

After recording, return to:  
Maxie Hayashi and Rose Hayashi  
1510 Edwards St  
Bellingham, WA 98229

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 09/07/2023

CHICAGO TITLE COMPANY  
620054759

Grantor (Name of Decedent): ROSE ANN HAYASHI  
Grantee (Heirs): MAXIE HAYASHI  
Abbreviated Legal Description: UNIT 25, FARMINGTON SQUARE CONDO  
Tax Parcel No.(s): P121270 / 4828-000-025-0000

### 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, STEPHEN SAKAI for Maxie Hayashi AS POA, executes this affidavit relating to the estate of ROSE ANN HAYASHI (herein "Decedent"), who died on OCT 21, 2021, in the County of WHITMAN, State of WASH, then being a resident of the City of BURLINGTON, County of SKAGIT, State of WASH.

(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: MAXIE HAYASHI - HUSBAND

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.

Stephen Sakai POA  
 Signature

Stephen Sakai  
 Print Name

State of Washington  
 County of Skagit

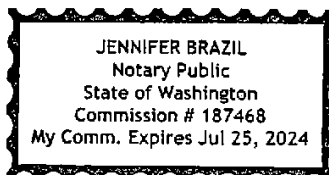
This record was acknowledged before me on 8-31-2023 by

Stephen Sakai

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): P121270 / 4828-000-025-0000**

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UNIT 25, FARMINGTON SQUARE CONDOMINIUM, ACCORDING TO THE DECLARATION THEREOF RECORDED JANUARY 28, 2004, UNDER AUDITOR'S FILE NO. 200401280083, AND SURVEY MAP AND PLANS THEREOF RECORDED JANUARY 28, 2004, UNDER AUDITOR'S FILE NO. 200401280084, 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: 2021-050308

DATE ISSUED: 10/14/2021

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): ROSE ANN  
LAST NAME(S): HAYASHI

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: OCTOBER 03, 2021

HOUR OF DEATH: 01:07 PM

SEX: FEMALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: ADDINGTON, OK

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MAXIE HAYASHI

OCCUPATION: ELEMENTARY SCHOOL TEACHER

INDUSTRY: PUBLIC EDUCATION

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: STEPHEN SAKAI

RELATIONSHIP: NEPHEW

ADDRESS: 1510 EDWARDS ST., BELLINGHAM WA 98229

CAUSE OF DEATH:

A: STAGE 5 RENAL FAILURE

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DEMENTIA UNSPECIFIED TYPE  
WITH BEHAVIORAL DISTURBANCE, SLEEP APNEA, ESSENTIAL HYPERTENSION

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: HOSPICE

FACILITY OR ADDRESS: WHATCOM HOSPICE HOUSE

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 821 DEERE DRIVE

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: CASS EDWARD ARNOLD

MOTHER: SARAH [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON

DISPOSITION DATE: OCTOBER 10, 2021

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

FUNERAL DIRECTOR: TIM D. POWELL

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: LINDSAY D. NELSON

TITLE: ARNP

CERTIFIER ADDRESS: 2800 & 2806 DOUGLAS

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

DATE SIGNED: OCTOBER 04, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: GUADALUPE AYALA

DATE RECEIVED: OCTOBER 07, 2021



## Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
<b>Required Information must match current information on record</b>				
<b>Record Type:</b> <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:
First	Middle	Last	MM/DD/YYYY	(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)	
First	Middle	Last/Maiden	First	Middle Last/Maiden
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:				
PO Box or Street Address		City	State	Zip
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.		
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:
<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>				
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.				
<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. 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).				
<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>				
*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.				
<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>				
<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.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Thompson, Health Officer.

