

202205110066

05/11/2022 12:48 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022 1945

MAY 11 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By U Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee JANICE L. CRAIG being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is the wife
Relationship to decedent

of Edgar Newton CRAIG, who died on 7-11-19
Decedent/Grantor Date

at Sedro Woolley Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Pt N S 1/2 S 1/2 North 1/2
S.W. N.E. 8-36-4

see exhibit A Attached Full Legal

Assessor's Property Tax Parcel/Account Number: 96171
(Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of _____)

Full name, age, relationship, address

JANICE Lynn CRAIG 65 spouse
19530 Shantz Ln. Sedro Woolley, WA 98284

Full name, age, relationship, address.

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 5-11-22

Affiant's full name

JANICE LYNN CRAIG

Telephone number

Street

City

State

Zip Code

Janice L. Craig
Signature5-11-22
DateState of Washington County of SkaagitI know or have satisfactory evidence that Janice Lynn Craig
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

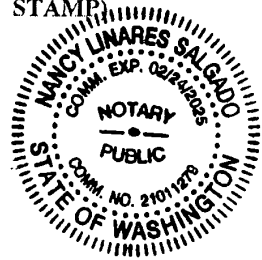
Dated: 05 / 11 / 2022(SEAL OR
STAMP)Nancy Linares Salgado
Signature of Notary PublicResiding at: Oak Harbor WANotary Public in and for the State of WAMy appointment expires: 02 / 2025

EXHIBIT A

UNSUBMITTED

THAT PORTION OF THE SOUTH HALF OF THE SOUTH HALF OF THE NORTH HALF OF THE SW1/4 NE1/4 OF SEC 8, TWP 36, RNG 4 LYING WEST OF THE WEST LINE OF THE COUNTY ROAD KNOWN AS ALGER CAIN LAKE ROAD, INCLUDING THAT PORTION OF VACATED ALGER PARK ROAD AS VACATED BY RES NO. 1632 ON 2-15-54; TOGETHER WITH THAT PORTION OF THE SOUTH HALF OF THE SW1/4 NE1/4 OF SEC 8, TWP 36, RNG 4 LYING WEST OF THE WEST LINE OF THE COUNTY ROAD KNOWN AS ALGER CAIN LAKE ROAD INCLUDING THAT PORTION OF VACATED ALGER PARK ROAD AS VACATED BY RES NO. 1632 ON 2-15-54. ALSO EXCEPT THAT PORTION OF THE SOUTH HALF OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 8, TOWNSHIP 36 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT THE INTERSECTION OF THE WEST LINE OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION 8, WITH THE NORTH LINE OF THE SOUTH HALF OF THE SOUTH HALF OF THE NORTH HALF OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION 8; THENCE RUNNING NORTH 88-10-46 WEST ALONG SAID NORTH LINE 42.45 FEET; THENCE SOUTH 00-28-55 EAST, 243.09 FEET; THENCE SOUTH 88-04-23 EAST TO THE WEST LINE OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER AND THE TRUE POINT OF BEGINNING; THENCE CONTINUING SOUTH 88-04-23 EAST TO THE WEST MARGIN OF ALGER CAIN LAKE ROAD; THENCE SOUTH 38-26-08 WEST ALONG SAID WEST MARGIN OF ROAD 201.73 FEET TO THE WEST LINE OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER; THENCE RUNNING NORTH ALONG SAID WEST LINE TO THE TRUE POINT OF BEGINNING. ALSO INCLUDES THAT PORTION OF THE NORTH HALF OF SECTION 8, TOWNSHIP 36 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT THE INTERSECTION OF THE WEST LINE OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION 8 WITH THE NORTH LINE OF THE SOUTH HALF OF THE SOUTH HALF OF THE NORTH HALF OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION 8; THENCE RUNNING NORTH 88-10-46 WEST ALONG SAID NORTH LINE 4.67 FEET; THENCE CONTINUING 88-10-46 WEST 37.78 FEET; THENCE SOUTH 00-28-55 EAST 165.41 FEET; THENCE CONTINUING SOUTH 00-28-55 EAST, 77.68 FEET; THENCE RUNNING SOUTH 88-04-23 EAST 170.41 FEET TO THE WEST MARGIN OF ALGER CAIN LAKE ROAD; THENCE NORTH 38-26-08 EAST ALONG SAID ROAD 302.46 FEET TO ITS INTERSECTION WITH SAID SOUTH LINE OF THE SOUTH HALF OF THE SOUTH HALF OF THE NORTH HALF OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION; THENCE RUNNING NORTH 88-06-10 WEST 318.13 FEET TO THE POINT OF BEGINNING.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-031725

DATE ISSUED: 07/18/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): EDGAR NEWTON

LAST NAME(S): CRAIG

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JULY 11, 2019

HOUR OF DEATH: 11:35 PM

SEX: MALE

AGE: 72 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: AFTON, IA

MARITAL STATUS: MARRIED

SPOUSE: JANICE CRAIG

OCCUPATION: MECHANIC

INDUSTRY: HEAVY EQUIPMENT

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: JANICE CRAIG

RELATIONSHIP: WIFE

ADDRESS: 19530 SHANTZ LN., SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:

A: ADENOCARCINOMA OF THE LUNG, STAGE 4

INTERVAL: 7 MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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: HOME

FACILITY OR ADDRESS: 19530 SHANTZ LN.

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 19530 SHANTZ LN.

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER/PARENT: HAROLD DALE CRAIG

MOTHER/PARENT: NINA ROSE [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERY

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: JULY 22, 2019

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: DANIEL G LA PLAUNT

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: JULY 17, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: JULY 18, 2019



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
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: 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: <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 City State Zip				
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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015

***CERTIFIED***

JUL 18 2019

Skagit County Health Department
Howard Leibrand M.D., Health Officer

0 2 9 8 3 6 2 5

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