

Return Address:

Lisa Falconer
P.O. Box 53
Buckport, WA

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Lisa K Falconer, 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 wife
Relationship to decedent

of Michael Falconer, who died on 12-12-16
Decedent/Grantor Date

at Mount Vernon Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: _____

Ptn. Gov. lot 6, of Section 28, Township 35 North,
Range 9 East (aka lot 4 SP 95-023)

Assessor's Property Tax Parcel/Account Number: P 108012
 (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 _____)

LISA K Falconer, 62, wife
60332 Concrete Sauk Valley Rd, Concrete, WA 90237
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

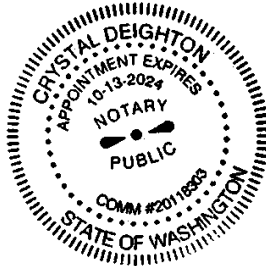
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 11-9-2021Affiant's full name Lisa Kaye FalconerTelephone number 360-399-816350332 Concrete Sank Valley Rd.City Concrete State WA Zip Code 98237Signature Lisa K. Falconer Date 11-9-21State of WA County of SkagitI know or have satisfactory evidence that Lisa K Falconer
(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: 11, 09, 2021(SEAL OR
STAMP)Signature of Notary Public Crystal DeightonResiding at: Sedro-WoolleyNotary Public in and for the State of WAMy appointment expires: 10-13-2024

This form is an example of an affidavit that can be used, however it may not fulfill all needs and other versions are acceptable. Please see full text of bill below.

- (1) In order to receive an exemption under RCW 82.45.010(3)(a) from the tax in this chapter on real property transferred as a result of a devise by will or inheritance the following documentation must be provided to the county treasurer:
- (a) If the property is being transferred under the terms of a community property agreement, a copy of the recorded agreement and a certified copy of the death certificate;
 - (b) If the property is being transferred under the terms of a trust instrument, a certified copy of the death certificate and a copy of that portion of the trust instrument showing the authority of the grantor;
 - (c) If the property is being transferred under the terms of a probated will, a certified copy of the letters testamentary or in the case of intestate administration, a certified copy of the letters of administration showing that the grantor is the court-appointed executor, executrix, or administrator;
 - (d) In the case of joint tenants with right of survivorship and remainder interests, a certified copy of the death certificate;
 - (e) If the property is being transferred pursuant to a court order, a certified copy of the court order requiring the transfer, and confirming that the grantor is required to do so under the terms of the order;
 - (f) If the community property interest of the decedent is being transferred to a surviving spouse or surviving domestic partner absent the documentation set forth in (a) through (e) of this subsection, a certified copy of the death certificate and a signed lack of probate affidavit from the surviving spouse or surviving domestic partner affirming that he or she is the sole and rightful heir to the property;
 - (g) If the real property is transferred to one or more heirs by operation of law, or transferred under a will that has not been probated, but absent the documentation set forth in (a) through (e) of this subsection, a certified copy of the death certificate and a signed lack of probate affidavit affirming that the affiant or affiants are the sole and rightful heirs to the property;
 - (h) When real property is transferred as described in (g) of this subsection (1) and the decedent-transferor had also inherited the property from his or her spouse or domestic partner but never transferred title to the property into the decedent-transferor's name, the transferee or transferees must provide: (i) A certified copy of the death certificates for the decedent-transferor and the spouse or domestic partner from whom the decedent-transferor inherited the real property; and (ii) a lack of probate affidavit affirming that the affiant or affiants are the rightful heirs to the property; or
 - (i) If the property is being transferred pursuant to a transfer on death deed, a certified copy of the death certificate.
- (2) The documentation provided to the county treasurer under this section must also be recorded with the county auditor.
- (3) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.
- (a) "Heir" has the same meaning as provided in RCW 11.02.005;
 - (b) "Lack of probate affidavit" means a signed and notarized document declaring that the affiant or affiants are the rightful heir or heirs to the property and containing the following information:
 - (i) The names of the affiant or affiants;
 - (ii) The relationship of the affiant or affiants to the decedent;
 - (iii) The names of all other heirs of the decedent living at the time of the decedent's death;
 - (iv) A description of the real property;
 - (v) Whether the decedent left a will that includes a devise of real property; and
 - (vi) Any other information the department may require.

Print as many page two's as you need to account for all Heirs.

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2016-051912	DATE ISSUED: 12/27/2016
GIVEN NAMES: MICHAEL THOMAS LAST NAME: FALCONER	FEE NUMBER: 0000311216
COUNTY OF DEATH: SKAGIT DATE OF DEATH: DECEMBER 12, 2016 HOUR OF DEATH: 01:25 A.M. SEX: MALE AGE: 70 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: HOSPITAL FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
HISPANIC ORIGIN: NO, NOT HISPANIC RACE: WHITE	RESIDENCE STREET: 50332 SAUK VALLEY ROAD CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237 INSIDE CITY LIMITS? YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 13 YEARS
BIRTHDATE: [REDACTED] BIRTHPLACE: FARGO, NORTH DAKOTA	FATHER/PARENT: GORDON RODERICK FALCONER MOTHER/PARENT: [REDACTED]
MARITAL STATUS: MARRIED SPOUSE: LISA KAY STROUD	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY CITY, STATE: SEATTLE, WA DISPOSITION DATE: DECEMBER 23, 2016
OCCUPATION: CARPENTER INDUSTRY: CONSTRUCTION EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE US ARMED FORCES? YES	FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD ADDRESS: 4320 196TH ST SW - STE. C CITY, STATE, ZIP: LYNNWOOD WA 98036 FUNERAL DIRECTOR: JOHN K. MOODY
INFORMANT: LISA FALCONER RELATIONSHIP: SPOUSE ADDRESS: 50332 SAUK VALLEY ROAD, CONCRETE, WA 98237	
CAUSE OF DEATH:	
A. BRADYCARDIA PULSELESS ELECTRICAL ACTIVITY INTERVAL: UNKNOWN	
B. CECAL VOLVULUS STATUS POST RIGHT HEMICOLECTOMY INTERVAL: UNKNOWN	
C. DEHISCENCE OF WOUND INTERVAL: UNKNOWN	
D. ACUTE HYPOXIC RESPIRATORY FAILURE INTERVAL: UNKNOWN	
OTHER CONDITIONS CONTRIBUTING TO DEATH:	
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK? PLACE OF INJURY: LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	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
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY: NOT APPLICABLE	ME/CORONER: HAYLEY THOMPSON TITLE: CORONER ME/CORONER ADDRESS: 116 S. 11TH ST CITY, STATE, ZIP: MOUNT VERNON WA 98274 DATE SIGNED: DECEMBER 23, 2016
ITEM(S) AMENDED: NONE NUMBER(S): NONE DATE(S): NONE	CASE REFERRED TO ME/CORONER: YES FILE NUMBER: 574 ATTENDING PHYSICIAN: ANDREW QUISUNBING DO LOCAL DEPUTY REGISTRAR: MARIA VIVANCO DATE RECEIVED: DECEMBER 23, 2016



DOH 01-003 (10/15)

Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47514 Olympia, WA 98504-7514 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: _____
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:		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: <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:
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: _____		16b. Signature of 2 nd parent (if required): _____
Printed name: _____ Date: _____		Printed name: _____ Date: _____
INSTRUCTIONS – go to www.csh.wa.gov for more information		
Driver's license, Social Security card or hospital declarative 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:		
• 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 certified court order proving guardianship. • Up to age one, last name can be changed once to either parent's 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 executor/administrator (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.		

DEC 27 2016

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