

202208050076

08/05/2022 03:43 PM Pages: 1 of 6 Fees: \$208.50  
Skagit County Auditor

**Return Address:**

Deborah McCarath  
700 W. Parkway Dr  
Mt. Vernon, WA 98273

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2022 3230  
AUG 05 2022

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

Dated: 8-5-2022

**Document Title:**

Affidavit Lack of Probate

**Reference Number** (if applicable): \_\_\_\_\_

**Grantor(s):**

additional grantor names on page \_\_\_\_

- 1) Deborah McCarath, surviving spouse of Edward McCarath, deceased.
- 2) \_\_\_\_\_

**Grantee(s):**

additional grantor names on page \_\_\_\_

- 1) Deborah McCarath
- 2) \_\_\_\_\_

**Abbreviated Legal Description:**

full legal on page(s) \_\_\_\_

lot 10, Johnson addition to Mount Vernon.

**Assessor Parcel /Tax ID Number:**

additional parcel numbers on page \_\_\_\_

53285

**AFFIDAVIT  
LACK OF PROBATE**

File No: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF Washington )  
COUNTY OF Skagit )-ss.

Deborah McGrath  
being first duly sworn, deposes and says:

1. That the undersigned Affiant is the spouse (relationship to decedent)  
of Edward McGrath (decedent name),  
who died on 3-16-2021 (date of death), at Mount Vernon (City),  
State of WA, then being a legal resident of Mount Vernon (City),  
Skagit (County), WA (State).

**AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT**

2. Check the appropriate box below:  
 Decedent and surviving spouse executed a Community Property Agreement dated \_\_\_\_\_, a copy of which is attached hereto; or  
 Decedent left no last Will; or  
 Decedent left a last Will which has not been probated nor revoked; a copy of which is attached hereto; or  
 Decedent left a last Will which was probated in \_\_\_\_\_ County, State of \_\_\_\_\_, A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. Please read and initial the following:

The undersigned acknowledges that without a full probate of the Decedent's estate, there may be additional excise tax requirements as per WAC 458-61A-202. DM

4. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows: DM

**HEIRS AT LAW**

File No.:

Affidavit Lack of Probate - continued

Date:

<u>Deborah McGrath</u>	<u>69</u>	<u>spouse</u>	<u>700 W. Parkway Dr.</u>
(full name)	(age)	(relationship)	(residence)
			<u>WHLV, WA 98273</u>
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)

5. All the debts of the decedent's and/or the marital community, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:
6. The decedent [ ] had [  ] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
7. As of the date of death, the value of all community property of decedent was approximately \$ 500,000.-. The value of all separate property of decedent was approximately \$ 0.
8. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

**This affidavit is made to induce First American Title Insurance Company, (The Company) to issue its policy or policies of Title Insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant agrees to indemnify and hold The Company harmless from loss or damage which it may suffer as a result of said reliance.**

Deborah McGrath

File No.:

Affidavit Lack of Probate - continued

Date:

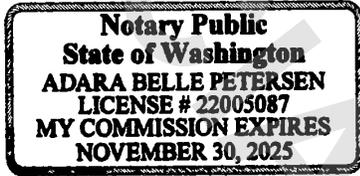
STATE OF Washington )  
COUNTY OF SKAGIT )-ss.  
)

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

Dated: 8-4-2022

[Signature]

Notary Public in and for the State of Washington  
Residing at: BURLINGTON  
My appointment expires: 11-30-25



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-012679

DATE ISSUED: 03/17/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): EDWARD FRANK  
LAST NAME(S): MCGRATH

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 16, 2021  
HOUR OF DEATH: 06:46 AM  
SEX: MALE AGE: 72 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 700 WEST PARKWAY DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 700 WEST PARKWAY DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 29 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

FATHER: JAMES TIMOTHY MCGRATH  
MOTHER: LUCILLE EDNA [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: DEBORAH HOLDEN

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

OCCUPATION: SIGNAL INSPECTOR  
INDUSTRY: RAILROAD  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: MARCH 17, 2021

INFORMANT: SHANNON MCGRATH  
RELATIONSHIP: DAUGHTER  
ADDRESS: 1914 SOUTH 15TH ST MOUNT VERNON, WA 98274

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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

CAUSE OF DEATH:  
A: DILATED CARDIOMYOPATHY  
INTERVAL: YEARS  
B: CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE  
PULMONARY DISEASE, ANEMIA, OBSTRUCTIVE SLEEP APNEA

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: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: MARCH 16, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: MARCH 17, 2021



Affidavit for Correction

08/05/2022 03:43 PM Page 1 of 1
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

Record Type: Birth, Death, Marriage, 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)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, 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 currently shows: 8, 9, 10, 11, 12, 13
The true fact is:

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

14a. Signature:
Printed name:
Date:
14b. Signature of 2nd parent (if required):
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 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

- 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

- 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.



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

\*CERTIFIED\*

MAR 17 2021

Handwritten signature

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



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