

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

Affidavit No. 20222264

Jun 01 2022

Amount Paid \$10.00

Skagit County Treasurer

By Lena Thompson Deputy

205388-LT

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of SKAGIT

Name of deceased CYNTHIA LEE HOYT

I, (survivor's name) DENNIS EUGENE HOYT affirm

that I am the sole and rightful heir to the property described as:

Parcel number(s) P45777

Legal Description

Refer to Exhibit "A" attached hereto

and made a part hereof.

Abbreviated Legal
TRUST 9, SP# 510-80 (PTN SW 6-3211)

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 16 day of MAY, 2022 at MT VERNON, WA
(month) (year) (city) (state)


(Signature of surviving spouse or registered domestic partner)

Dennis Eugene Hoyt
(Printed name of surviving spouse or registered domestic partner)

6394 Emerald Lane Marblemount WA 98267
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See RCW 82.45.197 on page 2 for statutory requirements.

LACK OF PROBATE AFFIDAVIT

Date: 16 MAY 2022

Order No.: 205388-LT

Note: All applicable questions must be answered fully. Notwithstanding Land Title and Escrow Company and its underwriters possible willingness to insure this transaction without a probate of the decedent's estate, you are advised to consult with an attorney regarding the benefits of conducting a probate. A certified copy of the Death Certificate must be attached to this Affidavit.

The undersigned, being first duly sworn, and with the understanding that Land Title and Escrow Company and its underwriters will be relying on the information contained herein in determining whether or not to insure title to real property, deposes and says:

1. The undersigned is the SPOUSE (relationship to decedent) of CYNTHIA LEE HOYT (name of decedent), who died on 31 JAN 2022 (date of death) at SEATTLE (City), KING (County), WA (State).

2. At the time of his/her death, the decedent was a legal resident of FEDERAL WAY (City), KING (County), WA (State).

3. Initial one of the following:
 Decedent left no last Will; or
 Decedent left a last Will which has not been probated, and a true copy of which is attached hereto, and the same was never revoked; or
 Decedent left a last Will which was probated in _____ County, State of _____, and an authenticated Distribution is attached hereto.

4. If the undersigned is the surviving spouse of the decedent, initial any of the following which apply:

The undersigned and the deceased acquired the property described in the above-referenced title order as community property under deed dated 5 DEC 2016 and recorded under SKAGIT COUNTY County recording number 20165487; or QLD

The undersigned and the deceased provided for the conversion of the property described in the above-referenced title order from separate property to community property by deed dated _____ and recorded under _____ County recording number _____; or

The undersigned and the deceased provided for the conversion of separate property to community property and for the disposition of all community property by a Community Property

Agreement dated _____ and recorded under _____ County recording number _____.

5. A complete list of the living heirs at law of the decedent, and their ages, relationship to decedent and current address, is as follows (attach a separate page, if necessary). NOTE: The "heirs at law" include, but are not limited to, the decedent's spouse, children (natural or adopted), parents, brothers, sisters, grandchildren, and great-grandchildren).

<u>LEE MICHAEL YACOVETTA</u>	<u>36</u>	<u>SON</u>	<u>4204 S. 326TH PLACE FEDERAL WAY, WA 98001</u>
Full Name	Age	Relationship	Complete Address
<u>CHAD CHRISTIAN YACOVETTA</u>	<u>35</u>	<u>SON</u>	<u>4204 S. 326TH PLACE FEDERAL WAY, WA 98001</u>
Full Name	Age	Relationship	Complete Address
_____	_____	_____	_____
Full Name	Age	Relationship	Complete Address
_____	_____	_____	_____
Full Name	Age	Relationship	Complete Address
_____	_____	_____	_____
Full Name	Age	Relationship	Complete Address

6. All the debts of the decedent, including, but not limited to, all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:

NONE

7. The decedent was 65 years of age on the date of their death.

8. Question 8 should only be answered if the deceased was 55 years or older at the time of their death.

a. Did the decedent receive assistance from the State of Washington, Department of Social and Health Services for subsistence or medical care (Medicaid/Welfare):
 Yes No I don't know

b. If the answer to 8(a) is "yes" or "I don't know," did the decedent's spouse, at the time of the decedent's death, live on the property described in the above-referenced title order?
 Yes No I don't know

9. As of the date of death, the total value of the decedent's estate was approximately \$ 500,000.

This affidavit is made to induce Land Title and Escrow Company and its underwriters to issue its policies of title insurance on real property passing to the surviving heir(s) in reliance upon the representations hereinabove set forth.

