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08/09/2023 03:22 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 7599
AUG 09 2023

Amount Paid \$ 0
Skagit Co. Treasurer
By [Signature] Deputy

**AFFIDAVIT
LACK OF PROBATE**

File No:

Date:

STATE OF Washington)
COUNTY OF)-ss.
)

DAVID HOWARD WILLIAMS

being first duly sworn, deposes and says:

1. That the undersigned Affiant is the HUSBAND (relationship to decedent) of MERRILYN KAY WILLIAMS (decedent name),

who died on OCTOBER 31, 2021 (date of death), at CONCRETE (City),

State of WASHINGTON (City), then being a legal resident of CONCRETE

SKAGIT (County), WASHINGTON (State).
P 70891 P 70892 Pnt Lt 12 Plat of Sunrise addn

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:
- Decedent and surviving spouse executed a Community Property Agreement dated APRIL 14, 2014, a copy of which is attached hereto; or
 - Decedent left no last Will; or
 - Decedent left a last Will which has not been probated nor revoked; a copy of which is attached hereto; or
 - Decedent left a last Will which was probated in _____ County, State of _____, A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. Please read and initial the following:

The undersigned acknowledges that without a full probate of the Decedent's estate, there may be additional excise tax requirements as per WAC 458-61A-202.

4. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows:

HEIRS AT LAW

File No.:

Affidavit Lack of Probate - continued

Date:

DAVID HOWARD WILLIAMS (full name)	84 (age)	HUSBAND (relationship)	45268 CEDAR STREET, CONCRETE (residence)
DIANA LYNN WILLIAMS (full name)	61 (age)	DAUGHTER (relationship)	45268 CEDAR STREET, CONCRETE (residence)
 (full name)	 (age)	 (relationship)	 (residence)
 (full name)	 (age)	 (relationship)	 (residence)

5. All the debts of the decedent's and/or the marital community, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:
6. The decedent [] had [X] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
7. As of the date of death, the value of all community property of decedent was approximately \$ 250,000.00 . The value of all separate property of decedent was approximately \$ _____.
8. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

This affidavit is made to induce First American Title Insurance Company, (The Company) to issue its policy or policies of Title Insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant agrees to indemnify and hold The Company harmless from loss or damage which it may suffer as a result of said reliance.

David H. Williams

David H. Williams

8-9-23
Dated

File No.:

Affidavit Lack of Probate - continued

Date:

STATE OF Washington)
COUNTY OF Skagit)-ss.
)

I certify that I know or have satisfactory evidence that , is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: August 9, 2023

Belen Martinez

Notary Public in and for the State of Washington
Residing at: Skagit County
My appointment expires: March 2026



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-055643

DATE ISSUED: 11/03/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MERRILYN KAY
LAST NAME(S): WILLIAMS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 31, 2021
HOUR OF DEATH: 02:00 PM
SEX: FEMALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 45268 CEDAR STREET
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 45268 CEDAR STREET
CITY, STATE, ZIP: CONCRETE, WA 98237
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 62 YEARS

BIRTH DATE: [REDACTED]
BIRTH PLACE: SUMAS, WA

FATHER: GLENDON EDWIN STAFFORD
MOTHER: KAY ADELIN [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DAVID HOWARD WILLIAMS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN CREMATION, LLC

OCCUPATION: OWNER/ OPERATOR
INDUSTRY: RESTAURANT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: OAK HARBOR, WASHINGTON
DISPOSITION DATE: NOVEMBER 03, 2021

INFORMANT: DAVID H WILLIAMS
RELATIONSHIP: HUSBAND
ADDRESS: 45268 CEDAR STREET, CONCRETE, WA 98237

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

- CAUSE OF DEATH:
- A: UNSPECIFIED NATURAL CAUSES
INTERVAL: MINUTES
- B: TYPE 2 DIABETES, INSULIN REQUIRING WITH RETINOPATHY, NEPHROPATHY AND NEUROPATHY
INTERVAL: YEARS
- C:
INTERVAL:
- D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: OBESITY HYPOVENTILATION SYNDROME, ATRIAL FIBRILLATION, FACTOR 5 LEIDEN DEFICIENCY

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

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

CERTIFIER NAME: SUZANNE ROBERTSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1400 E. KINCAID
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: NOVEMBER 03, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA# 211031-421
ATTENDING PHYSICIAN: SUZANNE ROBERTSON, PHYSICIAN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: NOVEMBER 03, 2021



Affidavit for Correction

08/09/2023 03:22 PM Page 5 of 5
Marriage 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: Birth, Death, Marriage, 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)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, 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 foregoing is true and correct.

14a. Signature: 14b. Signature of 2nd 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:
• 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
• 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.
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 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.
*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.

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.

CERTIFIED

NOV 03 2021

Handwritten signature

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



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



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