

After recording, return to:
Thomas Jeffrey Garton and Paul Michael Garton
3945 Gay Rd E, F301
Tacoma, WA 98443

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/27/2023

Grantor (Name of Decedent): Charlotte Garton
Grantee (Heirs): Ralph Garton
Abbreviated Legal Description: UNIT 9, EAGLE RIDGE FAIRWAY VILLA, A CONDO
Tax Parcel No.(s): P119671

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF WA

COUNTY OF Skagit

The undersigned, Thomas Garton & Paul Garton, executes this affidavit relating to the estate of Charlotte Garton (herein "Decedent"), who died on June 15, 2017, in the County of Skagit, State of Washington, then being a resident of the City of MT. VERNON, 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

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: Ralph Garton, 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:

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.

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

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

[Signature]
Signature

Thomas Garton
Print Name

[Signature]
Signature

Paul Garton
Print Name

State of Washington

County of Pierce

Signed and sworn to (or affirmed) before me on July 27, 2023 by

Thomas Garton and Paul Garton
(name of person making statement).

[Signature]
Name: Madeline Kinne

Notary Public in and for the State of Washington.

Residing at: Taloma WA

My appointment expires: 3/29/2026



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P119671 / 4804-000-009-0000

UNIT 9, EAGLE RIDGE FAIRWAY VILLA, A CONDOMINIUM, RECORDED ON NOVEMBER 5, 2002, UNDER AUDITOR'S FILE NO. 200211050117, 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: 2017-027351

DATE ISSUED: 07/20/2017
FEE NUMBER:FIRST AND MIDDLE NAME(S): CHARLOTTE J
LAST NAME(S): GARTONCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 15, 2017
HOUR OF DEATH: 10:34 AM
SEX: FEMALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: MITCHELL, DAVISON COUNTY, SDMARITAL STATUS: MARRIED
SPOUSE: RALPH LEIGH GARTONOCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: RALPH LEIGH GARTON
RELATIONSHIP: HUSBAND
ADDRESS: 1410 EAGLE RIDGE DR., MOUNT VERNON, WA 98274CAUSE OF DEATH:
A: RESPIRATORY ARREST
INTERVAL:
B: ASPIRATION OF FOOD
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CLINICAL HISTORY OF
DYSPHAGIA WITH PRIOR CHOKING EPISODE REQUIRING INTERVENTION AND
DEMENTIADATE OF INJURY: JUNE 15, 2017
HOUR OF INJURY: 08:54 AM
INJURY AT WORK: NO
PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 1410 EAGLE RIDGE DRIVE


CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: HYPOXIC EVENT AS RESULT OF
ASPIRATION AND CHOKING

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274RESIDENCE STREET: 1410 EAGLE RIDGE DR
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 13 YEARSFATHER/PARENT: CLINTON RONALD CLARK
MOTHER/PARENT: BERNICE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JUNE 21, 2017

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: RODGER L. TRUAXMANNER OF DEATH: ACCIDENT
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: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 116 S. 11TH ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: JUNE 19, 2017CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 17SK0201
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: JUNE 21, 2017

 Affidavit for Correction		Mail to: Center for Health Statistics 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 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 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:	
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:		Printed name:	
Date:		Date:	
INSTRUCTIONS - go to www.cohs.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 (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		Adult (18 years or older)	
• If legal guardian(s), include certified court order proving guardianship		• Only the adult can change his or her birth certificate	
• Up to age one, last name can be changed once to either parent's name on certificate (can be any combination of the first, middle or last names)		• If the first or middle name is missing, three pieces of documentary proof are required	
• After age one, a court order is required to change the last name		• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required	
• No proof is required to change the first or middle name		• To correct parent's birth date, place of birth, or name, one documentary proof is required	
• 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			
*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 DOW 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 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.			

CERTIFIED

JUL 20 2017

Howard Lebrand
 Snohomish County Health Department
 Howard Lebrand M.D., Health Officer



01442489

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