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04/06/2022 02:53 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273
(360) 336-6587

REVIEWED BY SKAGIT COUNTY TREASURER DEPUTY <u><i>Dena Thompson</i></u> DATE <u>4.6.22</u>
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DOCUMENT TITLE(S): AFFIDAVIT OF SURVIVING SPOUSE FOR
LACK OF PROBATE AND CLAIM OF
EXEMPTION BASED UPON INHERITANCE
OF REAL ESTATE

REFERENCE NUMBER(S): N/A

GRANTOR: GRAHAM G. WHYTE

GRANTEE: PUBLIC

ASSESSOR'S PARCEL NO.: P133278 (6038-000-085-0000)

LEGAL DESCRIPTION: Lot 85, "PLAT OF WOODSIDE PUD DIVISIONS 1
AND 2", recorded July 27, 2016, under Skagit County
Auditor's File No. 201607270025.

Situate in the City of Mount Vernon, County of
Skagit, State of Washington.

**AFFIDAVIT OF SURVIVING SPOUSE
FOR LACK OF PROBATE AND
CLAIM OF EXEMPTION BASED UPON INHERITANCE OF REAL ESTATE**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

LINDA K. WHYTE, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of GRAHAM G. WHYTE, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property located in Skagit County, Washington:

Assessor's Parcel Number: P133278 (6038-000-085-0000)

Lot 85, "PLAT OF WOODSIDE PUD DIVISIONS 1 AND 2", recorded July 27, 2016, under Skagit County Auditor's File No. 201607270025.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

SECOND, I am the surviving spouse of GRAHAM G. WHYTE (hereinafter "Decedent") and we owned this property as husband and wife.

THIRD, that said Decedent passed away on January 12, 2022, in Skagit County, State of Washington. Decedent's original/certified Death Certificate is recorded separately, with a copy attached hereto as Exhibit "A" and incorporated herein by this reference.

FOURTH, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor of said County, except as follows: NONE.

FIFTH, that the Estate of said Decedent at the date of death was in excess of its liabilities.

SIXTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

SEVENTH, that the following list comprises all of the heirs at law by whom said Decedent was survived:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
LINDA K. WHYTE 372 South 48th Street Mount Vernon, WA 98274	Spouse	Legal

EIGHTH, I, LINDA K. WHYTE, affirm that I am the sole and rightful heir to the property legally described above.

NINETH, that the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(h).

DATED this 30th day of March, 2022.


LINDA K. WHYTE


STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that LINDA K. WHYTE is the individual who appeared before me and said individual acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 30th day of March, 2022.



LAWRENCE A. PIRKLE


NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My Commission Expires: 5/7/23

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-003514

DATE ISSUED: 02/22/2022
FEE NUMBER: 1706008

FIRST AND MIDDLE NAME(S): GRAHAM GRIFFITH
LAST NAME(S): WHYTE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 12, 2022
HOUR OF DEATH: 01:36 PM
SEX: MALE AGE: 69 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: NOVEMBER 11, 1952
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LINDA HAUER

OCCUPATION: LABORATORY TECHNICIAN
INDUSTRY: MEDICAL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: LINDA WHYTE
RELATIONSHIP: SPOUSE
ADDRESS: 372 S 48TH ST, MT. VERNON, WA 98274

CAUSE OF DEATH:

A: PNEUMONIA

INTERVAL: DAYS

B: ACUTE ENCEPHALOPATHY

INTERVAL: DAYS

C: SUBDURAL HEMATOMA WITH CAUSE UNCLEAR, POSSIBLE RELATED TO PATIENT BEING ON COUMADIN

INTERVAL: DAYS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES WITH DIABETES
KETO ACIDOSIS

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 372 S 48TH ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: KENNETH WHYTE
MOTHER: CHARIS [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN WASHELLI CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JANUARY 25, 2022

FUNERAL FACILITY: EVERGREEN WASHELLI FUNERAL HOME

ADDRESS: 11111 AURORA AVE N
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98133
FUNERAL DIRECTOR: RACHAEL A. WALTERS

MANNER OF DEATH: NATURAL

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: DEBORAH HOLLIS

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JANUARY 15, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: JANUARY 24, 2022



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
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First: _____ Middle: _____ Last: _____		2. Date of Event: _____	
	3. Place of Event: City: _____ County: _____			
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First: _____ Middle: _____ Last: _____		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First: _____ Middle: _____ 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 613, 4500 University Way, Everett, WA 98203	
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: _____	Date: _____	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

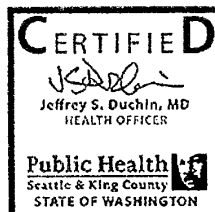
- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
 - The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
 - 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 form 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 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

- 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.



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



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