

After recording, return to:
Tim Newall
17022 Galilee DR
Burlington WA 98233

Grantor (Name of Decedent): Joseph Newall
Grantee (Heirs): Carol Newall
Abbreviated Legal Description: LT. 8, EAGLEMONT PHASE 1E
Tax Parcel No.(s): P117427 / 4765-000-008-0000

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

STATE OF Washington
COUNTY OF SKAGIT

The undersigned, Timothy Newall, executes this affidavit relating to the estate of Joseph Newall (herein "Decedent"), who died on November 2, 2018, in the County of Skagit, State of Washington, then being a resident of the City of Mount Vernon, County of Skagit, State of Washington.

(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: _____

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:

LOT 8, EAGLEMONT PHASE 1E, ACCORDING TO THE PLAT THEREOF, RECORDED OCTOBER 30, 2000, UNDER AUDITOR'S FILE NO. 200010300157, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE 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.

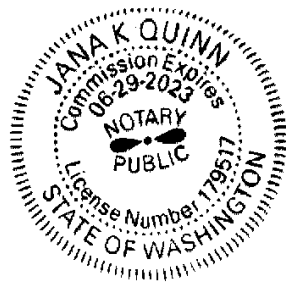


Signature

Timothy Newell
Print Name

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on June 02 2021 by Timothy Newell
(name of person making statement)



Janak Quinn
Name: Janak Quinn
Notary Public in and for the State of Washington,
Residing at: Arlington
My appointment expires: 06/29/2023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-047830

DATE ISSUED: 11/05/2018
FEE NUMBER:FIRST AND MIDDLE NAME(S): JOSEPH
LAST NAME(S): NEWALLCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 02, 2018
HOUR OF DEATH: 07:00 AM
SEX: MALE AGE: 93 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: DALBEATIE UNITED KINGDOMMARITAL STATUS: MARRIED
SPOUSE: CAROL FAICKNEYOCCUPATION: DOCTOR
INDUSTRY: HEALTH CARE
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: NOINFORMANT: CAROL NEWALL
RELATIONSHIP: WIFE
ADDRESS: 1518 EAGLEMONT PLACE MOUNT VERNON WA 98274CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: MONTHS
B: MYOCARDIAL INFARCTION
INTERVAL: 5 MONTHS
C: CORONARY ARTERY DISEASE
INTERVAL: YEARS
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC RENAL DISEASE,
BILATERAL PLEURAL EFFUSIONS, CACHEXIADATE 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: HOME
FACILITY OR ADDRESS: 1518 EAGLEMONT PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98284RESIDENCE STREET: 1518 EAGLEMONT PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARSFATHER/PARENT: JOSEPH NEWALL
MOTHER/PARENT: CHRISTIN [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 05, 2018

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: KIRK S. DUFFYMANNER 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 RESPONSECERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: NOVEMBER 02, 2018CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: NOVEMBER 05, 2018

Affidavit for Correction

06/04/2021 10:35 AM Page 1 of 4
Marilyn P. 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: 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) _____

7. 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:
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: _____ Date: _____

16b. Signature of 2nd parent (if required): _____ 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

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. 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, **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

1. 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
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 documentary proof.
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.

DOH 422-034 October 2015

CERTIFIED

NOV 05 2018

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



0 2 0 2 2 2 0 2

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