

After recording, return to:
Chicago Title Company of Washington
425 Commercial St
Mount Vernon, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 05/09/2023

Grantor (Name of Decedent): Merrill Getzman
Grantee (Heirs): Mary Getzman
Abbreviated Legal Description: TRACT 10, "PATCHEN'S FIRST ADDN TO MOUNT VERNON"
Tax Parcel No.(s): P54078 / 3751-000-010-0003

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF Washington
COUNTY OF Pierce

CHICAGO TITLE
020053495

The undersigned, Mary Getzman, executes this affidavit relating to the estate of Merrill Getzman (herein "Decedent"), who died on April 3, 2019, in the County of Clark, State of Washington, then being a resident of the City of Vancouver, County of Clark, 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: Emily Tucker, daughter
 Name and relationship: Maureen Miller, daughter
 Name and relationship: Mary Getzman, wife
 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.

ms

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Mary Getzman
 (Signature)

Mary Getzman
 Print Name

State of Wash Washington
 County of Pierce

This record was acknowledged before me on April 28, 2023 by

Mary Getzman
Mary S. Phibbs
 (Signature of notary public)

Notary Public in and for the State of Washington
 My commission expires: 10/31/2024

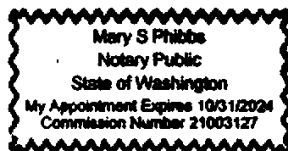


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P54078 / 3751-000-010-0003

TRACT 10, "PATCHEN'S FIRST ADDITION TO MOUNT VERNON", AS PER PLAT RECORDED IN
VOLUME 6 OF PLATS, PAGE 1, 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: 2019-015093

LOCAL FILE NUMBER: 1047

DATE ISSUED: 04/04/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MERRILL NASON
LAST NAME(S): GETZMAN

COUNTY OF DEATH: CLARK
DATE OF DEATH: APRIL 03, 2019
HOUR OF DEATH: 05:05 AM
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: SANTA ROSA, CA

MARITAL STATUS: MARRIED
SPOUSE: MARY LEOTA WITTENBERG

OCCUPATION: MANAGER
INDUSTRY: MAINTENANCE INDUSTRY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: MARY LEOTA GETZMAN
RELATIONSHIP: WIFE
ADDRESS: 5315 NE 129TH AVENUE VANCOUVER, WA 98682

CAUSE OF DEATH:
A: ADENOCARCINOMA OF PANCREAS WITH METASTATIC DISEASE TO LIVER
INTERVAL: WEEKS
B:
INTERVAL:
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: HOME
FACILITY OR ADDRESS: 5315 NE 129TH AVENUE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98682

RESIDENCE STREET: 5315 NE 129TH AVENUE
CITY, STATE, ZIP: VANCOUVER, WA 98682
INSIDE CITY LIMITS: YES COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: EDWARD S GETZMAN
MOTHER/PARENT: [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: APRIL 04, 2019

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

ADDRESS: 605 E. BARNES STREET SUITE 206
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661
FUNERAL DIRECTOR: NICHOLAS R. BROWN

MANNER 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 RESPONSE

CERTIFIER NAME: ELIZABETH P. LEVESQUE, DO
TITLE: DO
CERTIFIER ADDRESS: 2701 NW VAUGHN ST
CITY, STATE, ZIP: PORTLAND, OR 972105344
DATE SIGNED: APRIL 03, 2019

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: ELIZABETH LEVESQUE, PA

LOCAL DEPUTY REGISTRAR: TARA VAWTER
DATE RECEIVED: APRIL 04, 2019



Affidavit for Correction

05/09/2023 11:39 AM Page 5 of 5 Statistics

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	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 Legal 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 <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:				
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 forgoing is true and correct

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

- 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.
- 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, 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

- 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). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
- 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 October 2015

CERTIFIED

APR 04 2018

For [Signature]
 [Signature]
 [Signature]
 [Signature]

