

After recording mail to:

Stiles & Lehr Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY <i>Bern Thompson</i>
DATE <i>3-28-23</i>

Address: 42018 Cedar Street, Concrete, WA 98237
Legal: CAPE HORN ON THE SKAGIT SUB-DIV 2 LT 5 BLK N
Parcel No.: P63424 / 3869-014-005-0000

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, LINDA DIANE YOUNG, executes this affidavit relating to the estate of WILLIAM L. YOUNG, the Decedent, who died on August 8, 2022, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

LINDA DIANE YOUNG, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The affiant is (check one):

- ☒ The lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☐ Surviving child of the Decedent
☐ One 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 and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

Full Name	Age	Relationship to Decedent
Linda Diane Young 42018 Cedar Street Concrete, WA 98237	LEGAL	Spouse

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 5 BLOCK N "CAPE HORN ON THE SKAGIT DIVISION NO. 2"
AS PER PLAT RECORDED IN VOLUME 9 OF PLATS PAGES 14
THROUGH 19 INCLUSIVE RECORDS OF SKAGIT COUNTY
WASHINGTON.

5. Status of the Will (if any)

- ☒ The decedent left no Will that devises real property.
- ☐ The decedent left a Will that devises real property.
- ☒ The decedent's estate is not being probated.

The decedent did not leave a Last Will and Testament. The rules of intestate succession set forth in R.C.W. 11.04.015 state that:

- (1) Share of surviving spouse or state registered domestic partner.
The surviving spouse or state registered domestic partner shall receive the following share:
 - (a) All of the decedent's share of the net community estate.

DATED: March 23, 2023

Linda Diane Young
Linda Diane Young - Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Linda Diane Young** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 23rd day of March, 2023.



Sarah A. Stiles
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro-Woolley
Commission Expires: 10-26-26

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-040669

DATE ISSUED: 08/11/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILLIAM LOYD

LAST NAME(S): YOUNG

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 08, 2022

HOUR OF DEATH: 06:00 AM

SEX: MALE AGE: 73 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: HARRISBURG, PA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: LINDA DIANE ELLIOTT

OCCUPATION: CIVIL DESIGNER

INDUSTRY: LAND DEVELOPMENT

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: DIANE YOUNG

RELATIONSHIP: WIFE

ADDRESS: 42018 CEDAR STREET, CONCRETE, WA 98237

CAUSE OF DEATH:

A: MALIGNANT MELANOMA

INTERVAL: 7 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: COVID RELATED RESPIRATORY FAILURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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: 42018 CEDAR STREET

CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 42018 CEDAR STREET

CITY, STATE, ZIP: CONCRETE, WA 98237

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER: LEONARD THOMAS YOUNG

MOTHER: RACHAEL ARLENE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: AUGUST 11, 2022

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: TOBI G. STIDMAN

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: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: AUGUST 09, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: AUGUST 10, 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
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Required	Required information must match current information on record			
	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:

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 2 nd 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

- 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.

*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.

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.

Death Certificates

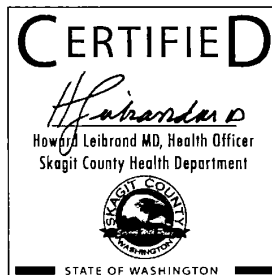
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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