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05/23/2022 03:53 PM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor

After recording, return to:
Holly Patterson
5048 Sharpe Rd
Anacortes, WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Don Thompson
DATE 5.23.22

Steven Robert Patterson
Grantor (Name of Decedent): _____
Grantee (Heirs): Holly Patterson
Abbreviated Legal Description: Lot(s): 630, Shelter Bay Div. 4
Tax Parcel No.(s): P129366 / 5100-004-630-0000 and S3302020320

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, Holly Patterson, executes this affidavit relating to the estate of Steven Patterson (herein "Decedent"), who died on november 2, 2021, in the County of skagit, State of washington, then being a resident of the City of LaConner, 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): _____

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]

Holly Patterson wife

Name and relationship:

Stephanie Patterson Daughter

Name and relationship:

Holly is the wife

Name and relationship:

Stephanie is the daughter

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 630, SURVEY OF SHELTER BAY DIVISION 4, according to the survey recorded July 8, 1970 in Volume 48 of Official Records, pages 627 through 631, under Auditor's File No. 740962, records of Skagit County, Washington.

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.

Holly Patterson
 Signature

Holly Patterson
 Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 5/23/22 by Holly A. Patterson
 (name of person making statement).

[Signature]
 Name: Kellie A. Mayo
 Notary Public in and for the State of Washington,
 Residing at: San Wooley
 My appointment expires: 6/19/25

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 11/15/2021
FEE NUMBER:

CERTIFICATE NUMBER: 2021-057094

FIRST AND MIDDLE NAME(S): STEVE R

LAST NAME(S): PATTERSON

AKA: STEVEN ROBERT PATTERSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: NOVEMBER 02, 2021

HOUR OF DEATH: 02:43 PM

SEX: MALE AGE: 67 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: LYNNWOOD, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: HOLLY ANN DUNTON

OCCUPATION: ELECTRICAL ENGINEER

INDUSTRY: RESIDENTIAL

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: HOLLY PATTERSON

RELATIONSHIP: WIFE

ADDRESS: 630 SHUSHWAP LANE, LA CONNER, WA 98257

CAUSE OF DEATH:

A: HYPERTENSIVE HEART DISEASE

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CLINICAL HISTORY OF
HYPERTENSION

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 630 SHUSHWAP LANE

CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

RESIDENCE STREET: 630 SHUSHWAP LANE

CITY, STATE, ZIP: LA CONNER, WA 98257

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: SWINOMISH

LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER: ROBERT BILLE PATTERSON

MOTHER: LOIS JORGENSEN [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: NOVEMBER 10, 2021

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: NOVEMBER 10, 2021

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 211102-789

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: NOVEMBER 10, 2021

**Affidavit for Correction**

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 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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				
Required 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/DD/YYYY	(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	Middle
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
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 nd 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:				
<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

NOV 15 2021

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



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