



202403070038

03/07/2024 12:00 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

**SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX**

2024 9812

MAR 07 2024

Amount Paid \$ *0*

Skagit Co. Treasurer

By *UT* Deputy

When recorded, return to

Matthew T. Fiedler
Marsh Mundorf Pratt Sullivan + McKenzie, P.S.C.
4220 132nd 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 TWO (2), REPLAT OF BIG LAKE WATER FRONT TRACTS, BEING A PORTION OF LOTS 122, 123 AND 124 OF FIRST ADDITION OF BIG LAKE WATERFRONT TRACTS, ACCORDING TO THE PLAT RECORDED IN VOLUME 11 OF PLATS, PAGE 3, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Assessor's Property Tax Parcel/ Account No.: P78687

LOT TWO (2), REPLAT OF BIG LAKE WATERFRONT TRACTS, BEING A PORTION OF LOTS 122, 123, AND 124 OF FIRST ADDITION OF BIG LAKE WATERFRONT TRACTS, ACCORDING TO THE PLAT RECORDED IN VOLUME 11 OF PLATS, PAGE 3, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SUBJECT TO: ANY AND ALL EASEMENTS, RESERVATIONS, RESTRICTIONS, AND EXCEPTIONS OF RECORD, INCLUDING BUT NOT LIMITED TO THOSE EASEMENTS, RESERVATIONS AND EXCEPTIONS AS MORE FULLY PROVIDED FOR UNDER SKAGIT COUNTY AUDITOR'S FILE NUMBER 821155.

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 **D7 3353** Washington State Certificate of Death State File Number _____

1. Legal Name (include AKA's if any) First Middle LAST Suffix **TERRY A. WILLIAMS** 2. Death Date **Nov. 28, 2004**

3. Sex (MF) **Female** 4a. Age - Last Birthday **66** 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. Social Security Number _____ 6. County of Death **Snohomish**

7a. Birthplace (City, State, or County) **Aberdeen** 7b. (State or Foreign Country) **South Dakota** 8. Decedent's Education **High school graduate or GED completed**

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., 624 SE 5th St.) (include Apt. No.) **516 143rd St. SW** 13b. City or Town **Lynnwood**

13c. Residence: County **Snohomish** 13d. Tribal Reservation Name (if applicable) _____ 13e. State or Foreign Country **Washington** 13f. Zip Code + 4 **98037** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence. **36 Years** 15. Marital Status at Time of Death **Married** 16. Surviving Spouse's Name (Give name prior to first marriage) **John F. Williams Sr.**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT use RETIRED).) **Daycare** 18. Kind of Business/Industry (Do not use Company Name) **Self Employed**

19. Father's Name (First, Middle, Last, Suffix) **Charles J. Kugler** 20. Mother's Name Before First Marriage (First, Middle, Last) _____

21. Informant's Name **John F. Williams Sr.** 22. Relationship to Decedent **Spouse** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip **516 143rd St. SW Lynnwood Washington 98037**

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

25. Facility Name (if not a facility, give number & street or location) **516 143rd ST SW** 26a. City, Town, or Location of Death **Lynnwood** 26b. State **WA** 27. Zip Code **98037**

28. Method of Disposition **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place) **Seattle Service Group Crematory** 30. Location-City/Town, and State **Seattle, Washington**

31. Name and Complete Address of Funeral Facility **Bleitz Funeral Home 316 Florentia ST Seattle, Washington 98109** 32. Date of Disposition **December 3, 2004**

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. Glioma (Brain tumor)** Interval between Onset & Death **3 months**

Due to (or as a consequence of): _____ Interval between Onset & Death _____

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. _____ Due to (or as a consequence of): _____ Interval between Onset & Death _____

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

d. _____

35. Other significant conditions contributing to death but not resulting in the underlying cause given above **Morbid Obesity, Paraplegia**

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 Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes Probably No 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? Yes No Unk

45. Location of Injury: Number & Street: _____ Apt. No. _____ 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 - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. **[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) **Joshua Shaw MD 12800 Bothell-Everett Hwy, Everett, WA 98208** 50. Hour of Death (24hrs) **0145**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) _____ 52. Date Signed (mm/dd/yyyy) **12/10/04**

53. Title of Certifier **MD** 54. License Number **JCS55** 55. ME/Coroner File Number **NJA04SN2128** 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature **M. Wood [Signature]** 58. Date Received (mm/dd/yyyy) **DEC - 3 2004**

59. Amendments **#20 by affidavit 12/10/04 LD**



Affidavit for Correction

03/07/2024 12:00 PM Page 6 of 6
Center for Health Statistics
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:
The record currently shows: The true fact is:
8. 9.
10. 11.
12. 13.

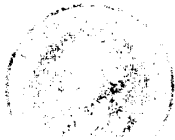
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.
14a. Signature: 14b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: Date:

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 Record
• 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.

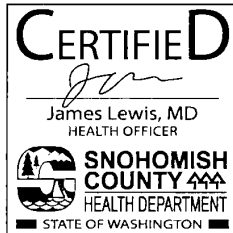
Birth Certificates
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).
Child under 18 Adult (18 years or older)
• If legal guardian(s), include certified court order proving guardianship. • Only the adult can change his or her birth certificate.
• Up to age one or up to one year following the filing of an Acknowledgement 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. • If the first or middle name is missing, three pieces of proof documentation are required.
• No proof is required to change the first or middle name.* • 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 information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, 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.

Death Certificates
1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates
1. 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.
2. 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.



DATE ISSUED

NOV 17 2023



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