

After recording, return to:
Merle Meabon
2107 N Warwick Avenue
Meridian, ID 83646

CHICAGO TITLE
620055740

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 03/08/2024

Grantor (Name of Decedent): Marla S. Meabon
Grantee (Heirs): Merle L. Meabon
Abbreviated Legal Description: LT 104, PLAT OF WOODSIDE PUD DIVS 1 AND 2, REC 201607270025
Tax Parcel No.(s): P133297 / 6038-000-104-0000

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF FL
COUNTY OF St Johns

The undersigned, Merle L. Meabon, executes this affidavit relating to the estate of
_____ (herein "Decedent"), who died on 01/16/2023,
in the County of Skagit, State of WA, then being a resident of the
City of Mount Vernon, County of Skagit, State of WA.
(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: Merle L. Meabon **SPOUSE**
 Name and relationship: _____
 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:

LOT 104, PLAT OF WOODSIDE PUD DIVISIONS 1 AND 2, RECORDED JULY 27, 2016 UNDER
 SKAGIT COUNTY AUDITOR'S FILE NO. 201607270025, RECORDS OF SKAGIT COUNTY,
 WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

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.

Merle L. Meabon
 Signature

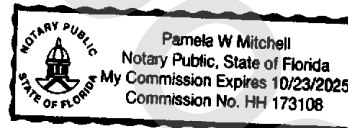
Merle L Meabon
 Print Name

State of FL
 County of ST Johns

This record was acknowledged before me on 03/04/2024 by
Merle L. Meabon

Pamela W Mitchell
 (Signature of notary public)

Notary Public in and for the State of FL
 My commission expires: 10/23/2025



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-002133

DATE ISSUED: 01/19/2023

FEE NUMBER: 31012023

FIRST AND MIDDLE NAME(S): MARLA SUE
LAST NAME(S): MEABONCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 16, 2023
HOUR OF DEATH: 08:48 PM
SEX: FEMALE AGE: 72 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: HALE CENTER, TXMARITAL STATUS: MARRIED
SURVIVING SPOUSE: MERLE MEABONOCCUPATION: TYPESETTER/PRINTER
INDUSTRY: NEWSPAPER
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: MERLE MEABON
RELATIONSHIP: SPOUSE
ADDRESS: 4703 SIERRA ST MOUNT VERNON, WA 98274CAUSE OF DEATH:
A: END STAGE LIVER DISEASE
INTERVAL: MONTHS
B: NON ALCOHOLIC STEATOHEPATITIS
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: COVID-19 POSITIVE 1/3/2023

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

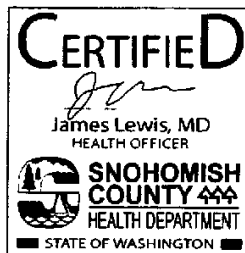
PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 4703 SIERRA ST
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274-3034RESIDENCE STREET: 4703 SIERRA ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98274-3034
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARSFATHER: ROY LEE MASTERS
MOTHER: DONA [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYCITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JANUARY 19, 2023

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: BRAD LASHAMMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: ERIKA POPE, DO
TITLE: DO
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JANUARY 18, 2023CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MELISSA M. DOSS
DATE RECEIVED: JANUARY 18, 2023

 Affidavit for Correction		Mail to: 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	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:		2. Date of Event:	3. Place of Event:
	Middle Last 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		MM/DD/YYYY 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	(City or County) First Middle Last/Maiden
	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: 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 foregoing 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 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 • 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 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.



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