



202401260036

01/26/2024 01:30 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

After recording, return to:
Pamela R. Tavoularis and Lee P. Tavoularis
300 2nd Ave N 3A
Edmonds, WA 98020

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20249426
JAN 26 2024

CHICAGO TITLE
620054489

Amount Paid \$4,399.40
By Skagit Co. Treasurer Deputy
KD

Grantor (Name of Decedent): Mary Ann Tavoularis
Grantee (Heirs): Lee Tavoularis
Abbreviated Legal Description: LT 899, SHELTER BAY DIV 5
Tax Parcel No.(s): P129542 / 5100-005-899-0000 and S3302020473

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, Lee Tavoularis, executes this affidavit relating to the estate of Mary Ann (herein "Decedent"), who died on Jan 21, 2004, in the County of Skagit, State of Washington, then being a resident of the City of La Conner, County of Skagit, State of Washington.
(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: Lee Tavoularis (Spouse)

Name and relationship: Lee Tavoularis (Spouse)

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.

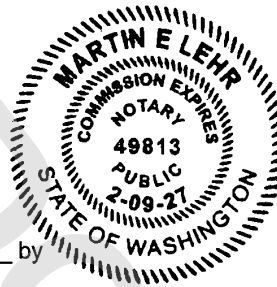
☒ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

L.P. Tavoularis L.P. TAVOULARIS
 Signature

Lee P Tavoularis
 Print Name

State of Washington
 County of SKAGIT



This record was acknowledged before me on 1-24-24 by

Martin E. Lehr

Martin E. Lehr
 (Signature of notary public)

Notary Public in and for the State of WA

My commission expires: 2-9-27

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P129542 / 5100-005-899-0000 and S3302020473

Lot No. 899, Amended Survey of Shelter Bay Div. 5 Tribal and Allotted Lands of Swinomish Indian Reservation, as recorded on June 2, 1976 in Volume 1 of Surveys, pages 184 through 186, inclusive, records of Skagit County, Washington, under Auditor's File No. 836134.

TOGETHER WITH a non-exclusive easement for ingress and egress, over and across the following described portion of lot 571, Survey of Shelter Bay Div. 3, Tribal and Allotted Lands of Swinomish Indian Reservation, as recorded in Volume 473 of Official Records, pages 839 to 842, inclusive, records of Skagit County Washington:

Beginning at the Northwest corner of Lot 571;
Thence North 86°06'18" East, a distance of 30 feet to the true point of beginning;
Thence North 86°06'18" East a distance of 32.98 feet to a curve whose radius point bears North 3°53'42" West, a distance of 165 feet;
Thence Easterly along the arc of said curve through a central angle of 17°18'40", a distance of 49.85 feet;
Thence South 0°51'45" West, a distance of 70 feet;
Thence North 54°39'29" West, a distance of 98.48 feet to the true point of beginning.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
61-04						4 02955	
1. Legal Name (include AKA's if any)		First Middle LAST				2. Death Date	
MARY ANN TAVOULARIS						JAN 21, 2004	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number		6. County of Death	
FEMALE	66	Months	Hours	Minutes	189-30-8492	SKAGIT	
7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education	
NOV. 17, 1937		MER CER		PA.		MASTERS DEGREE / MS	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s)				12. Was Decedent ever in U.S. Armed Forces? NO	
NO		WHITE					
13a. Residence: Number and Street (e.g., 624 SE 5th St) (Include Apt. No.)				13b. City or Town		13c. Inside City Limits?	
899 KLAMATH DR.				LA CONNER		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
SKAGIT				WASHINGTON		98257	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
16 YEARS		MARRIED		LEONIDAS PETER TAVOULARIS			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).)		18. Kind of Business/Industry (Do not use Company Name)		19. Father's Name (First, Middle, Last, Suffix)			
MICROBIOLOGIST		MEDICAL RESEARCH		CECIL LAWRENCE, ASHBAUGH			
20. Mother's Name Before First Marriage (First, Middle, Last)		21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number/Street or RFD No. City or Town State Zip	
HELEN FITZGERALD KENNEDY		LEONIDAS P. TAVOULARIS		HUSBAND		899 KLAMATH DR. LA CONNER, WA. 98257	
24. Place of Death, if Death Occurred in a Hospital:		25. Facility Name (if not a facility, give number & street)					
DECEDENT'S HOME		899 KLAMATH DR.					
26a. City, Town, or Location of Death		26b. State		27. Zip Code		28. Method of Disposition	
LA CONNER		WA		98257		CREMATION	
29. Place of Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town and State		31. Name and Complete Address of Funeral Facility			
FIRST CREMATION SERVICES, LLC		KENT, WASHINGTON		AFFORDABLE BURIAL & CREMATION SERVICES, LLC. 17910 SR 536, SUITE B MOUNT VERNON, WA. 98273			
32. Date of Disposition		33. Funeral Director Signature					
JAN. 23, 2004		[Signature] # 1977					
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. CIRRHOSIS OF LIVER							
Due to (or as a consequence of):							
b. ALCOHOLIC LIVER DISEASE							
Due to (or as a consequence of):							
c. 72 HRS							
Due to (or as a consequence of):							
d.							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
SPONTANEOUS BACTERIAL PERITONITIS - GASTRIC VARICES							
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
38. Manner of Death							
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending							
39. If female							
<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1-year before death <input type="checkbox"/> Unknown if pregnant within the past year							
40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
45. Location of Injury: Number & Street							
City or Town: County: State: Zip Code + 4:							
46. Describe how injury occurred							
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)							
48a. Certifying Physician - To the best of my knowledge, I have secured at this time, date, and place and due to the cause(s) and manner stated.							
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)							
SHIRAZ S. AHMED MD 325 9th AVE. BOX 359755 SEATTLE, WA 98104-2499							
50. Hour of Death (24hrs)							
0430							
51. Name and Title of Attending Physician (if other than Certifier (Type or Print))							
52. Date Certified (MM/DD/YYYY)							
01/22/2004							
53. Title of Certifier							
54. License Number							
55. ME/Coroner File Number							
56. Was case referred to medical examiner? <input type="checkbox"/> Yes <input type="checkbox"/> No							
57. Registrar Signature X							
58. Date Received (MM/DD/YYYY)							
JAN 23 2004							
59. Record Amendment							
Item Documentary Evidence Reviewed by: Date							

DOH/CHS 003 Rev 3/24/2003

DOH 422-133 (6/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



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
Required information must match current information on record				
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:	Printed name:
Date:	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.

ISSUED

JAN 03 2024



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