



202406040017

06/04/2024 11:04 AM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 0838

JUN 04 2024

Amount Paid \$ 0
Skagit Co. Treasurer
By LT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee CHARLAINE C. GRACE, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Wife
Relationship to decedent

of DONALD RAY GRACE SR., who died on 3-12-2000
Decedent/Grantor Date

at BURLINGTON SKAGIT WASHINGTON
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

TRACK 22, SOUZA'S ADDITION
MT VERNON, WASHINGTON

Assessor's Property Tax Parcel/Account Number: #P54296
(Attach full legal description of the property)

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"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 all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of _____)

CHARLAINE G GRACE

Wife - 2231 JACQUELINE PL MT. VERNON, WASHINGTON

Full name, age, relationship, address

CINDY MOORE 67 41039 CHALLENGER CONCERT
WASHINGTON

Full name, age, relationship, address

CHRIS CERASKY 65 17698 PARK RIDGE LN.
BURLINGTON, WASHINGTON

Full name, age, relationship, address

SCOTT OTIS 61 2231 JACQUELINE PL
MT. VERNON, WASHINGTON

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: June 4 2024Charlaine Grace

Affiant's full name

360-438-4772

Telephone number

2221 Jacqueline Pl.MT Vernon Wa. 98273

City

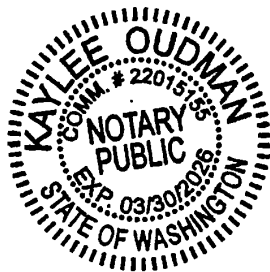
State

Zip Code

Charlaine Grace 6-4-2024

Signature

Date

State of Washington County of SkagitI know or have satisfactory evidence that Charlaine Grace
(name of person)is the person who appeared before me, and said person acknowledged that (he she) signed this affidavit and acknowledged it to be (his her) free and voluntary act for the uses and purposes mentioned in this affidavit.Dated: 6/4/2024Kaylee Oudman
Signature of Notary Public(SEAL OR
STAMP)Residing at: Scard WoodleyNotary Public in and for the State of WAMy appointment expires: 3/30/2026

STATE OF WASHINGTON DEPARTMENT OF HEALTH

192
LOCAL FILE NUMBER

Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

RECEIVED

APR 03 2000

CLAIMS

1 NAME First Middle Last Donald Ray Grace, Sr.				2 SEX (M/F) Male		3 DEATH DATE (Mo. Day, Yr) March 12, 2000	
4 AGE LAST BIRTHDAY (Yrs) 62		5 UNDER 1 YEAR MOS DAYS HOURS MINS		6 BIRTHDATE (Mo. Day, Yr) [REDACTED]		7 BIRTHPLACE (City, State or Foreign Country) Chatfield, Texas	
8 UNDER 1 DAY		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No		10 COUNTY OF DEATH Skagit		11 CITY, TOWN OR LOCATION OF DEATH Burlington	
12 PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 HOME 2 IN TRANSPORT 3 EMERG. RM/OUT PTN 4 HOSP 5 OUR HOME 6 OTHER PLACE Burton Care Center		13 SMOKING IN LAST 15 YEARS? (Yes/No) Yes		14 MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (If wife, give maiden name) Charlaine Casseday	
16 SOCIAL SECURITY NO. [REDACTED]		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs.		18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Salesman		19 KIND OF BUSINESS OR INDUSTRY Recreational Vehicles	
20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: No		21 RACE (Specify) White		22 RESIDENCE — NUMBER AND STREET 2221 Jacqueline Place		23 CITY/TOWN, OR LOCATION Mount Vernon	
24 INSIDE CITY LIMIT? (Yes/No) Yes		25A COUNTY Skagit		25B LENGTH OF RES. IN CO. 52 yrs.		26 STATE Wa.	
27 ZIP CODE 98273		28 FATHER'S NAME — FIRST, MIDDLE, LAST Ollie Otis Grace		29 MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Frances [REDACTED]		30 INFORMANT — NAME Charlaine Grace	
31 MAILING ADDRESS 2221 Jacqueline Place, Mount Vernon, Washington 98273		32 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33 DATE (Mo. Day, Yr) March 14, 2000		34 CEMETERY/CREMATORY — NAME Mount Vernon Crematory	
35 LOCATION — CITY/TOWN, STATE Mount Vernon, Washington		36 ADDRESS OF FACILITY 1122 So. 3rd.		37 NAME OF FACILITY Mount Vernon, Washington		38 GENERAL DIRECTOR SIGNATURE <i>Edward E. Briggs</i>	
39 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>Howard Leibbrand M.D.</i> March 13, 2000		40 DATE SIGNED (Mo. Day, Yr) March 13, 2000		41 HOUR OF DEATH (24 Hrs.) 0310		42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <i>Howard Leibbrand M.D.</i>	
43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>ASBY</i>		44 DATE SIGNED (Mo. Day, Yr) March 13, 2000		45 HOUR OF DEATH (24 Hrs.) 0310		46 PRONOUNCED DEAD (Mo. Day, Yr) March 13, 2000	
47 HOUR PRONOUNCED DEAD (24 Hrs.) 0310		48 NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <i>Howard Leibbrand M.D.</i>		49 ME/CORONER FILE NUMBER ASBY		50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) A <i>Extensive stage 4 hormone refractory Prostate cancer</i> DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. B <i>Prostate cancer</i> C D	
51 OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: Prostate cancer		52 AUTOPSY? (Yes/No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No		54 ACC. SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST. (Specify) No	
55 INJURY DATE (Mo. Day, Yr) March 13, 2000		56 HOUR OF INJURY (24 Hrs.) 0310		57 DESCRIBE HOW INJURY OCCURRED Prostate cancer		58 INJURY AT WORK? (Yes/No) No	
59 PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify) Prostate cancer		60 LOCATION — STREET OR RFD NO., CITY/TOWN, STATE Prostate cancer		61 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE Sharon D. Beeson, Deputy		62 REGISTRAR SIGNATURE Sharon D. Beeson, Deputy	
63 DATE RECEIVED (Mo. Day, Yr) 3-13-2000		64		65		66	

Date **MAR 13 2000**

Howard Leibbrand M.D.
Howard Leibbrand M.D.
Health Officer

Signed *Sharon D. Beeson*
(Skagit County Deputy Registrar)

DOH 01-003 (5/99)

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON, THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:
Certificate of Naturalization Marriage Record School Record
Census Record Medical Record Voter's Registration Card (if it bears an effective date)
Hospital Records Military Record (DD-214) Alien Registration Card (front and back)
Insurance Records Your Child's Birth Record Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
- This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
- The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
- After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

This is a legal document.
Complete in ink and do not alter.

HH259876