

**Return Address:**

Land Title and Escrow Company  
111 East George Hopper Road  
Burlington, WA 98233  
201787-LT

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Charlotte Fox, being first duly sworn deposes and states as follows:  
*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

wife of Leland Fox  
*Relationship to decedent* *Decedent/Grantor*

who died on April 13, 2020 at  
*Date*

Burlington Skagit WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Assessor's Property Tax Parcel/Account Number: 360432-2-005-0007/P50468  
(Attach full legal description of the property) **Ptn NE NW, 32-36-4**

- 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)

Charlotte May Foy, 91e, spouse  
19874 Kelliner Pk, Burlington, WA 98233  
*Full name, age, relationship, address*

Todd Foy, 54, son  
address unknown  
*Full name, age, relationship, address*

Dated: 8/20/2021

Charlotte May Fox  
Affiant's full name

360-757-4954  
Telephone number

19874 Kelleher Rd  
Street

Burlington WA 98233  
City State Zip Code

Charlotte May Fox 8-20-21  
Signature Date

STATE OF WASHINGTON  
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 20 day of August 2021 by  
CHARLOTTE FOX

Jennifer Morcate  
Signature

NOTARY PUBLIC  
Title

My appointment expires: FEB. 18, 2021



**Exhibit A**

The West 30 feet of the Northeast 1/4 of the Northeast 1/4 of the Northwest 1/4 in Section 32, Township 36 North, Range 4 East, W.M.

EXCEPT the North 30 feet thereof.

Situate in the County of Skagit, State of Washington.



		<b>Affidavit for Correction</b>		Mail to: 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.						
<b>STATE OFFICE USE ONLY</b>						
State File Number		Fee Number		Initials	Date	
<b>Required Information must match current information on record</b>						
<b>Required</b>	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:	
	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: <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:					
Telephone Number:			Email Address:			
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>						
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 2 <sup>nd</sup> (wired):			
Printed name:		Date:	Printed name:		Date:	
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>						
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"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul> You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.						
<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. 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).						
<b>Child under 18</b>						
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider 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.						
<b>Adult (18 years or older)</b>						
<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 proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>						
<b>Death Certificates</b>						
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						
<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 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.						

**\*CERTIFIED\***

AUG 23 2021

*Howard Leibrand*

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

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



0 5 1 6 2 6 8 2