



**202105280179**

05/28/2021 02:10 PM Pages: 1 of 6 Fees: \$108.50  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273  
(360) 336-6587

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DOCUMENT TITLE: AFFIDAVIT OF SURVIVING SPOUSE FOR  
LACK OF PROBATE AND CLAIM OF  
EXEMPTION BASED UPON INHERITANCE  
OF REAL ESTATE

REFERENCE NUMBER(S): N/A

GRANTOR: JOYCE M. WYATT

GRANTEE: PUBLIC

ASSESSOR'S PARCEL NO.: (112611) 4705-000-050-0000

LEGAL DESCRIPTION:

Unit 50, THE CEDARS, A CONDOMINIUM, according to the Declaration thereof recorded February 2, 1998, under Auditor's No. 9802050054, records of Skagit County, Washington, and any amendments thereto, and Amended Survey Map and Plans thereof recorded in Volume 16 of Plats, pages 214 through 219 inclusive, records of Skagit County, Washington, and any amendments thereto.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

**AFFIDAVIT OF SURVIVING SPOUSE  
FOR LACK OF PROBATE AND  
CLAIM OF EXEMPTION BASED UPON INHERITANCE OF REAL ESTATE**

STATE OF WASHINGTON            )  
                                                  ) ss.  
COUNTY OF SKAGIT            )

ROGER C. WYATT, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of JOYCE M. WYATT, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property located in Skagit County, Washington:

**Assessor's Parcel Number: (112611) 4705-000-050-0000**

Unit 50, THE CEDARS, A CONDOMINIUM, according to the Declaration thereof recorded February 2, 1998, under Auditor's No. 9802050054, records of Skagit County, Washington, and any amendments thereto, and Amended Survey Map and Plans thereof recorded in Volume 16 of Plats, pages 214 through 219 inclusive, records of Skagit County, Washington, and any amendments thereto.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

SECOND, I am the surviving spouse of JOYCE M. WYATT and we owned this property as husband and wife.

THIRD, that said Decedent passed away on December 29, 2020. Decedent's original/certified Death Certificate is recorded separately, with a copy attached hereto as Exhibit "A" and incorporated herein by this reference.

FOURTH, that said 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 Auditors of said County, except as follows: NONE.

FIFTH, that the Estate of said Decedent at the date of death was in excess of its liabilities.

SIXTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

SEVENTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
ROGER C. WYATT 1038 Sinclair Way Burlington, WA 98233	Spouse	Legal
SANDRA J. CALISSENDORFF 13500 - 274th Avenue NE Redmond, WA 98052	Daughter	Legal
ANTHONY M. WYATT 22647 Cully Road Sedro Woolley, WA 98284	Son	Legal

EIGHTH, I ROGER C. WYATT, affirm that I am the sole and rightful heir to the property legally described above.

NINETH, that the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(h).

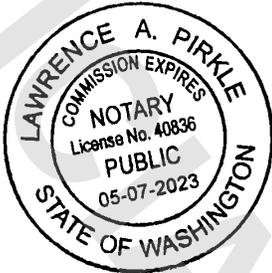
DATED this 24<sup>th</sup> day of May, 2021.

  
\_\_\_\_\_  
ROGER C. WYATT

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that ROGER C. WYATT is the individual who appeared before me and said individual 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 this 24<sup>th</sup> day of May, 2021.



LAWRENCE A. PIRKLE

A handwritten signature in black ink, appearing to read "Lawrence A. Pirkle", written over a horizontal line.

NOTARY PUBLIC in and for the  
State of Washington,  
Residing at Mount Vernon  
My Commission Expires: 5/7/23

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-061619

DATE ISSUED: 02/08/2021

FEE NUMBER: 1706064

FIRST AND MIDDLE NAME(S): JOYCE MORINE  
LAST NAME(S): WYATT

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 29, 2020  
HOUR OF DEATH: 04:15 PM  
SEX: FEMALE AGE: 87 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: HOME PLACE MEMORY FACILITY  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

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

RESIDENCE STREET: 210 N SKAGIT STREET  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 3 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: MINNEAPOLIS, MN

FATHER: HOWARD MARSHALL MORINE  
MOTHER: ESTHER LILLIAN [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: ROGER CONRAD WYATT

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: JANUARY 04, 2021

INFORMANT: ROGER CONRAD WYATT  
RELATIONSHIP: HUSBAND  
ADDRESS: 1038 SINCLAIR WAY BURLINGTON, WA 98233

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD  
ADDRESS: 4320 196TH ST SW - STE. C  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: MANUELA A. BARBER

CAUSE OF DEATH:  
A: CEREBROVASCULAR ACCIDENT  
INTERVAL: 6 WEEKS  
B: HYPERTENSION  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DEMENTIA (PROBABLY MIXED VASCULAR AND PARKINSON'S DISEASE), PARKINSON'S DISEASE, COVID POSITIVE 12/22/2020

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: DECEMBER 30, 2020

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: DECEMBER 31, 2020



Affidavit for Correction

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 or 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:  
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 forgoing is true and correct.  
14a. Signature: 14b. Signature of 2nd parent (if required):  
Printed name: Date: 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 Adult (18 years or older)  
• If legal guardian(s), include certified court order proving guardianship. • Only the adult can change his or her birth certificate.  
• 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. • If the first or middle name is missing, three pieces of proof documentation are required.  
• No proof is required to change the first or middle name.\* • 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 information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, 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.

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.



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



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