

After recording, return to:
David Young
819 K Ave
Anacortes, WA 98221

CHICAGO TITLE COMPANY
620053833

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 04/21/2023

Grantor (Name of Decedent): Patricia G. Young

Grantee (Heirs): David B. Young

Abbreviated Legal Description: LTS 3,4,5 & 6, BLK 4, SIEGFRED'S ADDN TO BAY VIEW, WASH

Tax Parcel No.(s): P71084 / 4068-004-006-0007

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington

COUNTY OF Skagit

The undersigned, David B. Young, executes this affidavit relating to the estate of Patricia G. Young (herein "Decedent"), who died on March 24, 2023, in the County of Skagit, State of Washington, then being a resident of the City of Mount 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: David B. Young, Husband

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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

David B. Young
Signature

David B. Young
Print Name

State of Washington
County of Skagit

This record was acknowledged before me on 4-20-2023 by

David Young

Jennifer Brazil
(Signature of notary public)

Notary Public in and for the State of Washington

My commission expires: 7-25-2024

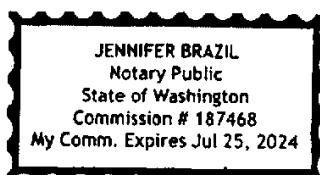


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P71084 / 4068-004-006-0007

LOTS 3,4,5 AND 6, BLOCK 4, "SIEGFRED'S ADDITION TO BAY VIEW, WASH", AS PER PLAT
RECORDED IN VOLUME 1 OF PLATS, PAGE 11, RECORDS OF SKAGIT COUNTY,
WASHINGTON.

TOGETHER WITH THAT PORTION OF THE VACATED ALLEY ADJOINING SAID PREMISES THAT
HAS REVERTED THERETO BY OPERATION OF LAW.

ALSO, TOGETHER WITH THE NORTHWEST 1/2 OF THAT PORTION OF UNOPENED 'F' STREET
ADJACENT TO BLOCK 4, SIEGFRED'S ADDITION TO BAYVIEW, EACH AS PER PLAT
RECORDED IN VOLUME 1 OF PLATS, PAGE 11, RECORDS OF SKAGIT COUNTY,
WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-015306

DATE ISSUED: 03/29/2023
FEE NUMBER: 2715FIRST AND MIDDLE NAME(S): PATRICIA GAYLE
LAST NAME(S): YOUNGCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 24, 2023
HOUR OF DEATH: 07:15 PM
SEX: FEMALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: MARCH 24, 1944
BIRTHPLACE: PORTLAND, ORMARITAL STATUS: MARRIED
SURVIVING SPOUSE: DAVID YOUNGOCCUPATION: CONCESSIONS MANAGER
INDUSTRY: GOVERNMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: SARA YOUNG
RELATIONSHIP: DAUGHTER AND DESIGNATED AGENT
ADDRESS: 819 K AVE, ANACORTES, WA 98221CAUSE OF DEATH:
A: VASCULAR DEMENTIA
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CEREBRAL AMYLOID ANGIOPATHY, CEREBRAL VASCULAR ACCIDENT (2016)

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: BIRCHVIEW MEMORY CARE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 11225 BAYVIEW-EDISON ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 32 YEARSFATHER: WILLIAM GRUBMEYER
MOTHER: DOROTHY [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLECITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: MARCH 29, 2023

FUNERAL FACILITY: WESTERN CREMATION ALLIANCE

ADDRESS: 1037 NE 65TH ST #80125
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98115
FUNERAL DIRECTOR: ADRIEN H. HUNTERMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: ERIKA POPE, DO
TITLE: DO
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MARCH 27, 2023CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: MARCH 29, 2023



DOH 422-034 August 2019

Affidavit for Correction

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

202304210099

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Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
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: First <input type="text"/> Middle <input type="text"/> Last <input type="text"/>			2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First <input type="text"/> Middle <input type="text"/> Last/Maiden <input type="text"/>			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First <input type="text"/> Middle <input type="text"/> Last/Maiden <input type="text"/>	
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: PO Box or Street Address		City	State	Zip
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:				
<ul style="list-style-type: none"> • 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 <ol style="list-style-type: none"> 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 <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgement 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. <p>*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.</p>				
Adult (18 years or older) <ul style="list-style-type: none"> • 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 <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 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. 				

This is a true and exact certification of the record
 Officially registered and on file with the Washington
 State Department of Health, issued under the
 Authority of chapter 70.58A RCW

CERTIFIED

Anthony L-Chen
 Anthony L-Chen, MD, MPH
 DIRECTOR
 DO NOT DESTROY

2700725

