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05/08/2023 01:12 PM Pages: 1 of 8 Fees: \$210.50
Skagit County Auditor

RETURN DOCUMENT TO:

Use dark black ink and print legibly. Documents not legible will be rejected per RCW 65.04.045 & 65.04.047

DOCUMENT TITLE(S):

Inheritance Lack of Probate

**AUDITOR FILE NUMBER & VOL. & PG. NUMBERS OF DOCUMENT(S)
BEING ASSIGNED OR RELEASED:**

Additional reference numbers can be found on page _____ of document.

GRANTOR(S)

Steven C. Peterson

Additional grantor(s) can be found on page _____ of document.

GRANTEE(S):

Constance Ann Peterson

Additional grantee(s) can be found on page _____ of document.

ABBREVIATED LEGAL DESCRIPTION: (Lot, block, plat name OR; qtr/qtr, section, township and range OR; unit, building and condo name.)

30/34/4

Additional legal(s) can be found on page _____ of document.

ASSESSOR'S 16-DIGIT GEO-PARCEL NUMBER:

P124141

Additional numbers can be found on page _____

The Auditor/Recorder will rely on the information provided on this form. The responsibility for the accuracy of the indexing information is that of the document preparer.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 6415

MAY 8 2023

Amount Paid \$ 0
Skagit Co. Treasurer

By [Signature] Deputy

Grantor (Name of Decedent): Steven C. PetersonGrantee (Heirs): Constance Ann PetersonAbbreviated Legal Description: (0.6900 ac) DK 3 PTN NE1/4 SW1/4, SECTION 30, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M. AKA LT 2 S/P 25-80 AF#8004100009

(0.3200 ac) DK 3: PORTION OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 SECTION 30 TOWNSHIP 34 NORTH RANGE 4 EAST WM ALSO KNOWN AS TRACT X OF SHORT PLAT PL-03-0025 RECORDED UNDER AUDITORS FILE #200602150036

Tax Parcel No. (s): P124141/340430-3-052-0304 & P29213/340430-3-001-0300

INHERITANCE LACK OF PROBATE**(To be recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

The undersigned affiant, CONSTANCE ANN PETERSON, being first duly sworn, executes this affidavit relating to the estate of STEVEN C. PETERSON (herein "Decedent"), who died on February 4, 2018, 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 the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

(X) 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 _____.

Names of All Heirs of the Decedent

3. That all heirs at law of the decedent that were living at the time of decedent's death are listed below:

"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 identified all heirs at law of the decedent:

Constance Ann Peterson

Age: 68

Relationship: wife

Address: 16542 Britt Road, Mt. Vernon, WA 98273

Carissa J. McGarvey

Age: 39

Relationship: daughter

Address: 20119 208th Ave SE, Renton, WA 98058

Description of the Property

4. That the following real property was owned by the Decedent at the time of death, located in County of Skagit, State of Washington, and described as follows:

(0.6900 ac) DK 3 PTN NE1/4 SW1/4, SECTION 30, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M. AKA LT 2 S/P 25-80 AF#8004100009

(0.3200 ac) DK 3: PORTION OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 SECTION 30 TOWNSHIP 34 NORTH RANGE 4 EAST WM ALSO KNOWN AS TRACT X OF SHORT PLAT PL-03-0025 RECORDED UNDER AUDITORS FILE #200602150036

Tract Two (2) of Short Plat No. 25-80, approved April 2, 1980, and recorded in Auditor's File No. 8004100009 in Book 4, of Shot Plats, page 69, records of Skagit County, Washington, Being a portion of the Northeast quarter (NE ¼) of the Southwest quarter (SW ¼) and the Southeast quarter (SE ¼) of the Northwest quarter (NW ¼) of Section Thirty (30), Township Thirty-Four (34) North, Range Four (4) East W.M.

Situate in Skagit County, Washington.

Subject to: Conditions, covenants, restrictions and easements of record as more fully described in Schedule B, Special exceptions of Chicago Title Insurance Company Order 620012091, which is attached hereto and made a part hereof.

Affidavit RE: Lack of Probate – 2

Assessor's Property Tax Parcel/Account Number: P124141/340430-3-052-0304 &
P29213/340430-3-001-0300 & Physical address: 16542 Britt Road, Mt. Vernon, WA 98273

Status of the Will (if any)

Decedent DID LEAVE A LAST WILL AND TESTAMENT and a COMMUNITY PROPERTY AGREEMENT. The affiant according to the law automatically inherits all community property (including the real property listed herein). In addition, no probate is being filed and no personal representative has been appointed for the estate. THAT affiant acknowledge, and so state, that each and all of the obligations against the estate of said decedent, if any, will be her responsibility to pay or provide for.

THAT affiants agree that the ownership of the above described property shall be transferred to CONSTANCE ANN PETERSON This affidavit if made pursuant to RCW 11.62.010.

Constance Ann Peterson

Affiant's full name

(260) 708-5088

Telephone number

16542 Britt Road

Street

Mount Vernon, WA 98273

City

State

Zip Code

Constance Peterson

Signature

4/19/23

Date

STATE OF WASHINGTON)
) SS.
County of Skagit)

On this day personally appeared before me CONSTANCE A. PETERSON to me known to be the individual 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 19 day of April, 2023.

E M Burdette
Notary Public in and for the State of Washington
Residing at: Burlington WA
My Commission expires: 9.24.2023

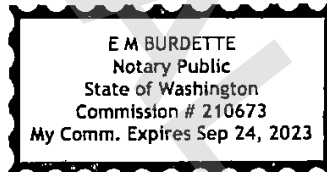


Exhibit A

(0.6900 ac) DK 3 PTN NE1/4 SW1/4, SECTION 30, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M. AKA LT 2 S/P 25-80 AF#8004100009

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Situate in Skagit County, Washington.

Subject to: Conditions, covenants, restrictions and easements of record as more fully described in Schedule B, Special exceptions of Chicago Title Insurance Company Order 620012091, which is attached hereto and made a part hereof.

Assessor's Property Tax Parcel/Account Number: P124141/340430-3-052-0304 & P29213/340430-3-001-0300 & Physical address: 16542 Britt Road, Mt. Vernon, WA 98273

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

05/2023 01:12 PM Page 2 of 2

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-005826

DATE ISSUED: 04/22/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): STEVEN CLYDE

LAST NAME(S): PETERSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: FEBRUARY 04, 2018

HOUR OF DEATH: 10:20 PM

SEX: MALE AGE: 63 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CONNIE RUNDGREN

OCCUPATION: OWNER/OPERATOR

INDUSTRY: CONVENIENCE STORE

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: CONNIE PETERSON

RELATIONSHIP: WIFE

ADDRESS: 16542 BRITT RD MOUNT VERNON WA 98273

CAUSE OF DEATH:

A: RESPIRATORY FAILURE

INTERVAL: HOURS

B: METASTATIC LUNG CANCER

INTERVAL: 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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 16542 BRITT RD

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER: CLYDE PETERSON

MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: FEBRUARY 08, 2018

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 358

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: KIRK S. DUFFY

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: MALIK FUIMAONO, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: FEBRUARY 08, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: MALIK FUIMAONO, MD

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: FEBRUARY 08, 2018



Affidavit for Correction

05/08/2023 01:12 PM Page 9 of 9

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

 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		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 Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature:		16b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
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

DOH 422-034 January 2015


 Certificate not valid unless the Seal of the State of
 Washington changes color when heat applied.

CERTIFIED

APR 2 2 2020

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


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