



202210210061

10/21/2022 02:40 PM Pages: 1 of 4 Fees: \$206.50
Skagit County AuditorAfter recording, return to:
Melvin E. Walker
Estate of Jennifer Walker
5215 Riverdale Ct
Pleasanton, CA 94588SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX2022-4305
OCT 21 2022Amount Paid \$ 0
Skagit Co. Treasurer
By *SLB* Deputy

CHICAGO TITLE CO.

620052660

Grantor (Name of Decedent): Jennifer E. WalkerGrantee (Heirs): Melvin E. WalkerAbbreviated Legal Description: Lot 261, Shelter Bay Div. 2Tax Parcel No.(s): S3402350026 / P128843 / 5100-002-261-0000**INHERITANCE LACK OF PROBATE AFFIDAVIT**

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

STATE OF WashingtonCOUNTY OF SkagitThe undersigned, Melvin E. Walker, executes this affidavit relating to the estate of
Jennifer E. Walker (herein "Decedent"), who died on May 2, 2022in the County of Skagit, State of Washington, then being a resident of the
City of La Conner, 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): Melvin E. Walker, Brother/Sole Heir/Executor

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: Melvin E. Walker, Brother/Sole Heir/Executor

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 261, "Revised Map of Survey of Shelter Bay Div. 2 Tribal and Allotted Lands of Swinomish Indian Reservations," as recorded March 17, 1970, in Volume 43 of official records, pages 833 through 838, inclusive, under Auditor's File No. 737013, records of Skagit County, Washington.

Situate in Skagit County, 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.

Melvin E. Walker
 Signature

Melvin E. Walker, Brother/Sole Heir/Executor
 Print Name

State of CA

County of Alameda

This record was acknowledged before me on 10/18/2022 by

Melvin E. Walker

(Signature of notary public)

Notary Public in and for the State of CA

My commission expires: 3/5/23



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-024065

LOCAL FILE NUMBER: 8200

DATE ISSUED: 05/11/2022

FEE NUMBER: 1706061

FIRST AND MIDDLE NAME(S): JENNIFER ELLEN
LAST NAME(S): WALKER

AKA: JENNY WALKER

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: MAY 02, 2022

HOUR OF DEATH: 04:10 AM

SEX: FEMALE AGE: 54 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: SINGLE, NEVER MARRIED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: MUSEUM CURATOR

INDUSTRY: QUILT AND FIBER ARTS

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: MELVIN E WALKER

RELATIONSHIP: BROTHER

ADDRESS: 5215 RIVERDALE CT, PLEASANTON, CA 94538

CAUSE OF DEATH:

A: ACUTE HYPOXIC RESPIRATORY FAILURE

INTERVAL: HOURS

B: METABOLIC ENCEPHALOPATHY

INTERVAL: DAYS

C: ENDOMETRIOID ADENOCARCINOMA OF UTERUS WITH EXTENSIVE METASTATIC DISEASE

INTERVAL: MONTHS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HOSPICE CARE PATIENT.
MORBID OBESITY; SEVERE ESSENTIAL 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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: VIEW RIDGE CARE CENTER
CITY, STATE, ZIP: EVERETT, WASHINGTON 98203

RESIDENCE STREET: 261 QUILLAYUTE PL

CITY, STATE, ZIP: LA CONNER, WA 98257-9605

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: SWINOMISH

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: MILTON RAY WALKER

MOTHER: CONNIE [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: ACACIA MEMORIAL PARK

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: MAY 16, 2022

FUNERAL FACILITY: ACACIA MEMORIAL PARK & FUNERAL HOME

ADDRESS: 14951 BOTHELL WAY NE

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98155

FUNERAL DIRECTOR: JOHN M. KRAKE

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: NOT PREGNANT WITHIN THE PAST YEAR

CERTIFIER NAME: BHUPINDER S. WALIA, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 11120 NE 33RD PLACE SUITE 202

CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004

DATE SIGNED: MAY 05, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ZHARIA DENNIS

DATE RECEIVED: MAY 10, 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
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Required	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: 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: 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 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:

- 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 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

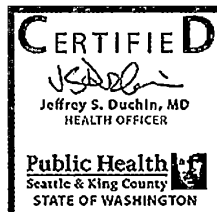
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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