



202309210025

09/21/2023 10:36 AM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

Return Address:

516 Warner St
Sedro-Woolley, WA
98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 8/12
SEP 21 2023

Amount Paid \$ 0
By Skagit Co. Treasurer
Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Jessie Mae Bryant, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Wife
Relationship to decedent

of Jack William Bryant, who died on 09/07/2004
Decedent/Grantor *Date*

at Mount Vernon Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOT 41 and East 5ft of Lot 42
Block 34, First Addition to the town of Sedro
in Skagit County, Washington, as per plat recorded
in Volume 3 of plats, pg 29, records of Skagit
County, WASHINGTON

Assessor's Property Tax Parcel/Account Number: P75703
(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)

(Page 1 of _____)

Jessie Mae Bryant 83 Spouse
516 Warner St. Sedro-Woolley WA 98284
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 : 7/3/2023

Jessie Mae Bryant
Affiant's full name

360-855-0709
Telephone number

516 Warner St

Sedro-Woolley City WA State 98284 Zip Code

Jessie Mae Bryant Signature 7/3/2023 Date

State of Washington County of Skagit

I know or have satisfactory evidence that Jessie Mae Bryant
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 7 / 3 / 2023

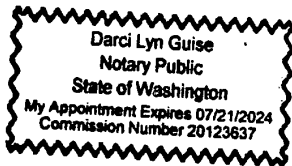
Darci Muise
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: Skagit County

Notary Public in and for the State of WA

My appointment expires: 07 / 21 / 2024



This form is an example of an affidavit that can be used, however it may not fulfill all needs and other versions are acceptable. Please see full text of bill below.

- (1) In order to receive an exemption under RCW 82.45.010(3)(a) from the tax in this chapter on real property transferred as a result of a devise by will or inheritance the following documentation must be provided to the county treasurer:
- (a) If the property is being transferred under the terms of a community property agreement, a copy of the recorded agreement and a certified copy of the death certificate;
 - (b) If the property is being transferred under the terms of a trust instrument, a certified copy of the death certificate and a copy of that portion of the trust instrument showing the authority of the grantor;
 - (c) If the property is being transferred under the terms of a probated will, a certified copy of the letters testamentary or in the case of intestate administration, a certified copy of the letters of administration showing that the grantor is the court-appointed executor, executrix, or administrator;
 - (d) In the case of joint tenants with right of survivorship and remainder interests, a certified copy of the death certificate;
 - (e) If the property is being transferred pursuant to a court order, a certified copy of the court order requiring the transfer, and confirming that the grantor is required to do so under the terms of the order;
 - (f) If the community property interest of the decedent is being transferred to a surviving spouse or surviving domestic partner absent the documentation set forth in (a) through (e) of this subsection, a certified copy of the death certificate and a signed lack of probate affidavit from the surviving spouse or surviving domestic partner affirming that he or she is the sole and rightful heir to the property;
 - (g) If the real property is transferred to one or more heirs by operation of law, or transferred under a will that has not been probated, but absent the documentation set forth in (a) through (e) of this subsection, a certified copy of the death certificate and a signed lack of probate affidavit affirming that the affiant or affiants are the sole and rightful heirs to the property;
 - (h) When real property is transferred as described in (g) of this subsection (1) and the decedent-transferor had also inherited the property from his or her spouse or domestic partner but never transferred title to the property into the decedent-transferor's name, the transferee or transferees must provide: (i) A certified copy of the death certificates for the decedent-transferor and the spouse or domestic partner from whom the decedent-transferor inherited the real property; and (ii) a lack of probate affidavit affirming that the affiant or affiants are the rightful heirs to the property; or
 - (i) If the property is being transferred pursuant to a transfer on death deed, a certified copy of the death certificate.
- (2) The documentation provided to the county treasurer under this section must also be recorded with the county auditor.
- (3) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.
- (a) "Heir" has the same meaning as provided in RCW 11.02.005;
 - (b) "Lack of probate affidavit" means a signed and notarized document declaring that the affiant or affiants are the rightful heir or heirs to the property and containing the following information:
 - (i) The names of the affiant or affiants;
 - (ii) The relationship of the affiant or affiants to the decedent;
 - (iii) The names of all other heirs of the decedent living at the time of the decedent's death;
 - (iv) A description of the real property;
 - (v) Whether the decedent left a will that includes a devise of real property; and
 - (vi) Any other information the department may require.

