

Return Address:Sandra Rexroth1627 Spruce CtMount Vernon, WA 98273Lot 16, View Crest #2Real Estate Excise Tax
Exempt

Skagit County Treasurer

By Lena ThompsonAffidavit No. 20235582Date 02/24/2023**AFFIDAVIT (LACK OF PROBATE)**The undersigned affiant/grantee Sandra Lee Rexroth 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 Spouse
Relationship to decedentof Franklin William Rexroth, Jr. who died on 9/13/2011
Decedent/Grantor Dateat Mount Vernon Skagit WASHINGTON
City County State**REAL PROPERTY SUBJECT TO AFFIDAVIT:** (List all Properties)Abbreviated Legal Descriptions: LOT 16, PLAT OF VIEW CRESTNO. 2, AS PER PLAT RECORDED IN VOLUME 14
OF PLATS, PAGES 193 AND 194 RECORDS OF
SKAGIT COUNTY, WASHINGTON

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

P100451

(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 on the date of death the total value of the decedent's entire estate was approximately \$ 229,200 of which approximately \$ 0 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: 2/24/2023

Sandra Lee Rexroth 360-770-6385
Affiant's full name Telephone number

1627 Spruce Ct Mount Vernon, WA 98273
Street City State Zip Code

State of Washington County of Skagit

I know or have satisfactory evidence that Sandra Lee Rexroth
(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.

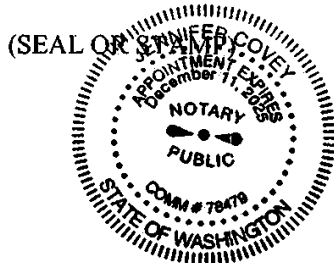
Dated: February 24, 2023 Sandra Lee Rexroth
Signature of Notary Public

(SEAL OR SIGNATURE OF NOTARY PUBLIC) Residing at Mount Vernon

Notary Public in and for the State of WA

My appointment expires: Dec. 11, 2025

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



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
743-11							
1. Legal Name (Include AKA's if any)		First		Middle	LAST	2. Death Date	
Franklin		William		Rexroth	Jr.	09/13/2011	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number		6. County of Death	
M	65	Months	Days	Hours	Minutes	Skagit	
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education		
	Baltimore		Maryland		Some college credit, no degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No.	
No				White			
13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.)						13b. City or Town	
1627 Spruce Court						Mount Vernon	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skagit				Washington		98273	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
14 years		Married		Sandra Lee Slater			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Sales				Food			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Franklin William Rexroth Sr.							
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No.		24. Place of Death, if Death Occurred Somewhere Other than a Hospital.	
Sandra Rexroth		Spouse		PO Box 2972		Nursing Home	
25. Facility Name (if not a facility, give number & street or location)		26a. City, Town, or Location of Death		26b. State		27. Zip Code	
Mira Vista Care Center		Mount Vernon		WA		98274	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Hawthorne Memorial Park		Mount Vernon, WA			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398						September 15, 2011	
33. Funeral Director Signature X							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a. Pancreatic Cancer - Stage IV							
Due to (or as a consequence of):							
Interval between Onset & Death							
6 months							
b. Due to (or as a consequence of):							
Interval between Onset & Death							
c. Due to (or as a consequence of):							
Interval between Onset & Death							
d. Due to (or as a consequence of):							
Interval between Onset & Death							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
Type II Diabetes, Previous DVT, CHF, OSA, obesity							
36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Pregnant at time of death		<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death					
		<input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death					
		<input type="checkbox"/> Unknown if pregnant within the past year					
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
N/A		N/A		N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street		City or Town		County		State	
N/A		MA					
46. Describe how injury occurred		47. If transportation injury, specify:					
N/A		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian					
		<input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
X				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						50. Hour of Death (24hrs)	
Suzanne Robertson, Dr. 1400 E. Kincaid St. Mount Vernon, WA 98274						2055	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (mm/dd/yyyy)	
Dr. Robertson						9/14/2011	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
Dr. Robertson		MA 000036795		NJA-489		<input type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature						58. Date Received (mm/dd/yyyy)	
Mona J. Vianco, Deputy Registrar						SEP 15 2011	
59. Amendments							



DOHCHS 003 Rev 07/09/07

DOH 01-003 (6/10)

THIS IS A SCANNED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

Center for Health Statistics
PO Box 350000
Olympia, WA 98512
(360) 236-2000



Affidavit for Correction

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

STATE OFFICE USE ONLY

State File Number	File Number	Initials	Date	File Number
Use the sections below for requesting any changes to the record.				
Record type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce	1. Name of record:			
2. Date of Event		3. Place of Event (City or County)		
4. Father's Full Name (or Date of Death or Marriage or Divorce)		5. Mother's Full Name (or Date of Death or Marriage or Divorce)		
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"/> Informant's Spouse		15. I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.		
16. Signature:		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 Transcript	Effective date
Hospital Records		Birth Record (94-214)	Woman's Registration Card (if it has)	Alien Registration Card (if it has)
Immigration Records		Birth Record	Who do not accept Driver's License	Legal Security card or other
Military Service Records		Passport	Hospital record document birth record	
Birth Certification				
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 parent(s) must match exactly the recorded name(s). For example, if the affidavit says the name is Mary Ann Doe, then the name on the birth certificate must be Mary Ann Doe, Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.				
3. Proof must be for (a) more than one year of age or have been established within ten 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 non-medical, 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.				
- After age one, last name changes require a certified copy of a court ordered name change. After a willing change only a medical or documentary proof.				
5. Changing a child's first name requires a certified copy of a court ordered name change. After a willing change only a medical or documentary proof.				
6. Changing a child's middle name requires a certified copy of a court ordered name change. After a willing change only a medical or documentary proof.				
Death Certification				
1. Only the informant, the funeral director, or executor/administrator, (if evidence confirming such position is presented) may change the 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/Divorce Resolution (Security) Certification				
1. Personal facts (names, spelling, changes in name, date or place of birth or residence) may be changed by affidavit (with proof).				
2. To change the date or place of marriage or cohabitation, the official inventory or check of court (divorce) must sign the affidavit.				

CERTIFIED

SEP 15 2011

H. Leibrand

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

VV01087585