

After recording, return to:
Donna Nowak
23075 State Route 9
Mount Vernon, WA 98274

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20240148
Date 04/05/2024

CHICAGO TITLE 620055993

Grantor (Name of Decedent): Michael Robert Nowak
Grantee (Heirs): Donna Kay Nowak
Abbreviated Legal Description: Tax/Map ID(s): P111599 PTN BLK S. TOWN OF
Tax Parcel No.(s): 4123-019-005-0100 LaComer

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF Washington
COUNTY OF Skagit

The undersigned, Donna Kay Nowak, executes this affidavit relating to the estate of Michael Robert Nowak (herein "Decedent"), who died on 1/24/24, in the County of Skagit, State of WA, then being a resident of the City of Mt 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: Donna Kay Nowak, spouse
 Name and relationship: Robert Nowak, son
 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:

Parcel P111599
 La Conner, WA 98257

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.

Donna Kay Nowak
 Signature

Donna Kay Nowak
 Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 4-3-2024 by

Donna Kay Nowak

 (name of person making statement).

Name: Robert Russell Kihm
 Notary Public in and for the State of Washington,
 Residing at: Bellingham

My appointment expires: 8/31/27

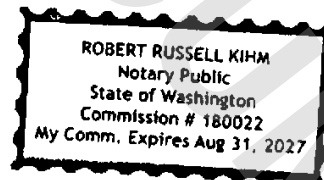


EXHIBIT "A"

Order No.: 245462369

For APN/Parcel ID(s): P111599 / 4123-019-005-0100

The East 10 feet of the following described property:

That portion of Block S, Town of La Conner, according to the plat thereof recorded in volume 2 of plats, page 49, records of Skagit county, Washington described as follows:


Beginning at the Southwest corner of said Block;
thence Easterly along the Southerly line of said Block a distance of 76 feet;
thence Northerly parallel with the Westerly line of said Block a distance of 25 feet;
thence Westerly parallel with the Southerly line of the Block to the Westerly line of said Block;
thence Southerly on the Westerly line of the Block to the Point of Beginning.

Situate in Skagit County, Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2024-004008	DATE ISSUED: 02/01/2024 FEE NUMBER:
FIRST AND MIDDLE NAME(S): MICHAEL ROBERT LAST NAME(S): NOWAK	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: JANUARY 24, 2024 HOUR OF DEATH: 10:10 PM SEX: MALE AGE: 81 YEARS SOCIAL SECURITY NUMBER: [REDACTED]	PLACE OF DEATH: DECEDENT'S HOME FACILITY OR ADDRESS: 23075 STATE ROUTE 9 CITY, STATE, ZIP: MT VERNON, WASHINGTON 98274
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	RESIDENCE STREET: 23075 STATE ROUTE 9 CITY, STATE, ZIP: MOUNT VERNON, WA 98274 INSIDE CITY LIMITS: NO COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 30 YEARS
BIRTH DATE: [REDACTED] BIRTH PLACE: EVERETT, WA	FATHER: ROBERT FRANKLIN NOWAK MOTHER: JEAN [REDACTED]
MARITAL STATUS: MARRIED SURVIVING SPOUSE: DONNA KAY WOLFE	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM
OCCUPATION: SELF EMPLOYED INDUSTRY: RETAIL CLOTHING EDUCATION: ASSOCIATE DEGREE US ARMED FORCES: YES	CITY, STATE: BLAINE, WASHINGTON DISPOSITION DATE: JANUARY 29, 2024
INFORMANT: ROB NOWAK RELATIONSHIP: SON ADDRESS: 23075 STATE ROUTE 9, MT VERNON WA 98274	FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL
CAUSE OF DEATH: A: MALIGNANT NEOPLASM OF LUNG INTERVAL: 4 YEARS B: INTERVAL: C: INTERVAL: D: INTERVAL:	ADDRESS: 4202 GUIDE MERIDIAN #106 CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226 FUNERAL DIRECTOR: TIM D. POWELL
OTHER CONDITIONS CONTRIBUTING TO DEATH:	MANNER OF DEATH: NATURAL AUTOPSY: NO WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH: YES PREGNANCY STATUS IF FEMALE: NO RESPONSE
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:	CERTIFIER NAME: HEATHER GUTIERREZ, PA-C TITLE: PHYSICIAN ASSISTANT CERTIFIER ADDRESS: 912 32ND STREET, SUITE A CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 DATE SIGNED: JANUARY 25, 2024
LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: HEATHER GUTIERREZ, PHYSICIAN ASSISTANT
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	LOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER DATE RECEIVED: JANUARY 29, 2024

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DOH425-1328-KAGIT (2/22)

 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 OFFICIAL 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 this section below for requesting any changes to the record. Do not request a change of a fact that is already on the record.			
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:		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:			
<ul style="list-style-type: none"> • Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Number 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			
<ul style="list-style-type: none"> • 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 parent's 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)			
<ul style="list-style-type: none"> • 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, executor/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 of place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.			



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