

After Recording, please return to:

Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233
209757-LT

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Kaylee Oudman
Affidavit No. 20237728
Date 08/18/2023

Document Title(s): Lack of Probate Affidavit
Reference Number(s) of Documents assigned or released: (on page __ of document(s))
Grantor(s): Duane A. Melcher, an unmarried person
Additional Names on page __ of document.
Grantee(s): Washington State
Additional Names on page __ of document.
Abbreviated Legal Description: Ptn. NW ¼ SW ¼ & Gov. Lot 3, 12-34-3 (AKA Ptn. Tract 2, SP #45-79, AF #842561)
Additional legal is on page __ of document.
Tax Parcel Number(s): 340312-3-002-0104/P21647

Return Address:Land Title and Escrow Company111 East George Hopper Road, PO Box 445Burlington, WA 98233209757-LT

Real Estate Excise Tax

Exempt

Skagit County Treasurer

By Kaylee OudmanAffidavit No. 20237728Date 08/18/2023**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Duane A. Melcher, being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

SPOUSE of Jean E. Melcher
Relationship to decedent *Decedent/Grantor Name*

who died on Nov. 22, 2022 at
Date

MOUNT VERNON SKAGIT WA.
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Ptn. NW ¼ SW ¼ & Gov. Lot 3, 12-34-3 (AKA Ptn. Tract 2, SP #45-79, AF #842561)

Assessor's Property Tax Parcel/Account Number: 340312-3-002-0104/P21647

(Attach full legal description of the property)

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"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 identifies all heirs at law of the decedent: (use additional pages if necessary)

DUANE MELCHER AGE- 92 SPOUSE

13591 Avon Allen Rd NH. Vernon WA.

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 08-04-23
DUANE ARDEL MELCHER
Affiant's full name
360-424-0407
Telephone number

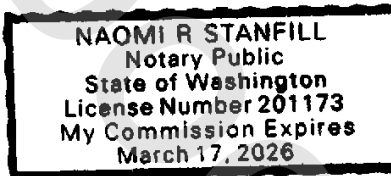
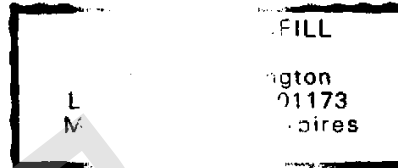
MT VERNON WA. 98273
City State Zip Code
Duane Melcher 8/16/23
Signature Date

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 16th day of August, 2023 by
Duane Melcher

Naomi R. Stanfill
Signature
Notary
Title

My appointment expires: March 17, 2026



Legal Description**PARCEL "A":**

Tract 2 of Skagit County Short Plat No. 45-76, approved September 13, 1976, recorded September 14, 1976 in Book 1 of Short Plats, page 169, under Auditor's File No. 842561, being a portion of Government Lot 3, of Section 12, Township 34 North, Range 3 East, W.M.;

EXCEPT THEREFROM the following described tract:

BEGINNING at a point on the West line of said Government Lot 3 which is North 0°04'54" East 170.07 feet from the Southeast corner of the Northeast 1/4 of the Northwest 1/4 of the Southwest 1/4 of said Section 12;
thence North 88°22'52" East 237.38 feet to the **TRUE POINT OF BEGINNING**;
thence South 27°24'00" East 453.05 feet to the North line of Second Street as shown on "Plat of River View Addition, Town of Avon", as per plat recorded in Volume 3 of Plats, page 21, records of Skagit County, Washington;
thence Northeasterly along the North line of said Second Street 266.77 feet;
thence North 27°24'00" West a distance of 454.75 feet;
thence Southwesterly parallel to the North line of said Second Street to a point which lies North 27°24'00" West from the **TRUE POINT OF BEGINNING**;
thence South 27°24'00" East to the **TRUE POINT OF BEGINNING**.

AND EXCEPT that portion of said Tract 2 of Skagit County Short Plat No. 45-76, lying Easterly of the following described line:

Line Description

BEGINNING at a point on the West line of Government Lot 3, which is North 0°04'54" East 170.07 feet from the Southeast corner of the Northeast 1/4 of the Northwest 1/4 of the Southwest 1/4 of said Section 12;
thence North 88°22'52" East 237.38 feet to the **TRUE POINT OF BEGINNING**;
thence North 0°04'54" East, parallel with the West line of Government Lot 3 to a point on the Northerly line of said "Tract 2 of Skagit County Short Plat No. 45-76" and the terminus of this line description;

AND ALSO EXCEPT that portion as granted to Glen K. Loy and Betty R. Loy, by Boundary Line Adjustment Deed recorded December 12, 1992, under Skagit County Auditor's File No. 9212240089;

TOGETHER WITH the South 1/2 of the North 1/2 of the South 1/2 of the Northwest 1/4 of the Northwest 1/4 of the Southwest 1/4 of Section 12, Township 34 North, Range 3 East, W.M.;

EXCEPT roads (being the West 30.00 feet thereof);

AND EXCEPT the South 73.00 feet, (as measured perpendicular to the South line of said subdivision) of the West 200.00 feet (as measured perpendicular to the East line of the West 30.00 feet of said subdivision), (said subdivision being the South 1/2 of the North 1/2 of the South 1/2 of the Northwest 1/4 of the Northwest 1/4 of the Southwest 1/4 of Section 12, Township 34 North, Range 2 East, W.M.)

AND TOGETHER WITH the North 1/2 of the North 1/2 of the South 1/2 of the Northwest 1/4 of the Northwest 1/4 of the Southwest 1/4 of Section 12, Township 34 North, Range 3 East, W.M.;

EXCEPT roads;

AND EXCEPT the West 200 feet of the remainder;

PARCEL "B":

A 10-foot wide non-exclusive easement for ingress, egress and utilities as described on document recorded under Skagit County Auditor's File No. 9806250119.

Situate in the County of Skagit, State of Washington.

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-061185

DATE ISSUED: 12/05/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOAN E
LAST NAME(S): MELCHERCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 29, 2022
HOUR OF DEATH: 11:56 AM
SEX: FEMALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE:
BIRTHPLACE: SEATTLE, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: DUANE MELCHEROCCUPATION: TEACHER
INDUSTRY: SCHOOL DISTRICT
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NOINFORMANT: DUANE MELCHER
RELATIONSHIP: HUSBAND
ADDRESS: 13595 AVON ALLEN ROAD, MOUNT VERNON, WA, 98273CAUSE OF DEATH:
A: ACUTE HYPOXIC RESPIRATORY FAILURE
INTERVAL: 24 HOURS
B: ACUTE SYSTOLIC HEART FAILURE
INTERVAL: 24 HOURS
C: CRITICAL AORTIC STENOSIS
INTERVAL: 5 YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CARDIOGENIC SHOCK

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 98274RESIDENCE STREET: 13595 AVON ALLEN ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 45 YEARSFATHER: JOHN TORGESON
MOTHER:METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 02, 2022

FUNERAL FACILITY: GILBERTSON FUNERAL HOME

ADDRESS: 27001 88TH AVE NW/PO BOX 1569
CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER 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: ALLEN L. JOHNSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: NOVEMBER 30, 2022CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: ALLEN JOHNSON, PHYSICIANLOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: DECEMBER 02, 2022

Affidavit for Correction

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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

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 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: <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 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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.

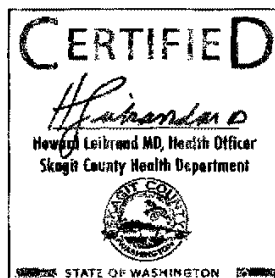
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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.



06260663