



202110280271

10/28/2021 03:06 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

Grantor (Name of Decedent): David L. Crowe

Grantee (Heirs): Kathleen A. Crowe

Abbreviated Legal Description: BLACKBURN RIDGE, LOT 44

Tax Parcel No. (s): P113194, Tax#4708-000-044-0000

INHERITANCE LACK OF PROBATE

(To be recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

The undersigned affiant, KATHLEEN A. CROWE, being first duly sworn, executes this affidavit relating to the estate of DAVID L. CROWE (herein "Decedent"), who died on August 3, 2021, 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 the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- (X) 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

Names of All Heirs of the Decedent

3. That all heirs at law of the decedent that were living at the time of decedent's death are listed below:

"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 identified all heirs at law of the decedent:

Kathleen A. Crowe

Age: 72

Relationship: wife

Address: 2129 S. 15th Street, Mount Vernon, Washington 98274

Deborah Guerrero

Age: 65

Relationship: sister

Address: 4709 N. Winchester, Kansas City, MO 64117

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 County of Skagit, State of Washington, and described as follows:

Assessor's Property Tax Parcel/Account Number: P113194/4708-000-044-0000

Physical address: 2129 S. 15th Street, Mount Vernon, Washington 98274

Full legal description: Lot 44, "PLAT OF BLACKBURN RIDGE", as per plat recorded in Volume 16 of Plats, pages 208, inclusive, records of Skagit County, Washington.

Subject to: Rights to make slopes for cuts and fills for original reasonable grading of streets, etc., as set forth on the face of the Plat; Utility and drainage easements as set forth on the face of the Plat; Declaration of Covenants, recorded January 29, 1999, under Auditor's File No. 9801290061.

And subject to all covenants, conditions, restrictions, reservations, agreements and easements of record.

Further, Decedent and KATHLEEN A. CROWE, jointly owned, the following automobiles: 2005 Ford Taurus (VIN#1FAFP53U25A227912) and 2006 Ford Taurus (VIN#1FAFP53U86A129484).

Status of the Will (if any)

Decedent left a Last Will and Testament WHICH HAS NOT been Probated or Recorded. This Last Will and Testament devises and bequeaths real and personal property. In addition, no probate is being filed and no personal representative has been appointed for the estate. THAT affiant acknowledge, and so state, that each and all of the obligations against the estate of said decedent, if any, will be her responsibility to pay or provide for.

THAT affiants agree that the ownership of the above described property shall be transferred to KATHLEEN A. CROWE. This affidavit is made pursuant to RCW 11.62.010.

Kathleen A. Crowe

Affiant's full name

360-424-0613

Telephone number

2129 S. 15th St.

Street

Mount Vernon

WA

98274

City

State

Zip Code

Kathleen A. Crowe

Signature

10/6/2021

Date

Affidavit RE: Lack of Probate – 3

STATE OF WASHINGTON)
) SS.
County of Skagit)

On this day personally appeared before me KATHLEEN A. CROWE to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

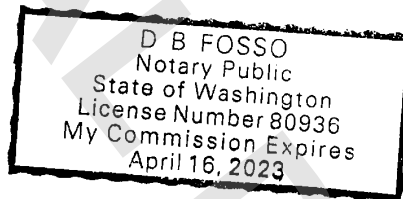
GIVEN under my hand and official seal this 6th day of October, 2021.

D. B. Fosso

Notary Public in and for the State of Washington

Residing at: Anacortes, WA

My Commission expires: 4-16-2023.



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-038233

DATE ISSUED: 09/15/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID LEE
LAST NAME(S): CROWE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 03, 2021
HOUR OF DEATH: 07:35 AM
SEX: MALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: KANSAS CITY, MO

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: KATHLEEN LA FLEUR

OCCUPATION: ELECTRICIAN
INDUSTRY: AEROSPACE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: KATHLEEN CROWE
RELATIONSHIP: WIFE
ADDRESS: 2129 S 15TH ST., MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: 1 DAY
B: NON ST ELEVATION MYOCARDIAL INFARCTION
INTERVAL: 2 DAYS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP: WASHINGTON
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 2129 S 15TH ST.
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: JAMES JOSEPH CROWE
MOTHER: LILLIAN MARIE [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: FERN HILL CEMETERY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: AUGUST 13, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: DANIEL G LA PLAUNT

MANNER 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 RESPONSE

CERTIFIER NAME: NAVDEEP DHALIWAL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: AUGUST 07, 2021

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NAVDEEP DHALIWAL, PHYSICIAN

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: AUGUST 10, 2021



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
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Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City/County
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) 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:	

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:	
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: Printed name: Date:		14b. Signature of 2 nd parent (if required): Printed name: Date:	

INSTRUCTIONS – go to www.doh.wa.gov for more information	
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:	
• Birth/Marriage/Divorce record	• Military record (DD-214)
• Certificate of Naturalization	• Hospital/medical record
• School transcripts	• Social Security Numident Report
• Copy of Passport / Enhanced ID	• Green/Permanent Resident card (I-551)
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.	

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. 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). Child under 18 • If legal guardian(s), include certified court order proving guardianship. • 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. • No proof is required to change the first or middle name.* • To correct parent's information, one proof documentation is required. • To correct the sex of the child, one proof documentation from a medical provider is required. *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. 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 proof documentation are required. • 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. • To correct parent's birth date, place of birth, or name, one proof documentation is required.	
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Death Certificates 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.
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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 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.



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

CERTIFIED

SEP 15 2021

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



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