

After recording, return to:  
Michael Evans  
Estate of Elizabeth Evans  
2631 Pocolomas CT.  
LAS CRUCES, NM 88011

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
Affidavit No. 20222148  
May 25 2022  
Amount Paid \$10.00  
Skagit County Treasurer  
By Lena Thompson Deputy

CHICAGO TITLE  
620091253  
Elizabeth Evans

Grantor (Name of Decedent): \_\_\_\_\_  
Michael Evans  
Grantee (Heirs): \_\_\_\_\_  
Abbreviated Legal Description: PTN SW 1/4 SE 1/4, SEC 24-35-1E, W.M  
Tax Parcel No.(s): P31838 / 350124-0-065-0002

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF New Mexico  
COUNTY OF Dona Ana  
Michael Evans

The undersigned, \_\_\_\_\_, executes this affidavit relating to the estate of  
Elizabeth Evans \_\_\_\_\_ (herein "Decedent"), who died on 11/25/2019,  
in the County of Skagit, State of Washington, then being a resident of the  
City of Mount vernon, 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]

Michael Evans, son  
Name and relationship: \_\_\_\_\_  
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:  
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

**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.

  
Signature

**Dated: May 20, 2022**

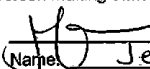
Michael Evans

Print Name

State of ~~Washington~~ <sup>Mo</sup> New Mexico  
County of Dona Ana

Signed and sworn to (or affirmed) before me on May 20, 2022 by Michael Evans  
(name of person making statement).

STATE OF NEW MEXICO  
NOTARY PUBLIC  
JENNIFER GORHAM  
COMMISSION NUMBER 1080167  
EXPIRATION DATE 03-18-2024

  
Name: Jennifer Gorham  
Notary Public in and for the State of ~~Washington~~ <sup>Mo</sup> New Mexico  
Residing at: Las Cruces NM  
My appointment expires: 03/18/2024

**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P31838 / 350124-0-065-0002**

THAT PORTION OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 24,  
TOWNSHIP 35 NORTH, RANGE 1 EAST, W.M. DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT 28 RODS AND 4 FEET NORTH OF THE SOUTHWEST CORNER OF SAID  
SOUTHWEST 1/4 OF THE SOUTHEAST 1/4;

THENCE EAST ALONG THE SOUTH LINE OF A TRACT OF LAND CONVEYED TO HOMER C.  
TALBERT AND JUDITH TALBERT, HIS WIFE, BY DEED RECORDED MARCH 14, 1962, UNDER  
AUDITOR'S FILE NO. 619073, A DISTANCE OF 288.13 FEET TO THE SOUTHEAST CORNER OF  
SAID TRACT;

THENCE SOUTH ALONG THE WEST LINE OF A TRACT OF LAND CONVEYED TO ROBERT I.  
JONES AND LAVONNE JONES, HIS WIFE, BY DEED RECORDED JUNE 13, 1953, UNDER  
AUDITOR'S FILE NO. 489442, A DISTANCE OF 169 FEET TO A POINT ON A LINE PARALLEL  
WITH AND 297 FEET NORTH OF THE SOUTH LINE OF SAID SOUTHWEST 1/4 OF THE  
SOUTHEAST 1/4;

THENCE WEST 122.13 FEET TO THE SOUTHEAST CORNER OF A TRACT OF LAND CONVEYED  
TO HOMER C. TALBERT AND JUDITH TALBERT, HIS WIFE, BY DEED RECORDED MAY 26, 1964,  
UNDER AUDITOR'S FILE NO. 651064;

THENCE NORTH ALONG THE EAST LINE OF SAID TALBERT TRACT 154 FEET TO THE  
NORTHEAST CORNER THEREOF;

THENCE WEST ALONG THE NORTH LINE OF SAID TRACT 146 FEET TO THE WEST LINE OF  
SAID SOUTHWEST 1/4 OF THE SOUTHEAST 1/4;

