



202109200248

09/20/2021 02:14 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

After recording mail to:

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

**SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX**

2021- 4326

SEP 20 2021

Amount Paid \$ 0
Skagit Co. Treasurer
By *LS* Deputy

Address: 214 Gibson Street, Sedro Woolley, WA 98284
Legal: N 1/2 LTS 17 & 18, E 20 FT S 1/2 LT 17, BLK 15
Parcel No.: P113704 / 4177-015-018-0000

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
County of Skagit) ss.
County of Skagit)

The affiant, LAWRENCE F. SPRAGUE, executes this affidavit relating to the estate of ANITA L. SPRAGUE, the Decedent, who died on July 14, 2009, 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.

LAWRENCE F. SPRAGUE, 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>
Lawrence F. Sprague 214 Gibson Street Sedro Woolley, WA 98284	legal	spouse

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:

THE NORTH HALF OF LOTS 17 AND 18 AND THE EAST 20 FEET OF THE SOUTH HALF OF LOT 17, BLOCK 15, WOOLLEY, THE HUB OF SKAGIT COUNTY, WASHINGTON, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 2 OF PLATS, PAGE 92, RECORD OF SKAGIT COUNTY, WASHINGTON. SITUATE IN SKAGIT COUNTY, WASHINGTON.

INCLUDING MANUFACTURED HOME 1998 SKYLINE GREENBRIER 44X28

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 did not leave a Last Will and Testament. The rules of intestate succession set forth in R.C.W. 11.04.015 state that:

- (1) Share of surviving spouse or state registered domestic partner.
The surviving spouse or state registered domestic partner shall receive the following share:
(a) All of the decedent's share of the net community estate.

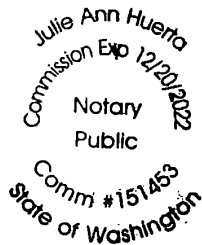
DATED: Sept 14, 2021

Lawrence F. Sprague
Lawrence F. Sprague -Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

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

GIVEN under my hand and official seal this 14 day of Sept, 2021.



Julie Ann Huerta
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 12.22.20

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number 608-09		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix ANITA LAVERNE SPRAGUE			2. Death Date July 14, 2009		
3. Sex (M/F) Female	4a. Age - Last Birthday 74 Years	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) Springdale	8b. (State or Foreign Country) Arkansas	9. Decedent's Education High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.) 214 Gibson St.			13b. City or Town Sedro-Woolley		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98284	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 63 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Lawrence F. Sprague	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Home Maker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Robert Laverne Allen			20. Mother's Name Before First Marriage (First, Middle, Last) Norine		
21. Informant's Name Lawrence F. Sprague		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 214 Gibson St. Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Nursing Home/Long-Term Care Center					
25. Facility Name (If not a facility, give number & street or location) Mira Vista Care Center 300 So. 18th St.			26a. City, Town, or Location of Death Mount Vernon	26b. State WA	27. Zip Code 98274
28. Methyl Burial		29. Place of Final Disposition (Name of cemetery, crematorium, place) Fern Hill Cemetery		30. Location of Final Disposition Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Affordable Burial & Cremation Services, LLC 17910 SR 536 Mount Vernon, WA 98273			32. Date of Disposition July 21, 2009		
33. Funeral Director Signature X [Signature]					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Rhip fracture 5/19/09 Interval between Onset & Death days					
Due to (or as a consequence of):					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Atrial fibrillation Interval between Onset & Death > 1 year					
Due to (or as a consequence of):					
c. Dementia - multi infarct Interval between Onset & Death > 1 year					
Due to (or as a consequence of):					
d. L hip fracture 12/2008 Interval between Onset & Death months					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above General fraility, weakness, failure to thrive					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending			39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		
40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			41. Date of Injury (mm/dd/yyyy) 5/19/2009		
42. Hour of Injury (24hrs) unknown			43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area) At fell at home 5/19/09 - tripped		
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			45. Location of Injury: Number & Street: 214 Gibson St. City or Town: Sedro - Woolley County: WA State: WA Zip Code + 4: 98284		
46. Describe how injury occurred At fell at home - tripped over her walker + fall broke her hip					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			48a. Certifying Physician - To the best of my knowledge death occurred at the time, date, and place and due to the cause(s) and manner stated [Signature]		
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated. [Signature]			49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Suzanne Robertson, M.D. 1400 Ea. Kincaid St. Mount Vernon, WA 98274		
50. Hour of Death (24hrs) 2140 Hours			51. Name and Title of Attending Physician if other than Certifier (Type or Print)		
52. Date Signed (mm/dd/yyyy) July 15, 2009			53. Date of Death July 14, 2009		
54. License Number MD 000 36745			55. ME/Coroner File Number Case 120-09		
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			57. Registrar Signature [Signature]		
58. Date Received (mm/dd/yyyy) JUL 21 2009			59. Amendments		





202109200248

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Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

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																
Use the section below for requesting any changes on the record.																				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution																				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)																
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)																		
The Record is Incorrect or Incomplete as follows:																				
6. The Record now shows:		7. The True fact is:																		
8.		9.																		
10.		11.																		
12.		13.																		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:																
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.																				
15. Signature:		16. Date:		17. Address:																
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <table border="0"><tr><td>Examples of documentary proof:</td><td>Certificate of Naturalization</td><td>Medical Record</td><td>School Record</td></tr><tr><td></td><td>Hospital Records</td><td>Military Record (DD-214)</td><td>Voter's Registration Card (if it bears an effective date)</td></tr><tr><td></td><td>Insurance Records</td><td>Birth Record</td><td>Alien Registration Card (front and back)</td></tr><tr><td></td><td>Marriage/Divorce Records</td><td>Passport</td><td></td></tr></table>					Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record		Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)		Insurance Records	Birth Record	Alien Registration Card (front and back)		Marriage/Divorce Records	Passport	
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	Marriage/Divorce Records	Passport																		
Birth Certificates:																				
<ol style="list-style-type: none">Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.Proof must be five (or more) years old or have been established within five years of birth.Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:<ul style="list-style-type: none">- This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.- The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.- After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)																				
Death Certificates:																				
<ol style="list-style-type: none">Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.																				
Marriage/Dissolution (Divorce) Certificates:																				
<ol style="list-style-type: none">Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.																				

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JUL 21 2009

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

RR00599032