

After recording, return to:
David Britten
Estate of Anne N. Britten

CHICAGO TITLE
620048539

Grantor (Name of Decedent): Charles H Britten
Grantee (Heirs): David G Britten
Abbreviated Legal Description: Lot(s): Ptn. 1, Mount Vernon Acreage
Tax Parcel No.(s): P53836 / 3746-000-001-0101

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, David G Britten, executes this affidavit relating to the estate of
Charles H Britten (herein "Decedent"), who died on 20 July 1987,
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 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:) _____

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(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: Anne N Britten, 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:

That portion of Lot 1, "Plat of Mount Vernon Acreage, Skagit County, Washington", according to the plat recorded in Volume 3 of Plats, Page 102, records of Skagit County, Washington, and of the abandoned railroad right of way conveyed to Bellingham and Skagit Railway Company, a corporation, by Deed dated October 21, 1911 and recorded October 23, 1911, in Volume 87 of Deeds, Page 298, described as follows:

BEGINNING at the intersection of the North line of said Lot 1, extended Easterly with the West line of that certain tract conveyed to the City of Mount Vernon, by instrument dated March 25, 1959 and recorded April 3, 1959, under Auditor's File No. 578555; thence North 89° 38' 14" West along the North line of said Lot 1 extended Easterly and the North line of said Lot 1, a distance of 135.02 feet; thence South 0° 54' 25" East parallel with the West line of said tract conveyed to the City of Mount Vernon, a distance of 49.96 feet to a point which is 70.50 feet North of the South line of said Lot 1; thence North 89° 19' 45" East parallel to the South line of said Lot 1 and said South line of Lot 1, extended Easterly, a distance of 134.99 feet to the West line of said City of Mount Vernon tract; thence North 0° 54' 25" West along the West line of said City of Mount Vernon tract, a distance of 47.51 feet to the point of beginning.

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.

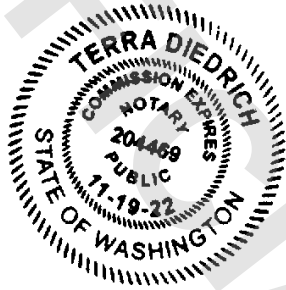

Signature

DAVID G BRITTEN
Print Name

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

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on Nov 19, 2021 by _____
David Britten (name of person making statement).



Terra Diedrich
Name: Terra Diedrich
Notary Public in and for the State of Washington,
Residing at: Mount Vernon
My appointment expires:
11/19/22

STATE OF WASHINGTON DEPARTMENT OF HEALTH



STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS CERTIFICATE OF DEATH

381 LOCAL FILE NUMBER 7 27168 STATE FILE NUMBER

1 NAME-FIRST, MIDDLE, LAST Charles Herman Britten 2 SEX Male 3 DEATH DATE (MO DAY YR) July 20, 1987 146-8

4 RACE (WHITE, BLACK, AM IND, ETC (SPECIFY)) White 5 AGE - LAST BIRTH DAY (YRS) 79 6 UNDER 1 YEAR MOS 7 UNDER 1 DAY HOURS MINS 8 BIRTHDATE (MO DAY YR) 9 COUNTY OF DEATH Skagit

10 CITY, TOWN OR LOCATION OF DEATH Mt. Vernon 11 PLACE OF DEATH - HOME 2 TRANSPORT 3 EMERG RMOU/1 PEN 4 HOSP 5 NUM HOME 1 OTHER PLACE 2025 Urban Avenue 12 RECEIVED EMERGENCY CARE AMBULANCE, FIRETR, PARAM? Yes YES/NO

13 BIRTH STATE OF NOT IN USA GIVE COUNTRY Penn. 14. CITIZEN OF WHAT COUNTRY USA 15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 16 SPOUSE OF WIFE GIVE MAIDEN NAME Anne Nussdorf 17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) Yes

18 SOCIAL SECURITY NO 19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) Lt. Colonel, Army, Retired 20 KIND OF BUSINESS OR INDUSTRY Military Med. Services Administration

21 RESIDENCE - NUMBER AND STREET 22 CITY/TOWN OR LOCATION 23 INSIDE CITY LIMITS? (YES/NO) 24 COUNTY 25 STATE 2025 Urban Avenue Mt. Vernon Yes Skagit Wa.

26 FATHER - NAME FIRST, MIDDLE, LAST Howard Britten 27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST Eva N.M.I. Kephart

28 INFORMANT NAME Anne 29 MAILING ADDRESS 30 BURNAL, CREMATION REMOVAL, OTHER (SPECIFY) Rem/Crem 31 DATE (MO DAY YR) July 29, 1987 32 CEMETERY/CREMATION NAME University of Washington 33 LOCATION CITY/TOWN, STATE Seattle, Wa.

34 FUNERAL DIRECTOR SIGNATURE D.B. Noonan 35 NAME OF FACILITY U of W Medical School 36 ADDRESS OF FACILITY S.M. 20, 98195 Dept. of Bio-Structure

37 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X 38 DATE SIGNED (MO DAY YR) 39 HOUR OF DEATH (24 HRS) 40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 41 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) STATED SIGNATURE AND TITLE X Frank S. Kerley, Coroner

42 DATE SIGNED (MO DAY YR) July 28, 1987 43 HOUR OF DEATH (24 HRS) 1615

44 PRONOUNCED DEAD (MO DAY YR) July 20, 1987 45 HOUR PRONOUNCED DEAD (24 HRS) 1750

46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IAL, IBI, AND ICR) (A) Probable Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH minutes

(B) DUE TO, OR AS A CONSEQUENCE OF INTERVAL BETWEEN ONSET AND DEATH

(C) DUE TO, OR AS A CONSEQUENCE OF INTERVAL BETWEEN ONSET AND DEATH

48 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE 49 AUTOPSY? (YES/NO) No 50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) Yes

51 ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST (SPECIFY) 52 INJURY DATE (MO DAY YR) 53 HOUR OF INJURY (24 HRS) 54 DESCRIBE HOW INJURY OCCURED

55 INJURY AT WORK? (YES/NO) 56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG ETC (SPECIFY) 57 LOCATION STREET OR RFD NO, CITY/TOWN, STATE

58 REGISTRAR SIGNATURE Sharon D. Beeson, Deputy 59 DATE RECEIVED (MO DAY YR) July 29, 1987

60. ITEM DOCUMENTARY EVIDENCE REVIEWED BY: DATE ITEM DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:

IDENTIFIED OCCURRED IN INFORMATION HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 5.

PARENTS

CERTIFIER

CAUSE OF DEATH

FOR STATE REGISTRAR USE ONLY



Affidavit for Correction

Mail to: 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 File Number	Fee Number	Initials	Date	Affidavit Number
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Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First Middle Last
 2. Date of Event: MM/DD/YYYY
 3. Place of Event: (City or 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: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: PO Box or Street Address City State Zip
 Telephone Number: () Email Address:

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 foregoing is true and correct.

14a. Signature: Printed name: Date:
 14b. Signature of 2nd 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) • School transcripts • Social Security Numident Report
 • Certificate of Naturalization • Hospital/medical record • 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 from 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 their own 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.

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.

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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED
SEP 17 2021

