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08/03/2022 02:46 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

After recording mail to:

Stiles & Lehr Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Dena Thompson
DATE 8.3.22

Address: 20458 Penne Lane, Burlington, WA 98233
Legal: LT 7, SPARR'S 5TH ADDTN, REPLAT PTN TRCT 15, BURLINGTON ACREAGE PPTY
Parcel No.: P78391 / 4217-000-007-0004

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiants, MARK GRILLET, LYNNETTE GRILLET and MARCIE GRILLET, execute this affidavit relating to the estate of HENRY LAFORD GRILLET, the Decedent, who died on June 22, 2022, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

MARK GRILLET, LYNNETTE GRILLET and MARCIE GRILLET, being first duly sworn,
depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant MARK GRILLET and LYNNETTE GRILLET are the rightful heirs to the property described below.

Relationship of the Affiant to the Decedent

2. The affiants are (check one):

- ☐ The lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☒ Surviving children of the Decedent
☐ One 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): _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

Full Name	Age	Relationship to Decedent
Mark Grillet	legal	son
Lynnette Grillet	legal	daughter-in-law
Marcie Grillet	legal	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 7, "SPARR'S 5TH ADDITION, A REPLAT OF A PORTION OF TRACT 15, BURLINGTON ACREAGE PROPERTY," as per plat recorded in Volume 10 of Plats, page 61, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

5. Status of the Will (if any)

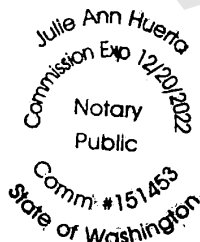
- ☐ The decedent left no Will that devises real property.
- ☒ The decedent left a Will that devises real property.
- ☒ The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated 03/26/2019. The Will devises and states that:

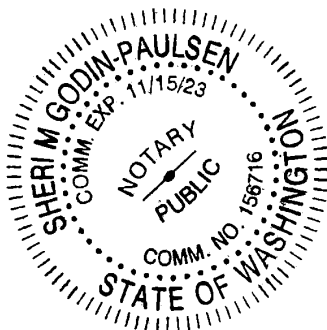
II (B) I hereby give, devise and bequeath to Mark Anthony Grillet and Lynnette Grillet, as their marital property, any interest I now own in the property located at 20458 Penne Lane, Burlington, Washington, parcel number P78391..

DATED: 7-28, 2022Mark Grillet
Mark Grillet, AffiantDATED: 7-28, 2022Lynnette Grillet
Lynnette Grillet, AffiantDATED: 7-29, 2022Marcie Grillet
Marcie Grillet, AffiantSTATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me **Mark Grillet and Lynnette Grillet** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 28 day of July, 2022.
Julie Ann Huerta
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 12-20-22
STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me **Marcie Grillet** to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 29 day of July, 2022.
Sherim Godin-Paulsen
NOTARY PUBLIC in and for the
State of Washington, residing at
Clearlake
Commission Expires: 11-15-23

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-032158

DATE ISSUED: 07/11/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HENRY LAFORD
LAST NAME(S): GRILLET

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 22, 2022
HOUR OF DEATH: 10:30 PM
SEX: MALE AGE: 88 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SIOUX CITY, IA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: FEED MANAGER
INDUSTRY: AGRICULTURE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: MARK GRILLET
RELATIONSHIP: SON
ADDRESS: 20458 PENNE LANE BURLINGTON, WA 98233

CAUSE OF DEATH:
A: CORONARY ARTERY DISEASE
INTERVAL: YEARS
B: TYPE 2 DIABETES
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PERIPHERAL ARTERY DISEASE, CEREBROVASCULAR DISEASE, 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: 20458 PENNE LANE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 20458 PENNE LANE
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER: PHILLIP GRILLET
MOTHER: EMMA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JUNE 24, 2022

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JUNE 24, 2022

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JUNE 24, 2022



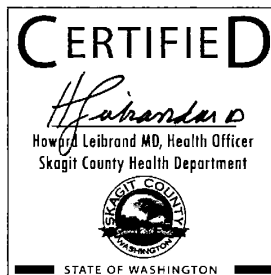
Affidavit for Correction

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				
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: 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: P.O. 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 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				
<ol style="list-style-type: none"> 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 <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 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. 				
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				
<ol style="list-style-type: none"> 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				
<ol style="list-style-type: none"> 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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