



202306120059

06/12/2023 11:38 AM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 6861
JUN 12 2023

Amount Paid \$ 0
Skagit Co. Treasurer
By Deputy

After recording mail to:

Stiles & Lehr Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Address: 20934 Travis Lane, Burlington, WA 98233
Legal: LOT 4, PLAT OF STERLING VIEW DIVISION NO. 1
Parcel No.: P100528 / 4558-000-004-0003

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiant, KAREN E. HULBERT, executes this affidavit relating to the estate of ROBERT LEROY HULBERT, the Decedent, who died on October 13, 2020, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

KAREN E. HULBERT, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that the affiant is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The affiant is (check one):

- ☒ The lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☐ Surviving child of the Decedent
☐ One 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:)

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

| <u>Full Name</u> | <u>Age</u> | <u>Relationship to Decedent</u> |
|---|------------|---------------------------------|
| Karen E. Hulbert 20934 Travis Lane Burlington, WA 98233 | legal | spouse |

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:

Lot 4, "PLAT OF STERLING VIEW DIV. NO. I," as per plat recorded in Volume 14 of Plats, pages 182 and 183, records of Skagit County, Washington, EXCEPT those portions thereof described as follows: 1) Beginning at the Southeast corner of said Lot 4; thence North 88°10'51" West, along the South line of said Lot 4, a distance of 70.98 feet; thence North 01°49'09" East a distance of 6.20 feet; thence South 88°10'51" East a distance of 70.98 feet to the East line of said Lot 4; thence South 01°49'09" West a distance of 6.20 feet to the point of beginning. 2.) Beginning at the Southeast corner of said Lot 4; thence North 88°10'51" West, along the South line of said Lot 4, a distance of 70.98 feet to the Southwest corner of that parcel conveyed to Jordan P. Morgan and Wilma V. Morgan, husband and wife by deed recorded February 6, 1992, under Auditor's File No. 9202060015, records of Skagit County, Washington, and the true point of beginning; thence North 01°49'09" East a distance of 6.20 feet to the Northwest corner of said Morgan parcel; thence North 88°10'51" West a distance of 5 feet; thence South to a point on the South line of said Lot 4, 5 feet West of the point of beginning; thence East along said South line to the true point of beginning. Situate in the County of Skagit, State of Washington.

5. Status of the Will (if any)

- ☐ The decedent left no Will that devises real property.
☒ The decedent left a Will that devises real property.
☒ The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated 06/21/2014. The Will devises and states that:

III (A) I give, devise and bequeath unto my spouse, KAREN ELAINE HULBERT, all of my estate, whether real or personal and wheresoever situated.

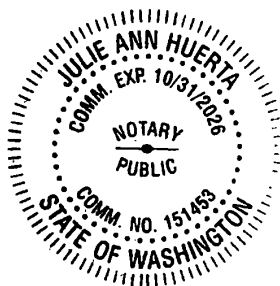
DATED: 6/7, 2023

Karen E. Hulbert
Karen E. Hulbert - Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Karen E. Hulbert** to me known to be the individual(s) 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 7 day of June, 2023.



Julie Ann Huerta
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 10-31-26

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-047611

DATE ISSUED: 10/19/2020
FEE NUMBER:FIRST AND MIDDLE NAME(S): ROBERT L
LAST NAME(S): HULBERT

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 13, 2020

HOUR OF DEATH: 11:05 AM

SEX: MALE

AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEWARD, NE

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: KAREN TWOGOOD

OCCUPATION: MANAGEMENT

INDUSTRY: AUTOMOBILE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: KAREN HULBERT

RELATIONSHIP: WIFE

ADDRESS: 20934 TRAVIS LN., BURLINGTON, WA 98233

CAUSE OF DEATH:

A: SEPTIC SHOCK

INTERVAL: 5 DAYS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTATIC LUNG CANCER

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: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 20934 TRAVIS LN.

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: EARL HULBERT

MOTHER: LEENA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: OCTOBER 15, 2020

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: DAVID LUKOV

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ALLEN L. JOHNSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: OCTOBER 14, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: ALLEN JOHNSON, MD

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: OCTOBER 15, 2020

Affidavit for Correction

06/12/2023 11:38 AM Page 5 of 5
 Washington State Department of Health
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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 | | | | | |
| 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: 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 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 | | | | | |
| 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 Acknowledgment 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. | | | | | |
| *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. | | | | | |
| 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 | | | | | |
| 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. | | | | | |



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

CERTIFIED

OCT 19 2020

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



0 4 1 4 2 2 3 0