



202403070023

03/07/2024 10:40 AM Pages: 1 of 6 Fees: \$308.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2024 9810  
MAR 07 2024

Amount Paid \$ 0  
Skagit Co. Treasurer  
By Deputy

When recorded, return to

Matthew T. Fiedler  
Marsh Mundorf Pratt Sullivan + McKenzie, P.S.C.  
4220 132<sup>nd</sup> Street S.E., Suite 201  
Mill Creek, WA 98012

Document Title(s):	Lack of Probate Affidavit
Reference Number(s) of Document assigned or released:	n/a
Grantor/Decedent's Name:	John Francis Williams, Sr., sole heir and devisee of Terry Ann Williams, deceased
Grantee/Survivor's Name:	John Francis Williams, Sr.
Legal Description:	LOT THREE (3), REPLAT OF BIG LAKE WATER FRONT TRACTS, (BEING A PORTION OF LOTS 122, 123 AND 124, BIG LAKE WATERFRONT TRACTS).  SITUATE IN SKAGIT COUNTY, STATE OF WASHINGTON.
Assessor's Property Tax Parcel/Account No.:	P78688



LOT THREE (3), REPLAT OF BIG LAKE WATERFRONT TRACTS, (BEING A PORTION OF LOTS 122, 123, AND 124, BIG LAKE WATERFRONT TRACTS).

4. No Washington state inheritance taxes or federal estate taxes were due and owing and therefore no estate tax release from the State of Washington was necessary.

5. Affiant knows of her personal knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to, all of the debts of the Decedent, the expenses of Decedent's last illness, funeral and burial expenses, promissory notes, installment contracts and mortgages) have been paid in full or, if not paid in full, have been settled or assumed by affiant as a surviving heir of the Decedent.

6. This affidavit is made to induce any title insurance company so requested to insure title to the above real property to a successor in which the Decedent held an interest at the time of her death. Affiant requests said title insurance company to issue its policy of title insurance in full reliance upon the representations contained herein.

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# STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number **07 3353** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any)		2. Death Date	
TERRY A. WILLIAMS		Nov. 28, 2004	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day
Female	66	Months	Days
5. Social Security Number		6. County of Death	
[REDACTED]		Snohomish	
7. Birthdate	8a. Birthplace (City, town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
[REDACTED]	Aberdeen	South Dakota	High school graduate or GED completed
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		White	No
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)			13b. City or Town
516 143rd St. SW			Lynnwood
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4
Snohomish		Washington	98037
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
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)	
36 Years	Married	John F. Williams Sr.	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE))		18. Kind of Business/Industry (Do not use Company Name)	
Daycare		Self Employed	
19. Father's Name (First, Middle, Last, Suffix)		20. Mother's Name Before First Marriage (First, Middle, Last)	
Charles J. Kugler		[REDACTED]	
21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip	
John F. Williams Sr.	Spouse	516 143rd St. SW Lynnwood Washington 98037	
24. Place of Death, if Death Occurred in a Hospital:		25. Facility Name (If not a facility, give number & street or location)	
Decedent's Home		516 143rd ST SW	
26a. City, Town, or Location of Death		26b. State	27. Zip Code
Lynnwood		WA	98037
28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State
Cremation	Seattle Service Group Crematory		Seattle, Washington
31. Name and Complete Address of Funeral Facility			32. Date of Disposition
Bleitz Funeral Home 316 Florentia ST Seattle, Washington 98109			December 3, 2004
33. Funeral Director Signature X			
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)			Interval between Onset & Death
a. Glioma (Brain tumor)			3 months
Due to (or as a consequence of):			Interval between Onset & Death
b. [REDACTED]			
Due to (or as a consequence of):			Interval between Onset & Death
c. [REDACTED]			
Due to (or as a consequence of):			Interval between Onset & Death
d. [REDACTED]			
35. Other significant conditions contributing to death, but not resulting in the underlying cause given above			36. Autopsy
Morbid Obesity, Paraplegia			<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		39. If female	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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?	41. Date of Injury (mm/dd/yyyy)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	[REDACTED]		
42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
[REDACTED]		[REDACTED]	
44. Injury at Work?		45. Location of Injury: Number & Street	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		[REDACTED]	
46. Describe how injury occurred		47. If transportation injury, specify:	
[REDACTED]		<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, death occurred at the 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.	
X [Signature]		X [Signature]	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		50. Hour of Death (24hrs)	
Joshua Shaw MD 12800 Bothell-Everett Hwy, Everett, WA 98208		0145	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (mm/dd/yyyy)	
[REDACTED]		# 01104	
53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
MD	JCS55	NJA04SN2128	<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature		58. Date Received (mm/dd/yyyy)	
M. Grand Hande MD		DEC - 3 2004	
59. Amendments #20 by affidavit 12/10/04 LD			



Affidavit for Correction

03/07/2024 10:40 AM Page 6 of 6  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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: 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)  
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital 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:

Table with 2 columns: The record currently shows: (8, 10, 12) and The true fact is: (9, 11, 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 2nd 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

- 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.
- \*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)

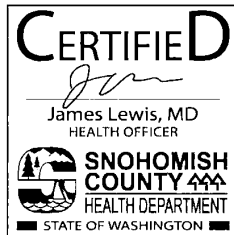
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

- 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.

0 7 3 0 6 6 3 2