

After recording, return to:
Donna Reed
Chicago Title Company of Washington
425 Commercial St
Mount Vernon, WA 98273

CHICAGO TITLE
620050128

Grantor (Name of Decedent): Nancy Elizabeth Stephenson-Hansen

Grantee (Heirs): Craig M Hansen

Abbreviated Legal Description: LT 34, PLAT OF BAY HILL VILLAGE DIV. II

Tax Parcel No.(s): P104447 / 4618-000-034-0003

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, Craig M Hansen, executes this affidavit relating to the estate of Nancy Elizabeth Stephenson-Hansen (herein "Decedent"), who died on 8-4-2021, in the County of King, State of Washington, then being a resident of the City of Snodgrass, County of Snodgrass, 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: Craig M. Hansen, 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 34, PLAT OF BAY HILL VILLAGE DIV. II, ACCORDING TO THE PLAT THEREOF
 RECORDED IN VOLUME 15 OF PLATS, PAGE(S) 125 AND 126, 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.

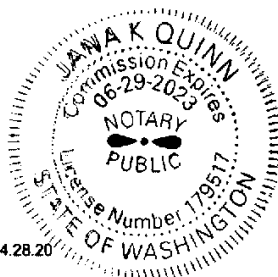
Craig M. Hansen
 Signature

CRIG M. HANSEN
 Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on December 15 2021 by
Craig M. Hansen (name of person making statement)



Janak Quinn
 Name: Janak Quinn
 Notary Public in and for the State of Washington,
 Residing at: Arlington
 My appointment expires: 06/29/2023

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-038589

DATE ISSUED: 08/12/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): NANCY ELIZABETH
LAST NAME(S): STEPHENSON-HANSEN

COUNTY OF DEATH: KING
DATE OF DEATH: AUGUST 04, 2021
HOUR OF DEATH: 05:40 AM
SEX: FEMALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: LOS ANGELES, CA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CRAIG M HANSEN

OCCUPATION: NURSE
INDUSTRY: HEALTHCARE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: CRAIG M HANSEN
RELATIONSHIP: HUSBAND
ADDRESS: 16630 AUGUSTA LN, BURLINGTON, WA 98233

CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: MINUTES
B: INTRACRANIAL HYPERTENSION
INTERVAL: HOURS
C: TRAUMATIC SUBDURAL HEMORRHAGE
INTERVAL: HOURS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION ON
ANTICOAGULATION, HYPERTENSION

DATE OF INJURY: AUGUST 03, 2021
HOUR OF INJURY: 11:30 AM PRESUMED
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENTS HOME

LOCATION OF INJURY: 16630 AUGUSTA LANE

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

RESIDENCE STREET: 16630 AUGUSTA LN
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 9 YEARS

FATHER: MARTIN STERN
MOTHER: LETITIA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 12, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: DAVID LUKOV

MANNER OF DEATH: ACCIDENT
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: BRIAN S. MAZIRM, MD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104
DATE SIGNED: AUGUST 05, 2021

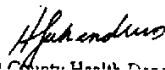
CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 21-2626
ATTENDING PHYSICIAN: DAVID HORNE, PHYSICIAN

LOCAL DEPUTY REGISTRAR: ROBBIE GASKIN
DATE RECEIVED: AUGUST 11, 2021

|  Affidavit for Correction This is a legal document. Complete in ink and do not alter. | | Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300 | |
|---|------------|---|------------|
| 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: | |
| First | Middle | Last | MM/DD/YYYY |
| 3. Place of Event: | | City or County | |
| 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) | | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) | |
| First | Middle | Last/Maiden | First |
| 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 | | | |
| 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 foregoing is true and correct. | | | |
| 14a. Signature: | | 14b. Signature of 2nd parent (if required): | |
| Printed name: | | Printed name: | |
| Date: | | 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: <ul style="list-style-type: none"> • 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 form DOH 422-159). | | | |
| Child under 18 | | | |
| <ul style="list-style-type: none"> • 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. | | | |
| Adult (18 years or older) | | | |
| <ul style="list-style-type: none"> • 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. | | | |
| *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. | | | |
| 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. | | | |

CERTIFIED

AUG 12 2021



Sheri C. Heath, Health Director

