

After recording, return to:
Diane Johnson
605 Colts Neck Ct.
Colleyville, TX 76034

CHICAGO TITLE
620052019

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 09/16/2022

Grantor (Name of Decedent): Dennis L. Johnson
Grantee (Heirs): Diane L. Johnson
Abbreviated Legal Description: LT. 37, BLK A, CAPE HORN ON THE SKAGIT
Tax Parcel No.(s): P62891 / 3868-001-037-0000

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington
COUNTY OF Skagit

The undersigned, Diane Johnson, executes this affidavit relating to the estate of Dennis L. Johnson (herein "Decedent"), who died on May 28, 2021, in the County of Skagit, State of Washington, then being a resident of the City of Concrete, 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): _____

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds

This is a two (2) part form. The first affidavit is for title company internal use. The second, shorter affidavit is for recording in connection with claiming an exemption from real estate excise tax.

STATE OF Washington

Title Insurance Commitment No.: 620052019

COUNTY OF Skagit

County: Skagit

The undersigned, Diane Johnson, executes this affidavit relating to the estate of Dennis Johnson (herein "Decedent"), who died on May 28, 2021, in the County of Skagit, State of Texas.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

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

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; and
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving grandchildren, parents, brothers and sisters of decedent); and
3. ***all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death; see RCW11.04.015:***

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name and relationship: Diane Johnson, wife

Address: 605 Colts Neck Ct., Colleyville, TX 76034

Name and relationship: _____

Address: _____

Name and relationship: _____

Address: _____

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]

Name and relationship: Diane L. Johnson spouse

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:

LOT 37, BLOCK A, CAPE HORN ON THE SKAGIT, ACCORDING TO THE PLAT THEREOF
RECORDED IN VOLUME 8 OF PLATS, PAGES 92 THROUGH 97, RECORDS OF SKAGIT
COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

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.

Diane Johnson
Signature

9-14-2022
Print Name

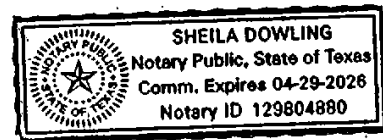
INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

State of ~~Washington~~ Texas SSD

County of Tarrant

Signed and sworn to (or affirmed) before me on Sept 14, 2022 by
Diane Johnson
____ (name of person making statement).

Sheila Dowling
Name:
Notary Public in and for the State of ~~Washington~~ Texas SSD
Residing at: Denton TX
My appointment expires: 4/29/26



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-026444

DATE ISSUED: 06/04/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DENNIS L.
LAST NAME(S): JOHNSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 28, 2021

HOUR OF DEATH: 09:50 AM

SEX: MALE

AGE: 72 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTH PLACE: DETROIT, MI

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DIANE SOUCIE

OCCUPATION: SYSTEMS ENGINEER

INDUSTRY: FINANCIAL

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: DIANE JOHNSON

RELATIONSHIP: WIFE

ADDRESS: 41413 NORTH SHORE LANE CONCRETE, WA 98237

CAUSE OF DEATH:

A: FAILURE TO THRIVE

INTERVAL: 2 YEARS

B: METABOLIC ENCEPHALOPATHY

INTERVAL: ONE MONTHS

C: LIKELY ANOXIC BRAIN INJURY

INTERVAL: ONE MONTH

D: SUDDEN ONSET OF CARDIAC ARREST

INTERVAL: ONE MONTH

OTHER CONDITIONS CONTRIBUTING TO DEATH: SEVERE PROTEIN CALORIE
MALNUTRITION

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: UNITED GENERAL HOSPITAL

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 41413 NORTH SHORE LANE

CITY, STATE, ZIP: CONCRETE, WA 98237

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: CLARENCE JOHNSON

MOTHER: IRENE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JUNE 04, 2021

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

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: SONG HONG, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

DATE SIGNED: JUNE 01, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: SONG HONG, PHYSICIAN

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: JUNE 04, 2021

Affidavit for Correction

202209160091

09/16/2022 02:43 PM
Mail to: Center for Health Statistics
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: <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:
First	Middle	Last	MM/DD/YYYY	(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)	
First	Middle	Last/Maiden	First	Middle
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:				
PO Box or Street Address			City	State
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:			Printed name:	
Date:			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				
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				
<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 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. 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				
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.				



CERTIFIED

JUN 04 2021

Handwritten signature

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



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