

After recording, return to:

**CHICAGO TITLE COMPANY**  
**620052404**REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 01/09/2023Grantor (Name of Decedent): EUGENE MADISON STILLGrantee (Heirs): LOIS CATHERINE STILL

Abbreviated Legal Description: LOT 21, FOREST ESTATES

Tax Parcel No.(s): P65432 / 3914-000-021-0004

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

The undersigned, LOIS CATHERINE STILL, executes this affidavit relating to the estate of EUGENE MADISON STILL (herein "Decedent"), who died on JUNE 28, 2022, in the County of SKAGIT, State of WASHINGTON, then being a resident of the City of MT. VERNON, 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:) \_\_\_\_\_

**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: LOIS CATHERINE STILL - 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:

LOT 21, FOREST ESTATES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 8 OF PLATS, PAGES 53 AND 54, 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.

Lois Catherine Still

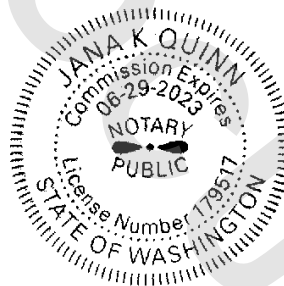
Signature

LOIS CATHERINE STILL  
 Print Name

State of Washington  
 County of Skagit

This record was acknowledged before me on 01/04/2023 by  
Lois Catherine Still

Jana K. Quinn  
 (Signature of notary public)  
 Notary Public in and for the State of Washington  
 My commission expires: 06/29/2023



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-033706

DATE ISSUED: 07/06/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): EUGENE M

LAST NAME(S): STILL

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JUNE 28, 2022 FOUND

HOUR OF DEATH: UNKNOWN

SEX: MALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BEACH, ND

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: LOIS CATHERINE ZINDA

OCCUPATION: REAL ESTATE AGENT

INDUSTRY: REAL ESTATE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: JULIE M STILL

RELATIONSHIP: DAUGHTER

ADDRESS: 4824 43RD AVE. S., SEATTLE, WA 98118

CAUSE OF DEATH:

A: HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CLINICAL HISTORY OF  
HYPERTENSION (UNCONTROLLED) AND PAST MYOCARDIAL INFARCTION

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 1525 WOODLAND PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1525 WOODLAND PL

CITY, STATE, ZIP: MOUNT VERNON, WA 98274-8958

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: ALBERT LOUIS STILL

MOTHER: ALICE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON

DISPOSITION DATE: JULY 07, 2022

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

FUNERAL DIRECTOR: JAKE WAGGONER

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: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JUNE 28, 2022

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 220628-387

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MELISSA M. DOSS

DATE RECEIVED: JULY 05, 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
<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: _____	2. Date of Event: _____	3. Place 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 <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____			
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:**

<b>The record currently states:</b>	<b>The true fact is:</b>
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

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

14a. Signature: _____	14b. Signature of 2nd parent (if required): _____
Printed name: _____	Printed name: _____
Date: _____	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**

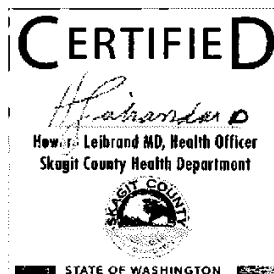
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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