



202203210047

03/21/2022 10:33 AM Pages: 1 of 6 Fees: \$208.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022.1101

MAR 21 2022

Amount Paid \$ 0  
Skagit Co. Treasurer

By LT Deputy

Document Title:  
Lack of Probate Affidavit  
Reference Number :

Grantor(s):  additional grantor names on page \_\_\_\_  
1. Alvin L. Johnson

2. Catherine M. Johnson

Grantee(s):  additional grantee names on page \_\_\_\_

1. Catherine M. Johnson

2.

Abbreviated legal description:  full legal on page(s) \_\_\_\_

Lt 67, Plat of Wilderness Village Div. 1

Assessor Parcel / Tax ID Number:  additional tax parcel number(s) on page \_\_\_\_

78252

I, Catherine M. Johnson, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$203.50 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed Catherine M. Johnson Dated 3-21-2022

**AFFIDAVIT  
LACK OF PROBATE**

File No:

Date:

3-21-2022

STATE OF Washington )  
 )-ss.  
COUNTY OF )

Catherine M. Johnson  
being first duly sworn, deposes and says:

1. That the undersigned Affiant is the Wife (relationship to decedent)

of ALVIN LENARD JOHNSON (decedent name),

who died on October 27, 1997 (date of death), at 2:15 PM (City),

State of WASHINGTON, then being a legal resident of SKAGIT (City),

(County), WASHINGTON (State) .

**AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT**

2. Check the appropriate box below:
- Decedent and surviving spouse executed a Community Property Agreement dated \_\_\_\_\_, a copy of which is attached hereto; or
  - Decedent left no last Will; or
  - Decedent left a last Will which has not been probated nor revoked; a copy of which is attached hereto; or
  - Decedent left a last Will which was probated in \_\_\_\_\_ County, State of \_\_\_\_\_, A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. Please read and initial the following:

*cmj* The undersigned acknowledges that without a full probate of the Decedent's estate, there may be additional excise tax requirements as per WAC 458-61A-202.

*cmf* 4. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows:

**HEIRS AT LAW**

File No.:

Affidavit Lack of Probate - continued

7590 Skaftview Dr. Date:

<u>Catherine Margie Johnson</u> (full name)	<u>78</u> (age)	<u>wife</u> (relationship)	<u>Concrete, WA. 98237</u> (residence)
<u>Lori Lynne Acuna</u> (full name)	<u>58</u> (age)	<u>daughter</u> (relationship)	<u>1230 Shuler Ave. Burlington, WA. 98233</u> (residence)
<u>Lisa Anne Ayres</u> (full name)	<u>56</u> (age)	<u>daughter</u> (relationship)	<u>38019 Braack Ln. Concrete, WA. 98237</u> (residence)
_____	_____	_____	_____
(full name)	(age)	(relationship)	(residence)

5. All the debts of the decedent's and/or the marital community, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:
6. The decedent [] had [] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
7. As of the date of death, the value of all community property of decedent was approximately \$ 129,100. The value of all separate property of decedent was approximately \$ 40,000.
8. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

**This affidavit is made to induce First American Title Insurance Company, (The Company) to issue its policy or policies of Title Insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant agrees to indemnify and hold The Company harmless from loss or damage which it may suffer as a result of said reliance.**

Catherine Margie Johnson \_\_\_\_\_

File No.:

Affidavit Lack of Probate - continued

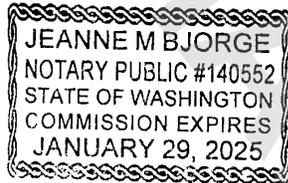
Date:

STATE OF Washington )  
COUNTY OF Skagit )-ss.  
)

I certify that I know or have satisfactory evidence that CATHERINE M. JOHNSON, is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 3.21.2022 Jeanne M Borge

Notary Public in and for the State of Washington  
Residing at: 17785 Burlington Blvd.  
My appointment expires: Jan. 29, 2025



STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

Washington State Department of Health CERTIFICATE OF DEATH

146 7 40412 STATE FILE NUMBER

1. DISTRICT 2. COOPER 3. HOSPITAL 4. OCCURRENCE 5. RESIDENCE 6. TRACT 7. OCCUPATION 8. FATHER'S NAME 9. MOTHER'S NAME 10. INFORMANT 11. BURIAL, CREMATION REMOVAL, OTHER 12. FUNERAL DIRECTOR 13. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 14. SIGNATURE AND TITLE 15. DATE SIGNED 16. HOUR OF DEATH 17. NAME AND ADDRESS OF CERTIFIER 18. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH 19. IMMEDIATE CAUSE 20. DO NOT ENTER THE MODE OF DYING 21. ACC LOC 22. QUERIES 23. INJURY AT WORK 24. RECORD AMENDMENT 25. INJURY DATE 26. HOUR OF INJURY 27. DESCRIBE HOW INJURY OCCURRED 28. INJURY AT WORK 29. PLACE OF INJURY 30. LOCATION 31. REGISTER SIGNATURE 32. DATE RECEIVED

685 LOCAL FILE NUMBER

Form fields containing personal and medical information: 1. NAME ALVIN LENARD JOHNSON, 2. SEX Male, 3. DEATH DATE, 4. AGE LAST BIRTHDAY 66, 5. UNDER 1 YEAR, 6. UNDER 1 DAY, 7. BIRTHDATE Dec 14 1930, 8. BIRTHPLACE Yakima, WA, 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? No, 10. COUNTY OF DEATH Skagit, 11. CITY, TOWN OR LOCATION OF DEATH Concrete, 12. PLACE OF DEATH 758 Skagit View Drive, 13. SMOKING IN LAST 15 YEARS? No, 14. MARITAL STATUS Married, 15. SURVIVING SPOUSE Catherine Ashe, 16. SOCIAL SECURITY NO., 17. DECEDENT'S EDUCATION College (1-4 or 5+), 18. USUAL OCCUPATION Power Prod. Super., 19. KIND OF BUSINESS OR INDUSTRY Puget Power, 20. Was Decedent of Hispanic origin or descent? No, 21. RACE White, 22. RESIDENCE 758 Skagit View Drive, 23. CITY/TOWN OR LOCATION Concrete, 24. INSIDE CITY LIMITS? No, 25A. COUNTY Skagit, 25B. LENGTH OF RES. IN CO. 28 yrs, 26. STATE WA, 27. ZIP CODE 98237, 28. FATHER'S NAME Odin Johnson, 29. MOTHER'S NAME Tillie Fandrich, 30. INFORMANT Catherine, 31. MAILING ADDRESS P.O. Box 186 Concrete, WA 98237, 32. BURIAL, CREMATION REMOVAL, OTHER Cremation, 33. DATE Oct 31, 1997, 34. CEMETERY/CREMATORY NAME Mount Vernon Crematory, 35. LOCATION-CITY/TOWN, STATE Mount Vernon, Washington, 36. FUNERAL DIRECTOR SIGNATURE, 37. NAME OF FACILITY Lenley Chapel 1008 Third Street, 38. ADDRESS OF FACILITY Sedro-Woolley, WA 98284, 39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED, 40. SIGNATURE AND TITLE Houshang Shetabi, M.D., 41. DATE SIGNED October 28, 1997, 42. HOUR OF DEATH 1415 hours, 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED, 44. SIGNATURE AND TITLE, 45. DATE SIGNED, 46. HOUR OF DEATH, 47. HOUR PRONOUNCED DEAD, 48. NAME AND ADDRESS OF CERTIFIER Houshang Shetabi, M.D. 1971 Hospital Drive, Sedro-Woolley, WA 98284, 49. MEDICORNER FILE NUMBER NJA-367, 50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: Liver Failure, Liver metastasis, Colon Cancer, 51. OTHER SIGNIFICANT CONDITIONS, 52. AUTOPSY? No, 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes, 54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST., 55. INJURY DATE, 56. HOUR OF INJURY, 57. DESCRIBE HOW INJURY OCCURRED, 58. INJURY AT WORK?, 59. PLACE OF INJURY, 60. LOCATION, 61. RECORD AMENDMENT, 62. REGISTER SIGNATURE Sharon D. Beeson, Deputy, 63. DATE RECEIVED 10-30-97

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)



# 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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<b>Required</b>	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:	
	First	Middle	Last	MM/YY	City, State
	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	Middle	First	Last
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 forgoing is true and correct.

14a. Signature:	14b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.

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.

\*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**

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- 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.
- 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

MAR 14 2022



0 5 0 8 9 1 8 7

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