



202402210060

02/21/2024 01:50 PM Pages: 1 of 4 Fees: \$306.50
Skagit County Auditor

AFTER RECORDING RETURN TO:
Gilbert & Gilbert Lawyers, Inc., P.S.
314 Pine St., Suite 211
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

0224 9641
FEB 21 2024

Amount Paid \$ 0
Skagit Co. Treasurer
By  Deputy

AFFIDAVIT: LACK OF PROBATE

GRANTOR: STEVEN CRAIG WILLIS, deceased

GRANTEE: NAN WILLIS, surviving spouse

ASSESSOR'S PROPERTY TAX

PARCEL OR ACCOUNT NOS. P132936 / 6030-000-032-0000

NAN WILLIS, being first duly sworn upon oath, deposes and says:

1. Status. I am the Surviving Spouse of the Estate of Steven Craig Willis, who died on December 21, 2023. I am a resident of Mount Vernon, Skagit County, Washington. A certified copy of his Death Certificate is attached to this Affidavit.

2. Real Property. Decedent, Steven Craig Willis, left a community interest in real property described in this Affidavit. Steven Craig Willis and Nan Willis were husband and wife, took title to the property as husband and wife, and as such the property is community in nature, belonging to the surviving spouse, Nan Willis, as the sole and rightful owner under RCW 11.04.015(1)(a). Said real property situated in the County of Skagit and State of Washington is fully described as follows:

Lot 32, Plat of Summersun Estates Phase 1 LU-07-023, recorded October 15, 2015 under Auditor's File No. 201510150066, and re-recorded under 201511170046, records of Skagit County, Washington

Tax Parcel Numbers(s): P132936/ 6030-000-032-0000

Subject to: all covenants, conditions, restrictions, and easements of record; if any.

Commonly known as 4048 Autumn Way, Mount Vernon, WA 98273

 NOTARY PUBLIC in and for the state of Washington
 Residing at: Burlington, WA
 My commission expires: 1-29-2025

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-062946

DATE ISSUED: 12/27/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): STEVEN CRAIG

LAST NAME(S): WILLIS

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 21, 2023

HOUR OF DEATH: 08:21 PM

SEX: MALE

AGE: 72 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: FORT BRAGG, NC

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: NAN TAYLOR

OCCUPATION: SOFTWARE ENGINEER

INDUSTRY: TELECOMMUNICATIONS

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: NAN WILLIS

RELATIONSHIP: WIFE

ADDRESS: 4048 AUTUMN WAY MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: CARDIAC ARREST

INTERVAL: MINUTES

B: DIABETES

INTERVAL: UNKNOWN

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: DEAD ON ARRIVAL TO HOSPITAL IN TRANSPORT

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 4048 AUTUMN WAY

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: LLOY C WILLIS

MOTHER: LOU [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: DECEMBER 27, 2023

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: RYAN BOSLER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 300 HOSPITAL PKWY

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 99273

DATE SIGNED: DECEMBER 26, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER

DATE RECEIVED: DECEMBER 27, 2023

**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 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.

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.

*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

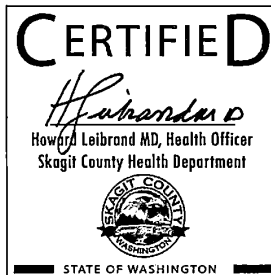
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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