



202310310046

10/31/2023 12:13 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2023 8611

OCT 31 2023

Amount Paid \$ 0
By Skagit Co. Treasurer
Deputy

Grantor (Name of Decedent): Dolores Diane Sniffen

Grantee (Heirs): Mark Anthony Sniffen

Abbreviated Legal Descriptions: Section 25, Township 36 North, Range 4 East, NE NE and
Ptn SE ¼ of NE ¼, 25-36-4 E W.M.

Tax Parcel No. (s): P49915/360425-1-002-0001 and P49925/360425-1-010-0001

INHERITANCE LACK OF PROBATE

(To be recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

The undersigned affiant, Mark Anthony Sniffen, being first duly sworn, executes this affidavit relating to the estate of Dolores Diane Sniffen (herein "Decedent"), who died on August 3, 2023, in the County of Skagit, State of Washington, then being a resident of the City of Sedro-Woolley.

(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 the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):
(X) the lawful surviving spouse of the Decedent

Names of All Heirs of the Decedent

3. That all heirs at law of the decedent that were living at the time of decedent's death are listed below:

"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 identified all heirs at law of the decedent:

Mark Anthony Sniffen

Age: 65

Relationship: husband

Address: 4288 State Route 9, Sedro-Woolley, WA 98284

Sabrina M. Sniffen

Age: 42

Relationship: daughter

Address: 4288 State Route 9, Sedro-Woolley, WA

Melissa D. Rigdon

Age: 36

Relationship: daughter

Address: 9003 Fruitdale Rd, Sedro-Woolley, WA

Kindra R. Rigby

Age: 30

Relationship: daughter

Address: 4288 State Route 9, Sedro-Woolley, WA

Description of the Property

4. That the following real property was owned by the Decedent at the time of death, located in County of Skagit, State of Washington, and described as follows:

(5.0900 ac) INC M/H SN HOMETTE 72 44X24: THAT PORTION OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 25, TOWNSHIP 36 NORTH, RANGE 4 EAST, W.M., LYING WITHIN THE FOLLOWING DESCRIBED BOUNDARIES: BEGINNING AT THE INTERSECTION OF THE SOUTH LINE OF SAID NORTHEAST 1/4 OF THE NORTHEAST 1/4 WITH THE WEST LINE OF THE SEDRO WOOLLEY WICKERSHAM HIGHWAY; THENCE NORTH ALONG SAID WEST LINE 169.2 FEET; THENCE WEST TO EAST LINE OF THE NORTHERN PACIFIC RAILWAY RIGHT OF WAY; THENCE SOUTH ALONG RIGHT OF WAY TO THE SOUTH LINE OF SAID NORTHEAST 1/4 OF THE NORTHEAST 1/4; THENCE EAST ALONG SAID SOUTH LINE TO THE POINT OF BEGINNING. SURVEY AF#201912160137

Situate in Skagit County, Washington.

Subject to: Conditions, covenants, restrictions and easements of record.

Assessor's Property Tax Parcel/Account Number: P49915/360425-1-002-0001

Physical address: 4248 STATE ROUTE 9, Sedro-Woolley, WA 98284

(6.8100 ac) THAT PORTION OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 25, TOWNSHIP 36 NORTH, RANGE 4 EAST, W.M., LYING WITHIN THE FOLLOWING BOUNDARIES: BEGINNING AT A POINT ON THE WEST LINE OF THE SEDRO-WOOLLEY-WICKERSHAM HIGHWAY WHICH POINT IS 1,105.6 FEET NORTH OF THE SOUTH LINE OF SAID SOUTHEAST 1/4 OF THE NORTHEAST 1/4; THENCE WEST TO THE EAST BOUNDARY OF THE NORTHERN PACIFIC RAILWAY RIGHT OF WAY; THENCE NORTH ALONG SAID EAST BOUNDARY 226.8 FEET, MORE OR LESS, TO THE NORTH LINE OF SAID SOUTHEAST 1/4 OF THE NORTHEAST 1/4; THENCE EAST ALONG SAID NORTH LINE TO THE WEST LINE OF SAID HIGHWAY; THENCE SOUTH ALONG SAID WEST LINE 226.8 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

Situate in Skagit County, Washington.

Subject to: Conditions, covenants, restrictions and easements of record.

Assessor's Property Tax Parcel/Account Number: P49925/360425-1-010-0001

Physical address: 4288 STATE ROUTE 9, Sedro-Woolley, WA 98284

Status of the Will (if any)

Decedent DID NOT LEAVE A LAST WILL AND TESTAMENT . The affiant according to the law automatically inherits all community property (including the real property listed herein). In addition, no probate is being filed and no personal representative has been appointed for the estate. THAT affiant acknowledge, and so state, that each and all of the obligations against the estate of said decedent, if any, will be her responsibility to pay or provide for.

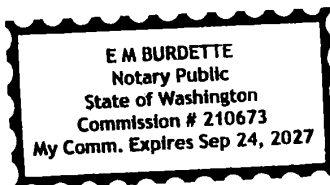
THAT affiants agree that the ownership of the above described property shall be transferred to Mark Anthony Sniffen This affidavit if made pursuant to RCW 11.62.010.

Mark Anthony Sniffen
Affiant's full name
360 856 4073
Telephone number
4289 State Route 9
Street
Sedro Woolley Wa 98284
City State Zip Code
mt a. sniff 10-5-2023
Signature Date

STATE OF WASHINGTON)
) SS.
County of Skagit)

On this day personally appeared before me MARK ANTHONY SNIFFEN to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 5th day of October, 2023.



EMBurdette
Notary Public in and for the State of Washington
Residing at: Burlington WA
My Commission expires: 9-24-2027

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-037853

DATE ISSUED: 08/07/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DOLORES DIANE

LAST NAME(S): SNIFFEN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 03, 2023

HOUR OF DEATH: 10:50 AM

SEX: FEMALE AGE: 65 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: HOLLYWOOD, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARK ANTHONY SNIFFEN

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: MARK A SNIFFEN

RELATIONSHIP: HUSBAND

ADDRESS: 4288 STATE ROUTE 9, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,
ATRIAL FIBRILLATION

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 4288 STATE ROUTE 9

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 4288 STATE ROUTE 9

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: RICHARD BLANCHARD WILLIAMS

MOTHER: DAWN ELAINE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: AUGUST 07, 2023

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: TOBI G. STIDMAN

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ERIKA POPE, DO

TITLE: DO

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: AUGUST 03, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MELISSA M. DOSS

DATE RECEIVED: AUGUST 07, 2023

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

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
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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: 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) First Middle Last Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) 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:	

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 forgoing is true and correct.

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

*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.

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.

Death Certificates

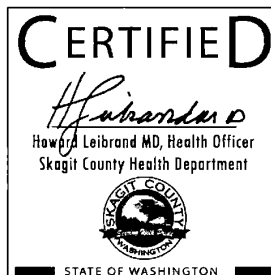
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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