



202401120028

01/12/2024 10:54 AM Pages: 1 of 7 Fees: \$309.50
Skagit County Auditor

Return Address:

Land Title and Escrow Company
111 E. George Hopper Road
Burlington, WA 98233
209837-LT

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 9325
JAN 12 2024

Amount Paid \$ 0
Skagit Co. Treasurer
By *Bm* Deputy

<p>Document Title(s) (for transactions contained therein):</p> <ol style="list-style-type: none"> 1. Affidavit (Lack of Probate) 2. 3. 4.
<p>Reference Number(s) of Documents assigned or released: (on page of documents(s))</p>
<p>Grantor(s)</p> <ol style="list-style-type: none"> 1. Marian A. Hughes 2. 3. 4.
<p>Additional Names on page _____ of document.</p>
<p>Grantee(s)</p> <ol style="list-style-type: none"> 1. Estate of John E. Hughes 2. 3. 4.
<p>Additional Names on page _____ of document.</p>
<p>Legal Description (abbreviated i.e. lot, block, plat or section, township, range)</p> <p>Tr. 32, Silver Creek Ranch Div. 2, AKA Tr. 32 Revised SP 108-76 AF#846420, being a ptn 5-36-4 E W.M.</p>
<p>Additional legal is on page _____ of document.</p>
<p>Assessor's Property Tax Parcel/Account Number</p> <p>360405-1-003-0707/P48886</p>
<p>The Auditor/Recorder will rely on information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.</p>

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AFFIDAVIT (LACK OF PROBATE)

* Sarah Cuellar, Personal Representative of the Estate of
John E. Hughes, deceased

The undersigned affiant/grantee *, 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

husband of Marian A. Hughes
Relationship to decedent *Decedent/Grantor Name*

who died on 12/22/2005 at
Date

Sedro-Woolley Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Tr 32, Silver Creek Ranch Div. 2, AKA Tr. 32 Revised SP 108-76 AF# 846420, being a ptn 5-36-4 E W.M.

Assessor's Property Tax Parcel/Account Number: 360405-1-003-0707/P48886
(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)

Estate of John E. Hughes, surviving spouse

606 S. Clark Ave. Unit 2 Republic WA 99166

Full name, age, relationship, address

Angela M Hughes, daughter, age unknown

1011 E. Division St., Apt 106, Mt. Vernon, WA 98274

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: December 18, 2023

Sarah Cuellar, Personal Representative of the Estate of John E. Hughes

Affiant's full name

(509) 207-9162
Telephone number

4605 S. Clark Ave, Unit 2

Republic *City* WA *State* 99166 *Zip Code*

[Signature] *Signature* December 18, 2023 *Date*

Sarah Cuellar, Personal Representative

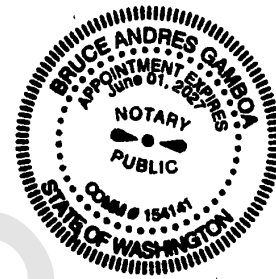
STATE OF WASHINGTON
COUNTY OF

Signed and sworn to (or affirmed) before me on this 18th day of December, 2023 by
Sarah Cuellar

[Signature]
Signature

[Title]
Title

My appointment expires: June 01, 2027

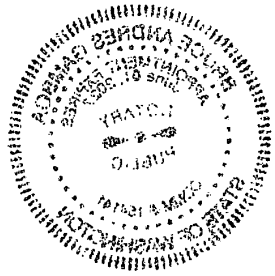


Legal Description

Tract 32, Revised Short Plat No. 108-76, approved November 23, 1976 and recorded November 23, 1976, under Auditor's File No. 846420, in Volume 2 of Short Plats, pages 1 and 2, records of Skagit County, Washington; being a portion of Section 5, Township 36 North, Range 4 East, W.M., EXCEPT mineral rights and reserved in instrument dated June 13, 1977 and recorded June 22, 1977, under Auditor's File No. 858948.

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over and across the road known as Silver Creek Drive, as delineated on the face of the Short Plat.

Situate in the County of Skagit, State of Washington.



STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number **977-05** Washington State Certificate of Death State File Number **5 84406**

1. Legal Name (include AKA's if any) First Middle LAST Suffix: **Marian Alice Hughes** 2. Death Date: **12/22/2005**

3. Sex (M/F): **F** 4a. Age - Last Birthday: **61** 4b. Under 1 Year: **0** 4c. Under 1 Day: **0** 4d. Under 1 Hour: **0** 5. Social Security Number: **[REDACTED]** 6. County of Death: **Skagit**

7. Birthdate: **[REDACTED]** 8a. Birthplace (City, Town, or County): **Tacoma** 8b. (State or Foreign Country): **WA** 9. Decedent's Education: **High School Graduate**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: **No** 11. Decedent's Race(s): **White** 12. Was Decedent ever in U.S. Armed Forces?: **No**

13a. Residence: Number and Street (e.g., #24 SE 5th St.) (Include Apt. No.): **392 Bridle Drive** 13b. City or Town: **Sedro-Woolley**

13c. Residence: County: **Skagit** 13d. Tribal Reservation Name (if applicable): **[REDACTED]** 13e. State or Foreign Country: **WA** 13f. Zip Code - 4: **98284** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: **25 Years** 15. Marital Status at Time of Death: **Married** 16. Surviving Spouse's Name (Give name prior to first marriage): **John E. Hughes**

17. Usual Occupation (Indicate type of work done during most of working life: (DO NOT USE RETIRED): **Cook/Cashier** 18. Kind of Business/Industry (Do not use Company Name): **Restaurant**

19. Father's Name (First, Middle, Last, Suffix): **Elmer Theodore Westling** 20. Mother's Name Before First Marriage (First, Middle, Last): **Alice [REDACTED]**

21. Informant's Name: **John E. Hughes** 22. Relationship to Decedent: **Husband** 23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip: **392 Bridle Drive, Sedro-Woolley, WA 98284**

24. Place of Death, if Death Occurred in a Hospital: **Decedent's Home**

25. Facility Name (if not a facility, give number & street or location): **392 Bridle Drive** 26a. City, Town, or Location of Death: **Sedro-Woolley** 26b. State: **WA** 27. Zip Code: **98284**

28. Method of Disposition: **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place): **Mount Vernon Cemetery** 30. Location-City/Town, and State: **Mount Vernon, WA**

31. Name and Complete Address of Funeral Facility: **Hulbush Funeral Home & Cremation Services, 281 South Burlington Blvd., Burlington, WA 98233** 32. Date of Disposition: **12/28/2005**

33. Funeral Director Signature: **[Signature]**

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **poisoned acute coronary syndrome** Due to (or as a consequence of): **Unknown** Interval between Onset & Death: **Unknown**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. **coronary artery disease** Due to (or as a consequence of): **Unknown** Interval between Onset & Death: **Unknown**

c. **diabetes** Due to (or as a consequence of): **Unknown** Interval between Onset & Death: **Unknown**

d. **[REDACTED]** Due to (or as a consequence of): **[REDACTED]** Interval between Onset & Death: **[REDACTED]**

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: **[REDACTED]** 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending 39. If female: Not pregnant within past year. Not pregnant, but pregnant within 42 days before death. Not pregnant, but pregnant 43 days to 1 year before death. Pregnant at time of death. Unknown if pregnant within the past year. 40. Did tobacco use contribute to death? Yes No Probably Unknown

41. Date of Injury (mm/dd/yyyy): **[REDACTED]** 42. Hour of Injury (24hrs): **[REDACTED]** 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): **[REDACTED]** 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: **[REDACTED]** City or Town: **[REDACTED]** County: **[REDACTED]** State: **[REDACTED]** Zip Code - 4: **[REDACTED]**

46. Describe how injury occurred: **[REDACTED]** 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify): **[REDACTED]**

48a. Certifying Physician: In the best of my professional judgment, I certify that the time, date, and place of death, and the manner and cause of death are as stated on this certificate. **[Signature]** 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. **[Signature]**

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **Carl M. Berliner, 1400 East Kincaid Street, Mount Vernon, WA 98274** 50. Hour of Death (24hrs): **0137**

51. Name and Title of Attending Physician (if other than Certifier) (Type or Print): **[REDACTED]** 52. Date Signed (mm/dd/yyyy): **12/22/05**

53. Title of Certifier: **MD** 54. License Number: **[REDACTED]** 55. ME/Coroner File Number: **Case# 185-05** 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: **[Signature]** 58. Date Received (mm/dd/yyyy): **DEC 23 2005**

59. Amendments: **[REDACTED]**



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
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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) 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 Self Guardian Informant Hospital
 Person on Record: 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:

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: _____ Date: _____
 14b. Signature of 2nd parent (if required): _____ 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 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

- 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.

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.

Katherine Hutchinson

ISSUED

SEP 20 2023



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