



202401040047

01/04/2024 03:25 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

Shirley Mefford
% Katie Luttrell
PO Box 794 Concrete WA
98237

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20249257
JAN 04 2024

Amount Paid \$0
Skagit Co. Treasurer
By KA Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Katie Luttrell, 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 Katie May Luttrell, wife
Relationship to decedent
of James Pasco Luttrell, who died on Jan 16, 2010
Decedent/Grantor *Date*
at Concrete Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

P 70551
Lots 2 & 3 Block 2, Central to Baker
as per plat recorded in volume 3
of plats, page 70, records of Skagit
County, Washington

Assessor's Property Tax Parcel/Account Number: P 70551
(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 _____)

Full name, age, relationship, address

Katie May Luttrell 69, wife
7259 B. Ave Concrete, WA 98237

Full name, age, relationship, address

Shirley Ann Mefford 51, daughter
7259 B. Ave Concrete, WA 98237

Full name, age, relationship, address

James Patrick Luttrell 50, son
51008 Concrete, Sauk Valley Rd.

Full name, age, relationship, address

Joseph Lee Luttrell 46, son
7259 B. Ave Concrete, WA

Full name, age, relationship, address

Amy Lynn Murphy, daughter
Camp 2 Rd. 3015 Bow, WA.

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 1-4-24

Katie May Luttrell
Affiant's full name

(360) 853-8145
Telephone number

7259 B. Ave.
Street

Concrete WA. 98257
City State Zip Code

Katie Luttrell 1-4-24
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Katie Luttrell
(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: 01, 04, 2024

Kaylee Oudman
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Seard Woolley

Notary Public in and for the State of WA

My appointment expires: 3, 30, 2026



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 46-10 Washington State Certificate of Death State File Number

1. Legal Name: James Pasco Luttrell; 2. Death Date: Jan. 16, 2010; 3. Sex: Male; 4a. Age: 71; 4b. Under 1 Year: 71; 4c. Under 1 Day: 71; 8. County of Death: Skagit; 10. Was Decedent of Hispanic Origin? No; 11. Decedent's Race(s): Caucasian; 12. Was Decedent ever in U.S. Armed Forces? No; 13a. Residence: 7259 B Ave., Skagit; 13b. City or Town: Concrete; 13c. Residence County: Skagit; 13d. Tribal Reservation Name: (if applicable); 13e. State or Foreign Country: Washington; 13f. Zip Code + 4: 98237; 13g. Inside City Limits? Yes; 14. Estimated length of time at residence: 33 Years; 15. Marital Status at Time of Death: Married; 16. Surviving Spouse's or Domestic Partner's Name: Katie Germeaux; 17. Usual Occupation: Single Sawyer; 18. Kind of Business/Industry: Lumber Industry; 19. Father's Name: George Luttrell; 20. Mother's Name Before First Marriage: Lenora; 21. Informant's Name: Katie Luttrell; 22. Relationship to Decedent: Wife; 23. Mailing Address: 2059 B Street Concrete, WA 98237; 24. Place of Death: Decedent's Home; 25. Facility Name: 2059 B Street; 26a. City, Town, or Location of Death: Concrete; 26b. State: WA; 27. Zip Code: 98237; 28. Method of Disposition: Cremation; 29. Place of Final Disposition: Mount Vernon Cemetery Crematory; 30. Location-City/Town, and State: Mount Vernon, WA; 31. Name and Complete Address of Funeral Facility: Kern Funeral Home 1122 South 3rd St. Mount Vernon, WA 98273; 32. Date of Disposition: Jan. 19, 2010; 33. Funeral Director Signature: [Signature]

Part 1 completed by Funeral Director

34. Cause of Death: Metastatic adenocarcinoma of uncertain primary site; 35. Other significant conditions contributing to death but not resulting in the underlying cause given above; 36. Autopsy? Yes; 37. Were autopsy findings available to complete the Cause of Death? Yes; 38. Manner of Death: Natural; 39. If female: Not pregnant within past year; 40. Did tobacco use contribute to death? No; 41. Date of Injury: (M/D/YYYY); 42. Hour of Injury (24hrs); 43. Place of Injury: (e.g., Decedent's home, construction site, restaurant, wooded area); 44. Injury at Work? No; 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: Bob Clark, P.O. Box 1306 Mount Vernon, WA 98273; 48b. Medical Examiner/Coroner: [Signature]; 49. Name and Address of Certifier: Bob Clark, P.O. Box 1306 Mount Vernon, WA 98273; 50. Hour of Death (24hrs): Mid-AM Hours; 51. Name and Title of Attending Physician if other than Certifier: (Type or Print); 52. Date Signed (M/D/YYYY): 1/18/2010; 53. Title of Certifier: Deputy Coroner; 54. License Number; 55. ME/Coroner File Number: 010-09; 56. Was case referred to ME/Coroner? Yes; 57. Registrar Signature: [Signature]; 58. Date Received (M/D/YYYY): JAN 19 2010; 59. Amendments

Part 2 completed by Certifier





Affidavit for Correction

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
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:	3. Place of Event: (City or County)	
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:		7. The True fact is:		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:		16. Date:	17. Address:	

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

MAR 03 2010

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

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