Note: A request to insure may be required from an attorney, and deeds may be required from heirs or devisees of the decedent.

[Handwritten Signature]
Affiant's Signature

DENNIS EUGENE HEYT
Printed Name of Affiant

6394 EMERALD LANE P.O. BOX 247
MARBLE MOUNT, WA 98267
Address

360 770 7709
Phone Number

State of: WA
County of: SKAGIT

I certify that I know or have satisfactory evidence that Dennis Eugene Heyt is the person who appeared before me, and said person acknowledged that (he) signed this instrument and acknowledged it to be (his) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 5/16/2022

[Handwritten Signature]
Signature

Notary Public
Title

My appointment expires: 03/26/2025

Seal or Stamp

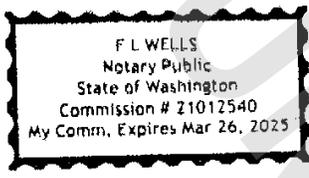


EXHIBIT A

PARCEL "A":

Tract 9 of Skagit County Short Plat No. 510-80, labeled, "Enchanted Woods, Division 1", approved October 16, 1980, recorded October 20, 1980, under Auditor's File No. 8010200036, in Book 4 of Short Plats, pages 190 and 191, records of Skagit County, Washington, being a portion of the West 1/2 of Section 6, Township 35 North, Range 11 East, W.M.

Situate in the County of Skagit, State of Washington.

PARCEL "B":

A non-exclusive easement for ingress, egress and utilities over and across that certain strip of land delineated both as Tract A and as "Emerald Lane" on the face of Skagit County Short Plat No. 510-80, recorded October 20, 1980, under Auditor's File No. 8010200036, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

END OF EXHIBIT A

RCW 82.45.197**Exemptions - Inheritance - Documents required.**

In order to receive an exemption from the tax in this chapter on real property transferred as a result under RCW 82.45.010(3)(a), the following documentation must be provided:

- (1) If the property is being transferred under the terms of a community property agreement, a copy of the recorded agreement and a certified copy of the death certificate;
- (2) If the property is being transferred under the terms of a trust instrument, a certified copy of the death certificate and a copy of the trust instrument showing the authority of the grantor;
- (3) If the property is being transferred under the terms a probated will, a certified copy of the letters testamentary or in the case of intestate administration, a certified copy of the letters of administration showing that the grantor is the court-appointed executor, executrix, or administrator, and a certified copy of the death certificate;
- (4) In the case of joint tenants with right of survivorship and remainder interests, a certified copy of the death certificate is recorded to perfect title;
- (5) If the property is being transferred pursuant to a court order, a certified copy of the court order requiring the transfer, and confirming that the grantor is required to do so under the terms of the order;
- (6) If the community property interest of the decedent is being transferred to a surviving spouse or surviving domestic partner absent the documentation set forth in subsections (1) through (5) of this section, a certified copy of the death certificate and a signed affidavit from the surviving spouse or surviving domestic partner affirming that he or she is the sole and rightful heir to the property; or
- (7) If the property is being transferred pursuant to a transfer on death deed, a certified copy of the death certificate is recorded to perfect title.

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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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:
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	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: _____

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:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcript
- 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 Acknowledgement 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.
- *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.

Adult (18 years or older)

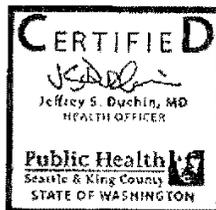
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

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.



0 5 3 9 2 7 2 8

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