

After recording, return to:
Estate of Donna Lee Watts

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 11/18/2022

**CHICAGO TITLE
500138653**

Grantor (Name of Decedent): **DONNA L. WATTS**

Grantee (Heirs): **WALTER M. WATTS**

Abbreviated Legal Description: PARCEL A: LT. 26, SUMMERSUN ESTATES PHASE 1 LU-07-023, REC NO. 201510150066, RE-REC NO. 201511170046

PARCEL B: LT. 4, KI WEST, SNOHOMISH COUNTY, WA

Tax Parcel No.(s): P132930 / 6030-000-026-0000 and 004853-000-004-00

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, **Walter M. Watts**, executes this affidavit relating to the estate of **Donna L. Watts** (herein "Decedent"), who died on SEPT. 30, 2019, in the County of SKAGIT, State of WASH, then being a resident of the City of MOUNTAIN, 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

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

- ☐ 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:) _____

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: Walter M. Watts III, 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:

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.

Walter M. Watts
 Signature

WALTER M WATTS
 Print Name

State of WASHINGTON
 County of SKAGIT

This record was acknowledged before me on 10/26/22 by
Walter M Watts

Sandy Eagon
 (Signature of notary public)
 Notary Public in and for the State of Washington
 My commission expires: 10/21/25



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P132930 / 6030-000-026-0000 and 004853-000-004-00

PARCEL A:

LOT 26, PLAT OF SUMMERSUN ESTATES PHASE 1 LU-07-023, RECORDED OCTOBER 15, 2015 UNDER AUDITOR'S FILE NO. 201510150066, AND RE-RECORDED UNDER 201511170046, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

PARCEL B:

LOT 4 OF KI WEST, ACCORDING TO PLAT RECORDED IN VOLUME 25 OF PLATS AT PAGE 35, IN SNOHOMISH COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SNOHOMISH, STATE OF WASHINGTON.

*Certified true and correct
11/18/2022
JH*

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-042696

DATE ISSUED: 10/01/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONNA LEE
LAST NAME(S): WATTS

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 30, 2019

HOUR OF DEATH: 09:07 AM

SEX: FEMALE AGE: 68 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]

BIRTHPLACE: BRONX, NY

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: WALTER WATTS

OCCUPATION: BUYER

INDUSTRY: FINANCE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: WALT WATTS

RELATIONSHIP: HUSBAND

ADDRESS: 3925 SUMMERSUN ST MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: LUNG CANCER

INTERVAL: 2 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOME

FACILITY OR ADDRESS: 3925 SUMMERSUN ST

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 3925 SUMMERSUN ST

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: UNKNOWN

MOTHER/PARENT: BETTE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: OCTOBER 01, 2019

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: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: SEPTEMBER 30, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: OCTOBER 01, 2019

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage			11/18/2022 03:57 PM Page 5 of 5	
	1. Name of Record:			2. Date of Event:	
	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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital	

7. Return Mailing Address:

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 now shows:

The true fact is:

8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:

16b. Signature of 2nd parent (if required):

Printed name:

Date:

Printed name:

Date:

INSTRUCTIONS - go to www.coh.wa.gov/for-parents/instructions

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof.

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Number Record
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Grandfathered Passport card (G81)

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one, last name can be changed once to either parent's name on certificate (can be any combination of the first, middle or last names).
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DSHS 620-032).

Death Certificates

1. Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 the original documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must originally sign and submit the affidavit.

Last updated January 2015

CERTIFIED

OCT 01 2019

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

Certificate not valid unless the Seal of the State of Washington is stamped when first applied.



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