



202307130091

07/13/2023 02:50 PM Pages: 1 of 6 Fees: \$208.50  
Skagit County Auditor

Grantor (Name of Decedent): DAVID C. KING

Grantee (Heirs): MARIA T. KING

Abbreviated Legal Description: SW 22 35 01

Tax Parcel No. (s): P58129/3808-000-040-0000

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2023 7251  
JUL 13 2023

Amount Paid \$ ~~0~~  
By Skagit Co. Treasurer  
Deputy

### INHERITANCE LACK OF PROBATE

(To be recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

The undersigned affiant, MARIA T. KING, being first duly sworn, executes this affidavit relating to the estate of DAVID C. KING (herein "Decedent"), who died on July 07, 2022, in Anacortes, Washington, but was a resident of 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:*

Maria T. King

Age: 77

Relationship: wife

Address: 5109 Sunset Avenue, Anacortes, WA 98221

**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:

Assessor's Property Tax Parcel/Account Number: P58129 / 3808-000-040-0000

Physical address: 5109 Sunset Avenue, Anacortes, WA 98221

The West 100 feet of the East 200 of Tract A, as measured along the South line Thereof, PLAT OF NORMAN & WOOD'S SUBDIVISION, according to the plat thereof Recorded in Volume 4 of Plats, page 56, records of Skagit County, Washington.

Situate in Skagit County, Washington.

Subject to: Conditions, covenants, restrictions and easements of record.

**Status of the Will (if any)**

Decedent did NOT leave a Last Will and Testament and did NOT have 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 MARIA T. KING. This affidavit is made pursuant to RCW 11.62.010.

DATED 2/22/23

Maria Teresa King  
Affiant's full name

Maria Teresa King  
Telephone number

5109 Sunset Ave  
Street

Anacortes wa 98221  
City State Zip Code

Maria Teresa King  
Signature


2/22/23  
Date

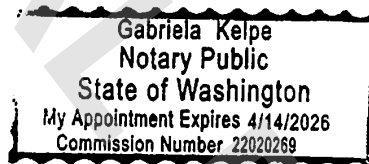
Affidavit RE: Lack of Probate – 3

STATE OF WASHINGTON       )  
  ) SS.  
County of Skagit               )

On this day personally appeared before me MARIA T. KING 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 22 day of February, 2023.

  
\_\_\_\_\_  
Notary Public in and for the State of Washington  
Residing at: Everett  
My Commission expires: 4/14/26



# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-035676

DATE ISSUED: 07/19/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID CLINTON

LAST NAME(S): KING

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JULY 07, 2022

HOUR OF DEATH: 07:50 PM

SEX: MALE AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: GULF CITY, FL

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARIA TERESA GARCIA

OCCUPATION: GUARD

INDUSTRY: SECURITY FIRM

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: MARIA TERESA KING

RELATIONSHIP: WIFE

ADDRESS: 5109 SUNSET AVENUE, ANACORTES, WA 98221

CAUSE OF DEATH:

A: LEWY-BODY DEMENTIA

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RECENT PNEUMONIA,  
PERIPHERAL VASCULAR DISEASE, CORONARY ARTERY DISEASE AND  
VALVULAR HEART DISEASE

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 5109 SUNSET AVENUE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 5109 SUNSET AVENUE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHER: ALBERT CLINTON KING

MOTHER: GERTRUDE LOUISE [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: GRAND VIEW CEMETERY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: JULY 14, 2022

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JULY 08, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: JULY 14, 2022



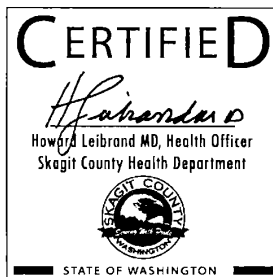
# Affidavit for Correction

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
<b>Required Information must match current information on record</b>				
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 <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:		
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
The record currently shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
<b>I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.</b>				
14a. Signature:		14b. Signature of 2 <sup>nd</sup> parent (if required):		
Printed name:		Printed name:		Date:
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
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"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>				
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>				
<b>Birth Certificates</b>				
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. <b>The proof(s) must match</b> 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).				
<b>Child under 18</b> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>				
<b>Adult (18 years or older)</b> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>				
*To change any part of the name of a child using this form, <b>signatures from both parents listed on the certificate are required.</b> If one parent is deceased, submit a death certificate with request.				
<b>Death Certificates</b>				
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.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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.



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