Print as many page two's as you need to account for all Heirs.

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number 657-04 Washington State Certificate of Death State File Number 4 35480

Form fields 1-33: Legal Name (JACK WILLIAM BRYANT), Death Date (September 7, 2004), Sex (Male), Age (61), Birthdate, Birthplace (Brookfield Township, Minnesota), Decedent's Education (Some college, No degree), Residence (516 Warner Street, Sedro-Woolley), Marital Status (Married), Usual Occupation (Salesman), Kind of Business/Industry (Heating and Air Conditioning), Informant's Name (Jessie Bryant), Relationship (Spouse), Mailing Address (516 Warner Street, Sedro-Woolley, WA 98284), Place of Death (In-Patient, Skagit Valley Hospital), Facility Name (Skagit Valley Hospital), City/Town/State (Mount Vernon, WA, 98284), Method of Disposition (Cremation, Northwest Cremation), Location (Anacortes, Washington), Date of Disposition (Sept. 7, 2004), Funeral Director Signature (Lemley Chapel, Inc.).

Form fields 34-35: Cause of Death (See instructions and examples). IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Sepsis. Due to (or as a consequence of) 1 day. Underlying CAUSE (disease or injury that initiated the events resulting in death) LAST b. Liver Failure. Due to (or as a consequence of) 1 year. c. Hemochromatosis. Due to (or as a consequence of) Unknown. d. Other significant conditions contributing to death but not resulting in the underlying cause given above: Leg Ulcers, Atrial Flutter, CHF, Diverticulosis, Anger, Ulcer.

Form fields 36-44: 36. Autopsy? [] Yes [X] No. 37. Were autopsy findings available to complete the Cause of Death? [] Yes [] No. 38. Manner of Death: [X] Natural [] Homicide [] Accident [] Undetermined [] Suicide [] Pending. 39. If female: [] Not pregnant within past year [] Not pregnant, but pregnant within 42 days before death [] Pregnant at time of death [] Not pregnant, but pregnant 43 days to 1 year before death [] Unknown if pregnant within the past year. 40. Did tobacco use contribute to death? [] Yes [] Probably [X] No [] Unknown. 41. Date of Injury (MM/DD/YYYY). 42. Hour of Injury (24hrs). 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area). 44. Injury at Work? [] Yes [] No [] Unk.

Form fields 45-56: 45. Location of Injury: Number & Street, City or Town, County, State, Zip Code + 4. 46. Describe how injury occurred. 47. If transportation injury, specify: [] Driver/Operator [] Pedestrian [] Passenger [] Other (Specify). 48a. Certifying Physician - To the best of my knowledge death occurred at the time, date, and place and due to the cause(s) and manner stated. Edw Stickle MD. 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated. 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Edw Stickle, MD, 2241 Hospital Dr, Sedro-Woolley, WA 98284. 50. Hour of Death (24hrs) 1455 hrs. 51. Name and Title of Attending Physician if other than Certifier (Type or Print). 52. Date Certified (MM/DD/YYYY) 09/21/2004. 53. Title of Certifier Physician. 54. License Number. 55. ME/Coroner File Number. 56. Was case referred to medical examiner? [] Yes [X] No.

Form fields 57-59: 57. Registrar Signature X Dorothy Eppa, Deputy. 58. Date Received (MM/DD/YYYY) SEP 8 2004. 59. Record Amendment Item, Documentary Evidence, Reviewed by, Date.

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

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

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

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:

Table with 2 columns: The record currently shows: (8, 10, 12) and The true fact is: (9, 11, 13)

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature: Printed name: Date:
14b. Signature of 2nd parent (if required): 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 Record
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 from 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 their own 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.



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 70.58A RCW, and at the direction of Katherine Hutchinson, PhD, MSPH, State Registrar.

Handwritten signature of Katherine Hutchinson

ISSUED

SEP 07 2023



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