

After recording, return to:
Leslie Johnson
5224 S. 348th St
Auburn, WA 98001

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/12/2023

CHICAGO TITLE
620053737

Grantor (Name of Decedent): LESLIE WALTER JOHNSON
Grantee (Heirs): LESLIE ALLEN JOHNSON
Abbreviated Legal Description: LT 22, BLK D, CAPE HORN ON THE SKAGIT
Tax Parcel No.(s): P62986 / 3868-004-022-0001

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

STATE OF WASHINGTON
COUNTY OF SNOHOMISH

The undersigned, Les Johnson, executes this affidavit relating to the estate of LESLIE WALTER JOHNSON (herein "Decedent"), who died on MAY 13 2015, in the County of Snohomish, State of WASHINGTON, then being a resident of the City of Lynnwood, County of Snohomish, 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: Leslie Allen Johnson Son

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

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.

Leslie Allen Johnson
 Signature

Leslie Allen Johnson
 Print Name

State of Washington
 County of King

This record was acknowledged before me on May 6, 2023 by
Leslie Allen Johnson

(Signature of notary public) Carey Gindlesperger
 Notary Public in and for the State of Washington
 My commission expires: 10/29/25

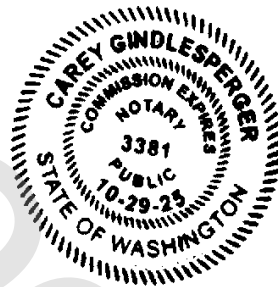


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P62986 / 3868-004-022-0001

LOT 22, BLOCK D, CAPE HORN ON THE SKAGIT, ACCORDING TO THE PLAT THEREOF
RECORDED IN VOLUME 8 OF PLATS, PAGES 92 THROUGH 97, 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: 2015-013862

LOCAL FILE NUMBER: 1909

DATE ISSUED: 05/26/2015

FEE NUMBER: 0009310515

GIVEN NAMES: **LESLIE WALTER**
 LAST NAME: **JOHNSON**

COUNTY OF DEATH: **SNOHOMISH**
 DATE OF DEATH: **MAY 13, 2015**
 HOUR OF DEATH: **09:10 P.M.**

SEX: **MALE**
 AGE: **67 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT HISPANIC**
 RACE: **WHITE**

BIRTHDATE: [REDACTED]
 BIRTHPLACE: **SEATTLE, KING CNTY, WASHINGTON**

MARITAL STATUS: **DIVORCED**
 SPOUSE:

OCCUPATION: **SALES**
 INDUSTRY: **AUTO**
 EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
 US ARMED FORCES? **YES**

INFORMANT: **LESLIE JOHNSON**
 RELATIONSHIP: **SON**
 ADDRESS: **5224 S 348TH STREET, AUBURN, WA 98001**

PLACE OF DEATH: **NURSING HOME / LONG TERM CARE FACILITY**
 FACILITY OR ADDRESS: **MANORCARE**
 CITY, STATE, ZIP: **LYNNWOOD, WASHINGTON 98037**

RESIDENCE STREET: **13320 HWY 99, #29**
 CITY, STATE, ZIP: **EVERETT, WASHINGTON 98204**
 INSIDE CITY LIMITS? **NO**
 COUNTY: **SNOHOMISH**
 TRIBAL RESERVATION: **NOT APPLICABLE**
 LENGTH OF TIME AT RESIDENCE: **2 YEARS**

FATHER: **HUGO JOHNSON**
 MOTHER: **MARGARET [REDACTED]**

METHOD OF DISPOSITION: **CREMATION**
 PLACE OF DISPOSITION: **NW PREFERRED CREMATORY**
 CITY, STATE: **MOUNTLAKE TERRACE, WA**
 DISPOSITION DATE: **MAY 19, 2015**

FUNERAL FACILITY: **BECKS FUNERAL HOME**
 ADDRESS: **405 5TH AVENUE S.**
 CITY, STATE, ZIP: **EDMONDS WA 98020**
 FUNERAL DIRECTOR: **JOHN C. BARD**

CAUSE OF DEATH:
 A. **HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE**
 INTERVAL: **YEARS**

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
HISTORY OF CHRONIC ETHANOL AND TOBACCO ABUSE WITH EARLY CIRRHOSIS OF LIVER AND PULMONARY FIBROSIS

DATE OF INJURY:
 HOUR OF INJURY:
 INJURY AT WORK?
 PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
 COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: **NATURAL**
 AUTOPSY: **YES**
 AVAILABLE TO COMPLETE THE CAUSE OF DEATH? **YES**
 DID TOBACCO USE CONTRIBUTE TO DEATH? **YES**
 PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**

ME/CORONER: **STANLEY ADAMS, MD**
 TITLE: **MEDICAL EXAMINER**
 ME/CORONER
 ADDRESS: **9509 29TH AVENUE WEST**
 CITY, STATE, ZIP: **EVERETT WA 98204**
 DATE SIGNED: **MAY 18, 2015**

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

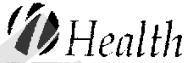
ITEM(S) AMENDED: **NONE**

NUMBER(S): **NONE**
 DATE(S): **NONE**



CASE REFERRED TO ME/CORONER: **NO**
 FILE NUMBER: **SCME 15SN1963**
 ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
KELLY CANNON
 DATE RECEIVED: **MAY 19, 2015**



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 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 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. Current 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 foregoing is true and correct

16a. Signature	16b. Signature of 2 nd 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
- If the child's one last name can be changed once to either parent's name on the birth certificate (any combination of the first, middle or last names)*
- After the one, a court order is required to change the last name
- To change the middle name, a court order is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To change the sex of the child, one documentary proof from a medical professional 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

* If the first or middle 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 executor/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 child, but not a stepparent, 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 (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.

