline of said Section 13 to the true point of beginning;
thence North $04^{\circ}59'58''$ East a distance of 247.87 feet;
thence North $88^{\circ}08'21''$ West a distance of 30.00 feet;
Thence South $01^{\circ}56'12''$ East a distance of 243.04 feet to the true point of beginning.

Situated in Skagit County, Washington.

P36360

That portion of the South Half of the Southeast Quarter of the Northeast Quarter of Section 13, Township 35 North, Range 4 East of the Willamette Meridian, described as follows:

Commencing at the East Quarter corner of said Section 13; thence North $88^{\circ}08'21''$ West a distance of 690.70 feet along the East-West centerline of said Section 13 to the true point of beginning;
thence North $04^{\circ}59'58''$ East a distance of 247.87 feet;
thence North $88^{\circ}08'21''$ West a distance of 30.00 feet;
thence South $01^{\circ}56'12''$ East a distance of 248.04 feet to the true point of beginning.

Situated in Skagit County, Washington.

P36368

That portion of the South Half of the Southeast Quarter of the Northeast Quarter of Section 13, Township 35 North, Range 4 East of the Willamette Meridian, described as follows:

Beginning at a point on the South line of the South Half of the Southeast Quarter of the Northeast Quarter of said section a

distance of 660 feet West of the West line of the county road along the East line of said Section 13, said point being the Southwest corner of that tract of land as conveyed to Louis G. Scharpenberg and Agatha O. Scharpenberg, husband and wife, by deed recorded April 15, 1953, under Auditor's File No. 487174, records of Skagit County, Washington;
thence North along the West line of said Scharpenberg Tract and said West line extended North to the center of a creek, said creek being a portion of the Southeast boundary line of that tract of land as conveyed to Charles E. Johnson and Edna E. Johnson, husband and wife, by deed recorded March 8, 1956, under Auditor's File No. 532738, records of Skagit County, Washington;
thence Southwesterly along the center of said creek to the South line of said South Half of the Southeast Half of the Northeast Quarter;
thence East along said South line to the point of beginning;

Situated in Skagit County, Washington.

5. **Status of the Will (if any)**

- ☐ The decedent left no Will that devises real property.
- ☒ The decedent left a Will that devises real property.
- ☒ The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated 09/01/2015. The Will devises and states that:

Article III A. I give the residue of my estate, after giving effect to any gifts under Article II above, to my wife, JUDITH L. SMITH, provided she survives me.

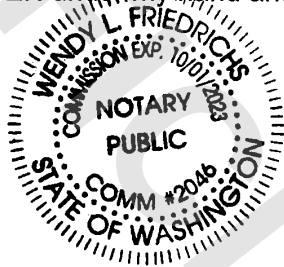
DATED: 5-17, 2021


Judith L. Smith - Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Judith L. Smith** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 17 day of May, 2021.



Wendy L. Friedrichs
Notary Public in and for the State of Washington,
residing at Sedro Woolley, WA
My appointment expires 10-1-23

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-016622

DATE ISSUED: 04/09/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES VINCENT

LAST NAME(S): SMITH

AKA: JIM SMITH

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 07, 2021

HOUR OF DEATH: 07:46 PM

SEX: MALE

AGE: 80 YEARS

SOCIAL SECURITY NUMBER: 537-36-2214

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MAY 08, 1940

BIRTHPLACE: KETCHIKAN, AK

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JUDITH LYNNE SHREVE

OCCUPATION: DENTIST

INDUSTRY: HEALTH CARE

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

US ARMED FORCES: YES

INFORMANT: JUDITH SMITH

RELATIONSHIP: WIFE

ADDRESS: 802 MCLEAN DRIVE, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: CHRONIC ORGANIC BRAIN SYNDROME

INTERVAL: YEARS

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: HOME PLACE

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 802 MCLEAN DRIVE

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 31 YEARS

FATHER: JOHN HENRY SMITH

MOTHER: VERNA BAILEY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: APRIL 12, 2021

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER 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 RESPONSE

CERTIFIER NAME: PAUL C. CREELMAN, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 712 S. BURLINGTON BLVD.

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

DATE SIGNED: APRIL 08, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: APRIL 08, 2021

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

Affidavit for Correction

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

Mail to: **Center for Health Statistics**
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 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 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:												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">The record currently shows:</th> <th style="width: 50%;">The true fact is:</th> </tr> </thead> <tbody> <tr><td>8.</td><td>9.</td></tr> <tr><td>10.</td><td>11.</td></tr> <tr><td>12.</td><td>13.</td></tr> </tbody> </table>					The record currently shows:	The true fact is:	8.	9.	10.	11.	12.	13.
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:		14b. Signature of 2 nd parent (if required):										
Printed name:		Date:		Printed name:								
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:												
<ul style="list-style-type: none"> • 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) <p style="text-align: center;">You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</p>												
Birth Certificates												
<ol style="list-style-type: none"> 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). 												
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top; width: 50%;"> Child under 18 <ul style="list-style-type: none"> 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. </td> <td style="vertical-align: top; width: 50%;"> Adult (18 years or older) <ul style="list-style-type: none"> 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. </td> </tr> </table> <p>*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.</p>					Child under 18 <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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. 						
Child under 18 <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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												
<ol style="list-style-type: none"> 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												
<ol style="list-style-type: none"> 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.

CERTIFIED

APR 09 2021

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



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