THENCE NORTH 15 FEET TO THE POINT OF BEGINNING;

EXCEPT THAT PORTION THEREOF DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT 28 RODS AND 4 FEET NORTH OF THE SOUTHWEST CORNER OF SAID  
SOUTHWEST 1/4 OF THE SOUTHEAST 1/4;

THENCE SOUTH 15 FEET TO THE NORTHWEST CORNER OF A TRACT OF LAND CONVEYED  
TO HOMER C. TALBERT AND JUDITH TALBERT, HIS WIFE, BY DEED RECORDED MAY 26, 1964,  
UNDER AUDITOR'S FILE NO. 651064;

THENCE EAST ALONG THE NORTH LINE OF SAID TALBERT TRACT 146 FEET;

THENCE NORTH ALONG THE EAST LINE OF SAID TALBERT TRACT EXTENDED NORTH TO  
THE SOUTH LINE OF THAT TRACT OF LAND CONVEYED TO HOMER C. TALBERT AND JUDITH  
TALBERT, HIS WIFE, BY DEED RECORDED MARCH 14, 1962, UNDER AUDITOR'S FILE NO  
619073;

THENCE WEST ALONG THE SOUTH LINE OF SAID TALBERT TRACT 146 FEET, MORE OR  
LESS, TO THE POINT OF BEGINNING.

ALSO EXCEPT THAT PORTION CONVEYED TO THE CITY OF ANACORTES BY DEED  
RECORDED JULY 16, 2004 UNDER AUDITOR'S FILE NO. 200407160161.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-051950

DATE ISSUED: 11/27/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ELIZABETH B

LAST NAME(S): EVANS

AKA: ELIZABETH MARIE EVANS

AKA:

AKA:

COUNTY OF DEATH: SKAGIT

PLACE OF DEATH: HOSPITAL

DATE OF DEATH: NOVEMBER 25, 2019

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

HOUR OF DEATH: 09:10 AM

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

SEX: FEMALE

AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1710 - 28TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 35 YEARS

BIRTH DATE: [REDACTED]

FATHER: SCHAFER

BIRTHPLACE: SAN FRANCISCO, CA

MOTHER: UNKNOWN

MARITAL STATUS: DIVORCED

METHOD OF DISPOSITION: CREMATION

SURVIVING SPOUSE: NOT APPLICABLE

PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: FOSTER PARENT

INDUSTRY: FOSTER CARE

CITY, STATE: ANACORTES, WASHINGTON

EDUCATION: ASSOCIATE DEGREE

DISPOSITION DATE: NOVEMBER 30, 2019

US ARMED FORCES: NO

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

INFORMANT: MICHAEL EVANS

RELATIONSHIP: SON

ADDRESS: 1105 32ND STREET

ADDRESS: 2631 POLOLOMAS COURT, LAS CRUCES, NM 88011

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:

A. GASTROINTESTINAL HEMORRHAGE

INTERVAL: 9 DAYS

B. DUODENAL ULCER

INTERVAL: 14 DAYS

C.

INTERVAL:

D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LIVER CIRRHOSIS, CHRONIC HEPATITIS C

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

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: ALLEN L. JOHNSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: NOVEMBER 28, 2019

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: ALLEN JOHNSON, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: NOVEMBER 27, 2019



Affidavit for Correction 05/25/2022 10:10 AM Center for Health Statistics

This is a legal document. Complete in ink and do not alter.

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: Birth, Death, Marriage, Dissolution (Divorce). 1. Name on Record, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Birth Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction, 7. Return Mailing Address, Telephone Number, Email Address.

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table with 2 columns: The record now shows, The true fact is. Rows 8-14.

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 2nd parent (if required). Printed name, 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

- 1. 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.
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 documentary proof
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

DOH 422-034 January 2016



\*CERTIFIED\*

NOV 27 2019

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



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