



202403280182

03/28/2024 12:42 PM Pages: 1 of 4 Fees: \$306.50
Skagit County Auditor

Return Address:

Rodica D. Knapton
14106 Rosario Rd
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 0046
MAR 28 2024

Amount Paid \$
Skagit Co. Treasurer
By Bm Deputy

LACK OF PROBATE AFFIDAVIT

The undersigned affiant/grantee RODICA D. KNAPTON, being first duly sworn, deposes and states as follows: That she is the rightful and only heir to the real property described below, and she is the surviving spouse of JAMES HOWARD KNAPTON, who died on February 5, 2024 at Anacortes, Washington.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Parcel Number: P19481

XrefID: 340115-1-001-0207

Full Legal Description: (0.7800 ac) NE1/4 NE1/4, SECTION 15, TOWNSHIP 34 NORTH, RANGE 1 EAST, W.M., W OF ROSARIO RD AKA LT 2 S/P 10-81 AF#8103260007

Commonly known as: 14106 Rosario Road Anacortes, WA 98221

Parcel Number: P100170

XrefID: 4561-002-012-0001

Full Legal Description: SKYLINE NO 23, LOT 12, TF DOCK

Commonly known as: 2005 SKYLINE WAY, DOCK TF, 12 Anacortes, WA

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked and said Will specifies all assets are allocated to and shall be distributed to his surviving spouse.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies the heirs at law of the decedent:

- Rodica D. Knapton, surviving spouse, 14106 Rosario Road Anacortes, WA 98221
- Carol McLean, daughter 3630 Coast Hwy, Davenport CA 95017
- Bruce Knapton, son unknown address
- Liviu Siteanu, step-son 1423 NE 190th Street Shoreline, WA 98155

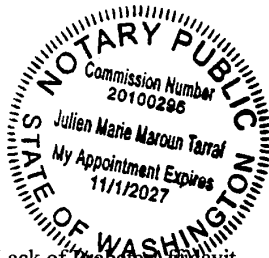
Rodica D. Knapton
Signature

03.13.2024
Date

STATE OF WASHINGTON)
)ss.
COUNTY OF SKAGIT)

I know or have satisfactory evidence that RODICA D. KNAPTON is the person who appeared before me, and said person acknowledged that she signed this affidavit and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: March 13, 2024.



Lack of Probate Affidavit
Page 2 of 2

Julien Marie Maroun Tarraf

Print name: Julien-Marie Maroun
Notary Public in and for the State of Washington
residing at Bellingham
My appointment expires on 11-01-2027.

TARRAF LAW OFFICE
Katherine Tarraf, Attorney-at-Law, WSBA #8394
416 Pine Street, Mount Vernon, WA 98273
(360) 488-7802, tarraflawoffice@gmail.com

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-006969

DATE ISSUED: 02/15/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES HOWARD

LAST NAME(S): KNAPTON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: FEBRUARY 05, 2024

HOUR OF DEATH: 08:00 PM

SEX: MALE AGE: 98 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BERKELEY, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: RODICA DUMITRESCU

OCCUPATION: ENGINEER - OTHER

INDUSTRY: MANUFACTURING - NOT SPECIFIED

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: YES

INFORMANT: RODICA KNAPTON

RELATIONSHIP: WIFE

ADDRESS: 14106 ROSARIO ROAD

CAUSE OF DEATH:

A: ACUTE MYOCARDIAL INFARCTION

INTERVAL: 4 DAYS

B: CORONARY ARTERY DISEASE

INTERVAL: UNKNOWN

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DEMENTIA, CHRONIC KIDNEY DISEASE

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: HOSPITAL

FACILITY OR ADDRESS: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221-2590

RESIDENCE STREET: 14106 ROSARIO ROAD

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER: JAMES KNAPTON

MOTHER: RUTH [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: FEBRUARY 15, 2024

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: COLE B. ERIKSON

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: NOT APPLICABLE

CERTIFIER NAME: RICHARD R. HOLMAN, DO

TITLE: DO

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

DATE SIGNED: FEBRUARY 14, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: FEBRUARY 14, 2024

**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
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Required information must match current information on record

Required	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: P.O. 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.
- *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

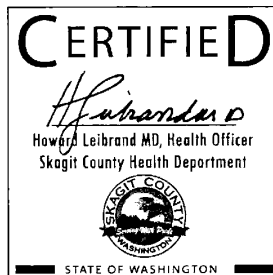
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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