

After recording, return to:
Certified Fiduciary Services, Inc.
20542 N. Lake Pleasant Road, #119
Peoria, Arizona 85382

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/07/2023

CHICAGO TITLE COMPANY
500143429

Grantor (Name of Decedent): Brian R. Faber
Grantee (Heirs): Sondra L. Faber
Abbreviated Legal Description: PTN LT 33, SKYLINE NO. 11
Tax Parcel No.(s): P60047 / 3827-000-033-0014

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Arizona
COUNTY OF Maricopa

The undersigned, *see attached Exhibit B, executes this affidavit relating to the estate of Brian R. Faber (herein "Decedent"), who died on September 19, 2021, in the County of Skagit, State of Washington, then being a resident of the City of Sedro-Wooley, 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
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(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: Sondra L. Faber, Surviving Spouse
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.

[Signature]
Signature

Kallie R Knight
Print Name

State of Arizona
County of Maricopa

This record was acknowledged before me on 03/17/23 by Kallie Knight on behalf of Certified Fiduciary Services, Inc.

[Signature]
(Signature of notary public)
Notary Public in and for the State of Arizona
My commission expires: 10/02/2024

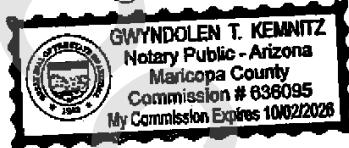


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P60047 / 3827-000-033-0014

LOT 33, SKYLINE NO. 11, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGE(S) 78 AND 79, RECORDS OF SKAGIT COUNTY, WASHINGTON.

TOGETHER WITH THAT PORTION OF GOVERNMENT LOT 1, SECTION 27, TOWNSHIP 35 NORTH, RANGE 1 EAST, OF THE WILLAMETTE MERIDIAN, DESCRIBED AS FOLLOWS:

BEGINNING AT THE MOST SOUTHERLY CORNER OF LOT 33, SKYLINE NO. 11, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGE(S) 78 AND 79, RECORDS OF SKAGIT COUNTY, WASHINGTON;

THENCE SOUTH 76°48'12" WEST 59.59 FEET;

THENCE NORTH 48°15'25" WEST 56.32 FEET;

THENCE NORTH 62°32'20" EAST 101.17 FEET TO THE SOUTHEASTERLY CORNER OF LOT 32;

THENCE SOUTH 22°12'54" WEST 20.00 FEET;

THENCE SOUTH 18°55'05" EAST 55.00 FEET TO THE POINT OF BEGINNING;

EXCEPTING THAT PORTION, IF ANY, LYING WITHIN THE BOUNDARIES OF SKYLINE SHORT PLAT, AS RECORDED IN VOLUME 6 OF SHORT PLATS, PAGE(S) 87 THROUGH 90, UNDER AUDITOR'S FILE NO. 8310120030, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Exhibit B

The Affidavit of Inheritance Lack of Probate is being executed by Kallie Knight, FLN 20966, on behalf of Certified Fiduciary Services Inc., FLN 20373, as Conservator for Sondra L. Faber, Maricopa County Superior Court Case No.: PB2022-090489.

Washington Department of Health
 DDM 422-034 August 2019

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

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
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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:

8. The record currently shows:	9. The true fact is:
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: Printed name: _____ Date: _____	14b. Signature of 2nd parent (if required): Printed name: _____ Date: _____
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Required proof documentation must be submitted with this affidavit:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numidort 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

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

- 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 parent's 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.

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.

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.

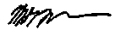
Death Certificates

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

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 70.58 RCW, and at the direction of Greg Thompson, Health Officer.



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



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