

202301190043

01/19/2023 11:16 AM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor, WA

WHEN RECORDED RETURN TO:

Curtis, Casteel & Palmer
3400 188th ST SW Suite 565
Lynnwood WA 98036

Real Estate Excise Tax
Exempt

Skagit County Treasurer

By Lena Thompson

Affidavit No. 20235237

Date 01/19/2023

DOCUMENT TITLE(S):

Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

Clarence H Arnold

GRANTEES:

Sarah M Burr

ABBREVIATED LEGAL DESCRIPTION:

Lot 11, Lake Cavanaugh Park, as per plat recorded in Volume 7 of Plats, pages 63 and 64, records of Skagit County, Washington.

TAX PARCEL NUMBER(S):

3940-000-011-0004/P67033



AFFIDAVIT (LACK OF PROBATE)

SARAH M. BURR, being first duly sworn, deposes and says:
 The undersigned affiant is the rightful heir to the real property described below, and is
STEP-GRANDDAUGHTER (relationship to decedent)
 of CLARENCE H. ARNOLD (decedent), who died on (date)
NOVEMBER 8, 2022, at
EDMONDS SNOHOMISH WASHINGTON
City County State

***** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED.**
 PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of:

35201 LUCKY LANE
MOUNT VERNON WASHINGTON 98274
City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of 3)

Mary Arnold, 91, Spouse, 15912 52nd Pl W, Edmonds, WA 98026

Full name, age, relationship, address

KAREN MARIE HAMILTON, 78, DAUGHTER
UNKNOWN

Full name, age, relationship, address

CHERIE L. CASH, 67, STEP-DAUGHTER
8910 45TH PL. W., MUKILTEO, WA. 98275

Full name, age, relationship, address

CASEY D. BURR, 45, STEP-GRANDSON
8011 164TH ST. SE, SNOHOMISH, WA. 98296

Full name, age, relationship, address

SARAH M. (BURR), 47, STEP-GRANDDAUGHTER
8011 164TH ST. SE, SNOHOMISH, WA. 98296.

Full name, age, relationship, address

Dated 1-17-2023

SARAH M. BURR
Affiant's full name

206-459-4356
Telephone number

8011 16TH ST. SE

SNOHOMISH WASHINGTON 98296
City State Zip Code

Sarah M. Burr January 17, 2023
Signature Date

State of Washington County of Snohomish

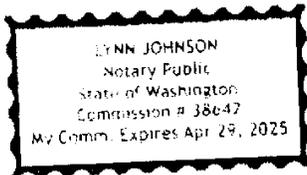
I know or have satisfactory evidence that Sarah M Burr
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/hers) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 1-17-2023

[Signature]
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Snohomish

Notary Public in and for the State of WA

My appointment expires: 4-29-2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-058958

LOCAL FILE NUMBER: 11216

DATE ISSUED: 01/05/2023

FEE NUMBER: 310123

FIRST AND MIDDLE NAME(S): CLARENCE HAROLD

LAST NAME(S): ARNOLD

AKA: HAP ARNOLD

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: NOVEMBER 08, 2022

HOUR OF DEATH: 05:50 AM

SEX: MALE AGE: 101 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: ST JOSEPH, MO

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARY LOUISE HOLSTROM

OCCUPATION: ACCOUNTANT

INDUSTRY: ACCOUNTING / FINANCE

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: SARAH M BURR

RELATIONSHIP: GRANDDAUGHTER

ADDRESS: 8913 8TH AVENUE NE, SEATTLE, WA 98115

CAUSE OF DEATH:

A: ADULT FAILURE TO THRIVE

INTERVAL: MONTHS

B: NEURODEGENERATIVE BRAIN DISEASE

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RESPIRATORY FAILURE

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: OTHER

FACILITY OR ADDRESS: MANOR ADULT FAMILY HOME

CITY, STATE, ZIP: EDMONDS, WASHINGTON 98026

RESIDENCE STREET: 15912 52ND PLACE W

CITY, STATE, ZIP: EDMONDS, WA 98026

INSIDE CITY LIMITS: NO

COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: EARL ARNOLD

MOTHER:

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: PRESTON CEMETERY

CITY, STATE: PRESTON, WASHINGTON

DISPOSITION DATE: NOVEMBER 26, 2022

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 8808 271ST ST NW

CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292

FUNERAL DIRECTOR: AMY H. BERMAN

TO BE USED ONLY IN CONNECTION
WITH CLAIM PENDING BEFORE
THE VETERANS ADMINISTRATION

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

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: AMANDA FISHER

TITLE: ARNP

CERTIFIER ADDRESS: 12138 MUKILTEO SPEEDWAY SUITE M203

CITY, STATE, ZIP: MUKILTEO, WASHINGTON 98275

DATE SIGNED: NOVEMBER 08, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JUDY WERST

DATE RECEIVED: NOVEMBER 21, 2022



Affidavit for Correction

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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
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Required information must match current information on record

Required

Record Type: Birth Death Marriage 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: Self Guardian Informant Hospital Parent(s) Funeral Director 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:

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 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ 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.

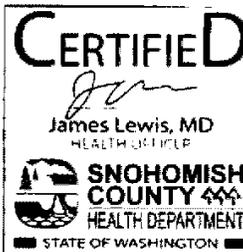
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

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.



TO BE USED ONLY IN CONNECTION WITH CLAIM PENDING BEFORE THE VETERANS ADMINISTRATION



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