

After recording, return to:

Terry Adkerson

9568 Bergstedt Rd.
Sedro Woolley, WA
98284

CHICAGO TITLE
620054467

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/17/2023

Grantor (Name of Decedent): Earl Self

Grantee (Heirs): Patricia Self

Abbreviated Legal Description: LT 6, THRESHERS FIRST ADDN, 19-35-5E, W.M.

Tax Parcel No.(s): P69995 / 4031-000-006-0108

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF Washington

COUNTY OF SKagit

The undersigned, Patricia Self, executes this affidavit relating to the estate of Earl Self (herein "Decedent"), who died on April 12, 2017 in the County of SKagit, State of Washington, then being a resident of the City of Sedro Woolley, 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
(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: Patricia Self - 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.

*Patricia y Self by Elizabeth Peterson
as her attorney in fact*

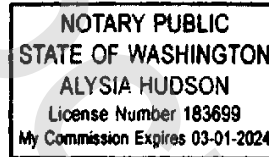
*Signature
Patricia y Self by Elizabeth Peterson
as her attorney in fact*

Print Name

State of Washington
County of Skagit

This record was acknowledged before me on 07/11/2023 by
Elizabeth Peterson as attorney in fact of Patricia y Self

Alysia Hudson
(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: 03/01/2024



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: Patricia Self - 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.

Patricia Self by Terry Adkerson
as her attorney in fact

Patricia Self ^{Signature} Terry Adkerson
as her attorney in fact

Print Name

State of Washington
County of Skagit

This record was acknowledged before me on 7/13/2023 by
Terry Adkerson as attorney in fact for Patricia Self

Jennifer Brazil
(Signature of notary public)
Notary Public in and for the State of Washington
My commission expires: 7-25-2024



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P69995 / 4031-000-006-0108

LOT 6, THRESHER'S FIRST ADDITION IN SECTION 19, TOWNSHIP 35 NORTH, RANGE 5 EAST, W.M., SKAGIT COUNTY, WASHINGTON, ACCORDING TO THE RECORDED PLAT THEREOF IN THE OFFICE OF THE AUDITOR OF SKAGIT COUNTY, IN VOLUME 7 OF PLATS, PAGE 62.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-017689

DATE ISSUED: 04/18/2017
FEE NUMBER:FIRST AND MIDDLE NAME(S): EARL ESTELE
LAST NAME(S): SELFCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 12, 2017
HOUR OF DEATH: UNKNOWN UNKNOWN
SEX: MALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: KNOXVILLE, TENNESSEEMARITAL STATUS: MARRIED
SPOUSE: PATRICIA ROBINSONOCCUPATION: TRUCK DRIVER
INDUSTRY: TRUCK DRIVING
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: YESINFORMANT: PATRICIA SELF
RELATIONSHIP: WIFE
ADDRESS: 411 THRESHER AVE SEDRO WOOLLEY, WA 98284CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: WEEKS
B: ISCHEMIC HEART DISEASE
INTERVAL: MONTHS
C: DIABETES AND HYPERTENSION AND HYPERLIPIDEMIA
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: OBSTRUCTIVE SLEEP APNEA

DATE OF INJURY:
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: UNKNOWN
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: 411 THRESHER AVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284RESIDENCE STREET: 411 THRESHER AVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 48 YEARSFATHER/PARENT: EARL ESTELE SELF SR
MOTHER/PARENT: LUCY [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: APRIL 18, 2017

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: KIRK S. DUFFYMANNER 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 RESPONSECERTIFIER NAME: JOHN J. KEEFE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 307 S. 13TH. STREET, #200
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: APRIL 17, 2017CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: APRIL 17, 2017



Affidavit for Correction

07/17/2023 10:24 AM Page 6 of 6
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
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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 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 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:

The record now shows:	The true fact is:
3.	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

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
- 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

1. 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.
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 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.

DOH 422-034 October 2015

CERTIFIED

APR 18 2017

Skagit County Health Department
Health Office



0 1 4 3 9 1 7 6

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