

After recording, return to:
Gregory K. Jahn
Gregory K Jahn, Personal Representative of the
Estate of Gerhard Jahn, Deceased
24260 Mosier Rd
Sedro Woolley, WA 98284

CHICAGO TITLE
620049218

Grantor (Name of Decedent): Esther Jahn
Grantee (Heirs): Gregory K Jahn Gerhard Jahn
Abbreviated Legal Description: PTN LT 16 AND ALL LT 15, RANCHO SAN JUAN DEL MAR SUBDIV.
NO. 2
Tax Parcel No.(s): P68257 / 3973-000-016-0009

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, Gregory K Jahn, executes this affidavit relating to the estate of
Esther Jahn (herein "Decedent"), who died on 5/2/16
in the County of Skagit, State of Washington, then being a resident of the
City of Anacortes, 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.

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

other (identify): _____

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: Gerhard Jahn, Deceased Spouse

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 15 AND THE SOUTH HALF OF LOT 16, RANCHO SAN JUAN DEL MAR SUBDIVISION NO. 2, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 5 OF PLATS, PAGE 30, 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.

Gregory K Jahn
Signature

Gregory K Jahn
Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on July 13 2021 by Gregory
K Jahn (name of person making statement).

NOTARY PUBLIC
STATE OF WASHINGTON
ALYSIA HUDSON
License Number 183699
My Commission Expires 03-01-2024

Alysia Hudson
Name: Alysia Hudson
Notary Public in and for the State of Washington,
Residing at: Ortington
My appointment expires: 03.01.2024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-018289

DATE ISSUED: 08/16/2016

FEE NUMBER: 0000600029

GIVEN NAMES: ESTHER
LAST NAME: JAHN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 02, 2016
HOUR OF DEATH: 08:00 P.M.
SEX: FEMALE
AGE: 84 YEARS

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: FIDALGO CARE CENTER
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 12490 MARINE DRIVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: HEILIGEN HALLS, GERMANY

FATHER/PARENT: PAUL RAABE
MOTHER/PARENT: MARIA [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: GERHARD JAHN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: MAY 04, 2016

OCCUPATION: HOME MAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

INFORMANT: GERHARD JAHN
RELATIONSHIP: HUSBAND
ADDRESS: 12490 MARINE DRIVE, ANACORTES, WA 98221

- CAUSE OF DEATH:
- A. ACUTE CEREBROVASCULAR ACCIDENT
INTERVAL: 2 WEEKS
 - B. CEREBROVASCULAR ATHEROSCLEROSIS
INTERVAL: YEARS
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
TYPE 2 DIABETES MELLITUS, HYPERTENSION, CORONARY ARTERY DISEASE

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

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

CERTIFIER NAME: NANCY H. LLEWELLYN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: PO BOX 190
CITY, STATE, ZIP: LA CONNER WA 98259
DATE SIGNED: MAY 03, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA#300
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: MAY 04, 2016

NUMBER(S): NONE
DATE(S): NONE





Affidavit for Correction

202110010013

10/01/2021 09:06 AM
Washington State 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.

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

Required

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: _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS – go to _____ for more information

Driver's license, Social Security card or hospital discharge certificate cannot be used as proof

Required documents 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 verified 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

AUG 18 2016

Stecher County Health Department