

After recording, return to:  
Marjorie Knokey / Alan Knokey POA  
3550 Jackson Creek Rd  
Bozeman, MT 59715

CHICAGO TITLE  
620048629

Grantor (Name of Decedent): Eugene R Knokey  
Grantee (Heirs): Marjorie Knokey  
Abbreviated Legal Description: Lot(s): 10 and Interest in A, Rancho San Juan Del Mar Div. 10  
Tax Parcel No.(s): P68425 / 3981-000-010-0005

### INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Montana

COUNTY OF Gallatin

The undersigned, Alan Knokey POA for Marjorie Knokey, executes this affidavit relating to the estate of Eugene R Knokey (herein "Decedent"), who died on August 22, 2013 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.  
☐ other (identify): \_\_\_\_\_

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

**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: Marjorie Knokey, 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 10, PLAT OF RANCHO SAN JUAN DEL MAR, SUBDIVISION NO. 10, according to the plat thereof recorded in Volume 9 of Plats, pages 28 and 29, records of Skagit County, Washington.

TOGETHER WITH an undivided interest in Tract A, PLAT OF RANCHO SAN JUAN DEL MAR, SUBDIVISION NO. 10, according to the plat thereof recorded in Volume 9 of Plats, pages 28 and 29, records of Skagit County, Washington.

Situated in Skagit County, 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.

Alan Knokey  
 Signature

Marjorie Knokey, By Alan M. Knokey  
 Her Attorney-in-Fact

Alan Knokey  
 Print Name

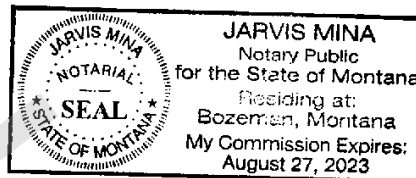
Alan Knokey

State of MontanaCounty of GallatinI certify that I know or have satisfactory evidence that Alan M Knokey

is/are the person(s) who appeared before me, and said person acknowledged that (he/she/they) signed this instrument, on oath stated that (he/she/they) was authorized to execute the instrument and acknowledged it as the Attorney in Fact of Marjorie M Knokey to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: 11/12/2021

Jarvis Mina  
Name: Jarvis Mina  
Notary Public in and for the State of Montana  
Residing at: Bozeman MT Gallatin County  
My appointment expires: 08/27/2023



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-015379

DATE ISSUED: 09/18/2013

FEE NUMBER: 0000000029

GIVEN NAMES: EUGENE RAE  
LAST NAME: KNOKEY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 22, 2013  
HOUR OF DEATH: 05:00 A.M.  
SEX: MALE  
AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: ABERDEEN, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: MARJORIE PALMER

OCCUPATION: PLANT MANAGER  
INDUSTRY: PLYWOOD & SAWMILLS  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: MARJORIE KNOKEY  
RELATIONSHIP: SPOUSE  
ADDRESS: 11762 MCCORKLE PL ANACORTES WA 98221

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: ASHLEY GARDENS  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 11762 MCCORKLE PL  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 982218518  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: ERWIN W KNOKEY  
MOTHER: ANNA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GRP. CREMATORY  
CITY, STATE: SEATTLE, WA  
DISPOSITION DATE: AUGUST 27, 2013

FUNERAL FACILITY: NEPTUNE SOCIETY  
ADDRESS: 19324 - 40TH AVE W, STE A  
CITY, STATE, ZIP: LYNNWOOD WA 98036  
FUNERAL DIRECTOR: ED J. SUDDERTH

CAUSE OF DEATH:  
A. HEPATOCELLULAR CARCINOMA METASTATIC  
INTERVAL: 6 MONTHS  
B. INTERVAL:  
C. INTERVAL:  
D. INTERVAL:

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

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

CERTIFIER NAME: BRYAN H. MURRAY, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 912 32ND STREET, SUITE A  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: AUGUST 23, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 475  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: AUGUST 27, 2013



## Affidavit for Correction

11/19/2021 02:24 PM Page 5 of 5

 P.O. Box 47514  
 Olympia, WA 98504-7514  
 (360) 356-2300

This is a legal Document. Complete in ink and do not alter.

## STATE OFFICE USE ONLY

State File Number: \_\_\_\_\_ File Number: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Affidavit Number: \_\_\_\_\_

Use the section below for requesting any changes on the record.

 Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event (City, State): \_\_\_\_\_

4. Father's Full Name (For Birth): \_\_\_\_\_ Spouse A/Husband (For Marriage/Dissolution) \_\_\_\_\_ 5. Mother's Full Maiden Name (For Birth): \_\_\_\_\_ Spouse B/Wife (For Marriage/Dissolution) \_\_\_\_\_

The Record is Incomplete or Inaccurate as follows:

The Record now shows:

The True fact is:

6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

10. \_\_\_\_\_ 11. \_\_\_\_\_ 12. \_\_\_\_\_ 13. \_\_\_\_\_

 14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Telephone Number: \_\_\_\_\_

☐ Funeral Director ☐ Other (Specify): \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_

All vital records are registered as received.

**We do not accept as proof:** Driver's License, Social Security card or a hospital issued decorative birth certificate.

Examples of documentary proof: Certificate of Naturalization, Affidavit Report (Form 100-20), School Transcript (Official), Hospital/Medical Record, Military Record (DD Form 1300), Voter's Registration Card (if bears official seal), Life Insurance Policy, Birth Record, Alien Registration Card (front and back), Marriage/Divorce Record, Passport.

## Birth Certificates:

- Only a parent, legal guardian (if the child is under 18) or the adult themselves (if 18 or over) 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.
- Child under 18:
  - Only parent(s) or legal guardian can change the birth certificate.
  - Guardian must submit a certified court order giving them authority to act on behalf of child(ren).
  - Up to age one, the last name of the child can be changed only to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
  - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
  - To correct parent's information, one documentary proof is required.
  - Proof must be five (or more) years old or have been established within five years of birth.
- Child under 18:
  - Only parent(s) or legal guardian can change the birth certificate.
  - If the last or middle name is absent, three pieces of documentary proof are required.
  - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
  - To correct birth date, proof of birth or parent's information, one documentary proof is required.
  - Proof must be five (or more) years old or have been established within five years of birth.

4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)

## Death Certificate:

- Only the informant, the funeral director or executor/administrator of an estate can change the non-medical information. Proof is required to make changes if requested by someone other than the informant listed on the certificate. Marital status requires a certified copy of a court order.
- The medical information (cause of death) may be changed only by the pathologist.
- If it is less than sixty days from date of death please contact the county health department for assistance.

## Marriage/Dissolution (Divorce) Certificates:

- Personal facts (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 (minister, judge or court clerk) must sign the affidavit.

DOH/CHS 001-000-000-000-000

**\*CERTIFIED\***

SEP 18 2013

 Skagit County Health Department  
 Health Officer

YY00037279