

Return Address:

Guardian Northwest Title  
3202 Commercial Avenue  
Anacortes, WA 98221

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Wayne Lytle, 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 son.  
Relationship to decedent

of Andrey F. Kayler, who died on 7-24-20  
Decedent/Grantor Date

at Anacortes, Skagit WA  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Section 11, Township 34  
North, Range 1 East - SW SE (aka Ptn.  
Lots 1-2 SP 13-80)

Assessor's Property Tax Parcel/Account Number: D19 202 340114-007-0019  
(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 \_\_\_\_\_)

Wayne Lytle . 58 SON  
Full name, age, relationship, address  
13773 Day Break Lane Anacortes, WA 98221

Rex Lytle. 62 SON  
Full name, age, relationship, address  
6597 Tut Terrace, Bellingham, WA 98226

Full name, age, relationship, address

Dated: July 20, 2021

Wayne Lytle  
Affiant's full name

360-708-5205  
Telephone number

13773 Day Break Lane

Ancientus, WA 98221  
City State Zip Code

[Signature] 7-20-2021  
Signature Date

State of Washington County of Snohomish

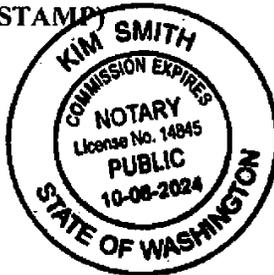
I know or have satisfactory evidence that Wayne Lytle  
(name of person)

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: 7/20/21

[Signature]  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mohet Vernon

Notary Public in and for the State of WA

My appointment expires: 10-6-2024

**EXHIBIT "A"**  
**Property Description**

**Buyer(s):** Matthew Lytle and Cassandra Hayes  
**Property Address:** 13773 Day Break Lane, Anacortes, WA 98221

**PROPERTY DESCRIPTION:**

**Parcel A:**

All that portion of Lot 1 of SKAGIT COUNTY SHORT PLAT NO. 13-80, as approved March 18, 1980, recorded in Volume 4 of Short Plat, page 53, under Auditor's File No. 8003180029, records of Skagit County, Washington; lying East of the center line of that certain easement described under Auditor's File No. 784132, records of Skagit County, Washington; being a portion of the West 1/2 of the Southwest 1/4 of the Southeast 1/4, Section 11, Township 34 North, Range 1 East, W.M.;

TOGETHER WITH the West 57.95 feet of Lot 2 of SKAGIT COUNTY SHORT PLAT NO. 13-80, as measured along the North boundary thereof.

Situated in Skagit County, Washington.

**Parcel B:**

A non-exclusive easement for ingress, egress and utilities over and across the following described tract:

Beginning at a point 1,344.77 feet North 4°10'59" East from the South Quarter corner of said Section 11, said point being the Southwest corner of the Northwest Quarter of the Southeast Quarter of said Section 11;  
thence South 89°11'55" East 80.14 feet to the true point of beginning;  
thence continuing South 89°11'55" East 855.97 feet;  
thence North 4°10'59" East a distance of 100.17 feet, more or less, to the North line of that certain tract deeded to Eugene Landers, etux, by deed recorded December 19, 1975, under Auditor's File No. 827631, records of Skagit County, Washington;  
thence West along said North line 30 feet, more or less, to the West line of said Landers Tract;  
thence South 4°10'59" West to a point 30 feet North of the South line of said Northwest Quarter of the Southeast Quarter;  
thence North 89°11'55" West 825.97 feet, more or less, to a point that lies North 4°10'59" East a distance of 30.05 feet from the true point of beginning;  
thence South 4°10'59" East 30.05 feet to the true point of beginning.

Situated in Skagit County, Washington.

PROPERTY DESCRIPTION

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
<b>CERTIFICATE OF DEATH</b>	
CERTIFICATE NUMBER: 2020-034115	DATE ISSUED: 07/20/2020 FEE NUMBER:
FIRST AND MIDDLE NAME(S): AUDREY FLORENCE LAST NAME(S): KAYLER	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: JULY 24, 2020 HOUR OF DEATH: 05:30 AM SEX: FEMALE                      AGE: 83 YEARS SOCIAL SECURITY NUMBER: .....	PLACE OF DEATH: HOME FACILITY OR ADDRESS: 13773 DAY BREAK LN CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 13773 DAY BREAK LN CITY, STATE, ZIP: ANACORTES, WA 98221 INSIDE CITY LIMITS: YES                      COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 28 YEARS
BIRTH DATE: MAY 23, 1937 BIRTH PLACE: ASHLAND, OR	FATHER: RUBIN HITE MOTHER: GE.....
MARITAL STATUS: WIDOWED SURVIVING SPOUSE: NOT APPLICABLE	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY
OCCUPATION: PROFESSOR INDUSTRY: EDUCATION EDUCATION: BACHELOR'S DEGREE US ARMED FORCES: NO	CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: JULY 28, 2020
INFORMANT: WAYNE LYTLE RELATIONSHIP: SON ADDRESS: 13773 DAY BREAK LN, ANACORTES, WA 98221	FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC. ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 FUNERAL DIRECTOR: JOSEPH J. WAHAM
CAUSE OF DEATH: A: COMPLICATIONS OF FRACTURE OF LEFT HIP AND LEFT FOOT DUE TO CORTICOBASAL DEGENERATION INTERVAL: 3 DAYS B: INTERVAL: C: INTERVAL: D: INTERVAL:	FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC. ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 FUNERAL DIRECTOR: JOSEPH J. WAHAM
OTHER CONDITIONS CONTRIBUTING TO DEATH: LEFT HEMIPARESIS DYSPHAGIA, WEIGHT LOSS	MANNER OF DEATH: ACCIDENT 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: JULY 20, 2020 HOUR OF INJURY: 06:43 PM PRESUMED INJURY AT WORK: NO PLACE OF INJURY: HOME	CERTIFIER NAME: DEBORAH HOLLIS TITLE: CORONER/IME CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE CITY, STATE, ZIP: MOUNT VERNON, WA 98273 DATE SIGNED: JULY 25, 2020
LOCATION OF INJURY: 13773 DAYBREAK LN CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 COUNTY: SKAGIT DESCRIBE HOW INJURY OCCURRED: FALL FROM BED	CASE REFERRED TO ME/CORONER: YES FILE NUMBER: 200724-391 ATTENDING PHYSICIAN: NOT APPLICABLE
IF TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE	LOCAL DEPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: JULY 28, 2020

NOT VALID IF PHOTOCOPIED OR ALTERED

		<b>Affidavit for Correction</b> 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 File Number	Fee Number	Initials	Date	Affidavit Number	
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)					
1. Name on Record:			2. Date of Event:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY		(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)		
First	Middle	Last/Maiden	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:		
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 2 <sup>nd</sup> parent (if required):		
Printed name:		Date:	Printed name:		Date:
INSTRUCTIONS - go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> 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:					
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numidant Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Passport</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>					
<b>Birth Certificates</b>					
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					
<b>Child under 18</b>			<b>Adult (18 years or older)</b>		
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>					
<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>					
*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)					
<b>Death Certificates</b>					
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). 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.					
<b>Marriage/Dissolution (Divorce) Certificates</b>					
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 422-084 January 2016



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

**\*CERTIFIED\***

JUL 30 2020

*Handwritten Signature*  
 Skagit County Health Department  
 Howard Leibrand M.D., Health Officer



0 3 8 0 6 6 2 8