

After recording, return to:  
Chicago Title Company of Washington  
425 Commercial St  
Mount Vernon, WA 98273

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 10/14/2022

Grantor (Name of Decedent): Steven Grant Hoyt  
Grantee (Heirs): Rebekah Jo Hoyt  
Abbreviated Legal Description: PTN LT 11, PLAT OF SKYRIDGE, DIV NO. III  
Tax Parcel No.(s): P82099 / 4427-000-011-0004

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

STATE OF Washington  
COUNTY OF Skagit

CHICAGO TITLE  
WU52392

The undersigned, Rebekah Jo Hoyt, executes this affidavit relating to the estate of Steven Grant Hoyt (herein "Decedent"), who died on November 22, 2021 in the County of Skagit, State of Washington, then being a resident of the City of Skagit <sup>mount</sup> ~~Skagit~~ <sup>vernon</sup> ~~vernon~~ County of Skagit ~~Washington~~, State of Washington.

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

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): \_\_\_\_\_

**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: Rebekah J. Hoyt, wife

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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

x Rebekah J. Hoyt  
Signature

X Rebekah J. Hoyt  
Print Name

State of WA  
County of Snohomish

This record was acknowledged before me on 10/11/22 by Rebekah J. Hoyt

Kate Chiu  
(Signature of notary public)

Notary Public in and for the State of WA

My commission expires: 10/21/28



**EXHIBIT "A"  
LEGAL DESCRIPTION**

**Order No.:** 620052392

**For APN/Parcel ID(s):** P82099 / 4427-000-011-0004

LOT 11, PLAT OF SKYRIDGE, DIVISION NO. III, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 13 OF PLATS, PAGE 22, RECORDS OF SKAGIT COUNTY, WASHINGTON;

EXCEPT THE FOLLOWING DESCRIBED TRACT;

BEGINNING AT THE MOST NORTHERLY CORNER OF SAID LOT 11;  
THENCE SOUTH 31°26'00" WEST ALONG THE NORTHWESTERLY LINE OF SAID LOT 11, A DISTANCE OF 160.00 FEET TO THE COMMON CORNER BETWEEN LOTS 11 AND 12;  
THENCE SOUTH 58°34'00" EAST ALONG THE SOUTHWESTERLY LINE OF SAID LOT 11, A DISTANCE OF 11.00 FEET;  
THENCE NORTH 34°17'44" EAST, A DISTANCE OF 160.21 FEET TO THE SOUTHERLY MARGIN OF SKYRIDGE DRIVE SOUTH;  
THENCE NORTH 58°34'00" WEST ALONG THE NORTHERLY LINE OF LOT 11, A DISTANCE OF 19.00 FEET TO THE POINT OF BEGINNING.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-060000

DATE ISSUED: 11/29/2021  
FEE NUMBER: 311121

FIRST AND MIDDLE NAME(S): STEVEN GRANT  
LAST NAME(S): HOYT

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 22, 2021  
HOUR OF DEATH: 04:41 PM  
SEX: MALE AGE: 67 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: PORTSMOUTH, VA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: REBEKAH MILLER

OCCUPATION: TRANSIT SUPERVISOR  
INDUSTRY: PUBLIC TRANSPORTATION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: REBEKAH HOYT  
RELATIONSHIP: SPOUSE  
ADDRESS: 17596 S SKYRIDGE DRIVE, MOUNT VERNON, WA 98274

CAUSE OF DEATH:  
A: ACUTE HYPOXIC RESPIRATORY FAILURE DUE TO COVID PNEUMONIA  
INTERVAL: DAYS

B: COVID 19 PNEUMONIA  
INTERVAL: WEEKS

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES CHRONIC KIDNEY  
DISEASE RENAL TRANSPLANT

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: 17596 S SKYRIDGE DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: UNKNOWN COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: GEORGE HOYT  
MOTHER: CASSEL [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: AMERICAN CREMATION SERVICES

CITY, STATE: STANWOOD, WASHINGTON  
DISPOSITION DATE: NOVEMBER 24, 2021

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 8808 271ST ST NW  
CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292  
FUNERAL DIRECTOR: AMY H. BERMAN

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: MALIK FUIMAONO, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: NOVEMBER 23, 2021

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: NOVEMBER 24, 2021

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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 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 <sup>nd</sup> parent (if required):
Printed name: _____ Date: _____	Printed name: _____ Date: _____

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

- 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 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)**

- 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**

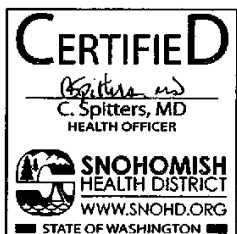
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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



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