

## Return Address:

Guardian NW Title  
3202 Commercial Ave.  
Anacortes, WA 98221

REVIEWED BY  
 SKAGIT COUNTY TREASURER  
 DEPUTY Lena Thompson  
 DATE 02/14/2023

## AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Linda L. Robinson, being first duly sworn  
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is wife.

Relationship to decedent

of Michael William Robinson

who died on 9-7-2012  
Date

at Anacortes

City

Skagit

County

WA  
State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

LOT 17 & Ptn. LOT 18, Block 44, map of the  
City of Anacortes.

Assessor's Property Tax Parcel/Account Numbers: (List All)

P 55141 ; 3712-044-018-0008

(Attach full legal description(s) of the property)

☒ Decedent left no Last Will and Testament and no Community Property Agreement; or

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:  
 (See attached copy) or

☐ Decedent left a Community Property agreement recorded in \_\_\_\_\_ County as  
 Auditor's File No. \_\_\_\_\_ in favor of the surviving spouse or  
 an unrecorded agreement which has been attached hereto; or

☐ Decedent left a will which is being/was probated in \_\_\_\_\_ County,  
 State of Washington as Superior Court Cause No. \_\_\_\_\_.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (*including those not inheriting part of the decedent's estate*):

LINDA L. ROBINSON WIDOW			
Full name, age and relationship			
1006 16 <sup>TH</sup> ST.	ANACORTES	WA	98221
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
Full name, age and relationship			
Address City State Zip			
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Address City State Zip			
Full name, age and relationship			
Address City State Zip			

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 300,000 of which approximately \$ 150,000 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None ( ☒ ) OR those shown on an attachment (s) hereto ( ).

The Affiant further declares that the decedent had ( ) OR had never ( ☒ ) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

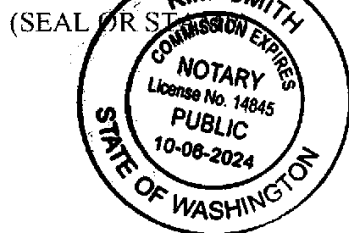
Dated: February 13, 2023  
Linda L. Robinson 360-708-5409  
 Affiant's full name Telephone number  
Linda L. Robinson  
1006 16th St, Anacortes, WA 98221  
 Street City State Zip Code

State of Washington County of Skipit

I know or have satisfactory evidence that Linda L. Robinson  
 (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/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: Feb. 13, 2023 Kim Smith  
 Signature of Notary Public



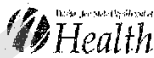
Residing at Mount Vernon

Notary Public in and for the State of WA

My appointment expires: 10-6, 2024

(Based on REV 84 0017 (1/3-17))

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
<b>CERTIFICATE OF DEATH</b>	
CERTIFICATE NUMBER: 2012-011296	DATE ISSUED: 09/12/2012
GIVEN NAMES: MICHAEL WILLIAM LAST NAME: ROBINSON	FEE NUMBER: 0000000029
COUNTY OF DEATH: SKAGIT DATE OF DEATH: SEPTEMBER 07, 2012 HOUR OF DEATH: UNKNOWN SEX: MALE AGE: 61 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: HOME FACILITY OR ADDRESS: 1606 - 16TH STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 RESIDENCE STREET: 1606 - 16TH STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 INSIDE CITY LIMITS? YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 21 YEARS
HISPANIC ORIGIN: NO, NOT HISPANIC RACE: WHITE	FATHER: HERBERT EISK ROBINSON MOTHER: [REDACTED]
BIRTHDATE: [REDACTED] BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY CITY, STATE: ANACORTES, WA DISPOSITION DATE: SEPTEMBER 11, 2012
MARITAL STATUS: MARRIED SPOUSE: LINDA LEE DOWNING OCCUPATION: COMPUTER TECHNICIAN INDUSTRY: FOOD EDUCATION: ASSOCIATE DEGREE US ARMED FORCES? NO	FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC. ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES WA 98221 FUNERAL DIRECTOR: LEONARD J. WILLIAMS
INFORMANT: LINDA LEE ROBINSON RELATIONSHIP: WIFE ADDRESS: 1606 - 16TH STREET, ANACORTES, WA 98221	
CAUSE OF DEATH: A. LUNG CANCER, METASTATIC, NON-SMALL CELL INTERVAL: WEEKS B. SMOKING INTERVAL: MANY YEARS 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:	MANNER OF DEATH: NATURAL AUTOPSY: NO AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH? YES PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE CERTIFIER NAME: MICHAEL JAMES, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 2511 M AVENUE, SUITE A CITY, STATE, ZIP: ANACORTES WA 98221 DATE SIGNED: SEPTEMBER 11, 2012
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY: NOT APPLICABLE	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: 149-12 ATTENDING PHYSICIAN: NOT APPLICABLE
ITEM(S) AMENDED: NONE NUMBER(S): NONE DATE(S): NONE 0	LOCAL DEPUTY REGISTRAR: MEL PEDROSA DATE RECEIVED: SEPTEMBER 11, 2012



# Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Center for Health Statistics  
PO Box 47814  
Olympia, WA 98504-7814  
(360) 236-4300

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is incorrect or incomplete as follows:				
6. The Record now shows:		7. The True fact is:		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				
Telephone Number:				
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature:		16. Date:		17. Address:
All vital records are registered as received. All changes must be established by documentary proof submitted with the affidavit.				
Examples of documentary proof:				
Certificate of Naturalization		Medical Record	School Transcripts	
Hospital Records		Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)	
Insurance Records		Birth Record	Alien Registration Card (front and back)	
Marriage/Divorce Records		Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.	
Birth Certificates:				
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.				
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.				
3. Proof must be five (or more) years old or have been established within five years of birth.				
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:				
- This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.				
- The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.				
- After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.				
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).				
6. <b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</b>				
Death Certificates:				
1. Only the informant, the funeral director, or executors/administrators (if evidence containing such provision is presented) may change the non-medical information.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.				
Marriage/Dissolution (Divorce) Certificates:				
1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.				
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.				

DOH/CHS 023a 2/14/11

**\*CERTIFIED\***

SEP 12 2012

*Howard Colbrand*  
Skagit County Public Health Department  
Howard Colbrand M.D., Health Officer

VV00363578