



**202208290033**

08/29/2022 09:38 AM Pages: 1 of 4 Fees: \$206.50  
Skagit County Auditor



Filed for Record at the Request of:

Barron Smith Daugert, PLLC  
300 N. Commercial St.  
Bellingham, WA 98225

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022 3538

AUG 29 2022

Amount Paid \$   
By  Deputy

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Document Title: Affidavit (Lack of Probate)  
Grantor: Victoria Elfreda Boyd a/k/a Vickie E. Boyd, Deceased  
Grantee: Brian R. Boyd, Surviving Spouse  
Assessor's Tax/Parcel No.: 5100-002-153-0000 / P129022  
Abbrev. Legal Description: S36 T34 R02 - Shelter Bay Div. 2, Lot 153

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**AFFIDAVIT (LACK OF PROBATE)**

[WAC 458-61A-202(6)(i)]

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

Brian R. Boyd, being first duly sworn, upon oath deposes and states:

1. I am the surviving spouse and the lawful heir of Victoria Elfreda Boyd, also known and shown on title as Vickie E. Boyd ("Decedent") and have personal knowledge of the facts stated herein.
2. Decedent and I, while married and residing in Washington State, together acquired as our community property a sublease interest in certain real property in Skagit County, Washington, described as follows:

Lot No. 153, REVISED MAP OF SURVEY OF SHELTER BAY, DIV. 2, Tribal and Allotted Lands of Swinomish Indian Reservation, as recorded March 17, 1970, in Volume 43 of Official Records, pages 833 through 838, records of Skagit County, Washington.

Together with the following described parcel:

Beginning at the Southeast corner of Lot 153, thence South 79°43'44" East to the line of mean high tide; thence Northerly along the line of mean high tide to an intersection with a line projected South 62°00'00" East from the most Easterly corner of Lot 153; thence North 62°00'00" West to the most Easterly corner of Lot 153; thence South 24°00'00" West a distance of 53.01 feet to the point of beginning.

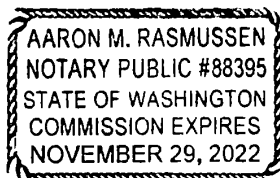
Together with and subject to easements of record, including but not limited to Dock Easement described in "Assignment of Dock Easement" recorded November 15, 2000, under Auditor's File No. 200011150107, records of Skagit County, Washington.

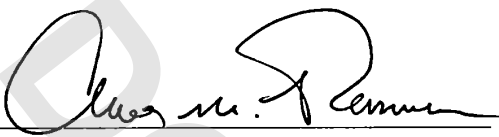
3. Decedent died on July 20, 2022. A certified copy of her death certificate is attached hereto. I am entitled to Decedent's entire estate pursuant to her Last Will and Testament, dated January 31, 1997. No proceedings occurred, nor are any proceedings contemplated, to probate Decedent's estate, and I am aware of no objection or proceeding relating to Decedent's estate in any jurisdiction.
4. All expenses of Decedent's last illness, funeral, and costs of administration have been paid. Any and all debts of Decedent and our former marital community are paid, other than our mortgage, for which payments are current and being satisfied in due course.
5. Decedent's estate was not subject to state or federal transfer taxes.
6. This affidavit is made to induce any and all title insurance companies to issue policies of title insurance on real property that passed to me, Brian R. Boyd, on the death of my wife, Victoria Elfreda Boyd, in reliance upon the representations herein set forth.

Signed this 25 day of August, 2022, at La Conner, Washington.

  
BRIAN R. BOYD

SUBSCRIBED AND SWORN (or affirmed) to before me this 25 day of August, 2022.



  
Notary Public in and for the State of Washington,  
residing at Mount Vernon  
My appointment expires 11/29/22

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH



### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-037431

DATE ISSUED: 07/25/2022  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): VICTORIA ELFREDA  
LAST NAME(S): BOYD

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 20, 2022  
HOUR OF DEATH: 10:28 AM  
SEX: FEMALE AGE: 81 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: BRIAN ROBERT BOYD

OCCUPATION: REALTOR  
INDUSTRY: REAL ESTATE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: BRIAN ROBERT BOYD  
RELATIONSHIP: HUSBAND  
ADDRESS: 153 SWINOMISH DR, LACONNER, WA 98257

CAUSE OF DEATH:  
A: ACUTE HYPOXIC RESPIRATORY FAILURE  
INTERVAL: 13 DAYS  
B: ACUTE ON CHRONIC SYSTOLIC HEART FAILURE  
INTERVAL: 22 DAYS  
C: GASTROINTESTINAL BLEED  
INTERVAL: 22 DAYS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE KIDNEY INJURY

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: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 153 SWINOMISH DR  
CITY, STATE, ZIP: LA CONNER, WA 98257  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: SWINOMISH  
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: JAMES HERBERT POND  
MOTHER: MURIEL ELFREDA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: JULY 25, 2022

FUNERAL FACILITY: WHIDBEY MEMORIAL FUNERAL & CREMATION  
SERVICE INC  
ADDRESS: 746 NE MIDWAY BLVD  
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277  
FUNERAL DIRECTOR: JOHN HAAS

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: DOUGLAS HAYES, DO  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: JULY 22, 2022

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: SAMUEL URRUTIA FRAGUADA, PHYSICIAN

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: JULY 25, 2022

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



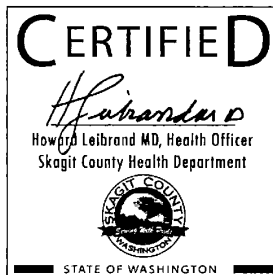
# Affidavit for Correction

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
<b>Required information must match current information on record</b>				
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:		
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
The record currently shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
<b>I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.</b>				
14a. Signature:		14b. Signature of 2nd parent (if required):		
Printed name:		Date:		Printed name:
Date:		Date:		
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
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"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>				
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>				
<b>Birth Certificates</b>				
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. <b>The proof(s) must match</b> 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).				
<b>Child under 18</b>				
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>				
<b>Adult (18 years or older)</b>				
<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>				
*To change any part of the name of a child using this form, <b>signatures from both parents listed on the certificate are required.</b> If one parent is deceased, submit a death certificate with request.				
<b>Death Certificates</b>				
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.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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.



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