



202406200140

06/20/2024 03:43 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

Return Address:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
211762-LT

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2024-1036
JUN 20 2024

Amount Paid \$ 5,161.80
Skagit Co. Treasurer
By SLB Deputy

211762-LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Elenore Ruth Christy, being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

mother of Carl Lynn Christy
Relationship to decedent *Decedent/Grantor Name*

who died on 4/28/2021 at
Date

Mt. Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 517, Survey of Shelter Bay, Div. 3

Assessor's Property Tax Parcel/Account Number: 5100-003-517-0000/P84514
(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)

Dated: May 10/2024

Elenore Ruth Christy
Affiant's full name

360-724-8321
Telephone number

517 Kloshe Way

La Conner WA 98257
City State Zip Code

Elenore Christy 5/10/24
Signature Date

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 10th day of May, 2024 by
Elenore Ruth Christy

Ann Serwold
Signature

Notary
Title

My appointment expires: May 10, 2024



Legal Description

Lot 517, "SURVEY OF SHELTER BAY DIV. 3, Tribal and Allotted Lands of Swinomish Indian Reservation," as recorded in Volume 43 of Official Records, pages 839 to 842, inclusive, records of Skagit County, Washington. Amendment thereto recorded in Volume 66 of Official Records, page 462, under Auditor's File No. 753731.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-022361

DATE ISSUED: 05/13/2021
FEE NUMBER: 2715

FIRST AND MIDDLE NAME(S): CARL LYNN
LAST NAME(S): CHRISTY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 28, 2021
HOUR OF DEATH: 01:40 PM
SEX: MALE AGE: 52 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 517 KLOSHE WAY
CITY, STATE, ZIP: LA CONNER, WA 98257
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: EVERETT, WA

FATHER: DONALD LYNN CHRISTY
MOTHER: ELENORE [REDACTED]

MARITAL STATUS: SINGLE, NEVER MARRIED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES KENT

OCCUPATION: INTERNET TECHNICIAN
INDUSTRY: COMPUTER SCIENCE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: MAY 12, 2021

INFORMANT: ELENORE R CHRISTY
RELATIONSHIP: MOTHER
ADDRESS: 517 KLOSHE WAY, LA CONNER, WA 98257

FUNERAL FACILITY: WESTERN CREMATION ALLIANCE

ADDRESS: 1037 NE 65TH ST #80125
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98115
FUNERAL DIRECTOR: ADRIEN H. HUNTER

CAUSE OF DEATH:
A: ACUTE RESPIRATORY FAILURE WITH HYPOXIA AND HYPERCARBIA
INTERVAL: DAYS
B: CHOKING; ASPIRATION OF FOOD BOLUS
INTERVAL: DAYS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ASPIRATION PNEUMONIA

MANNER OF DEATH: ACCIDENT
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 RESPONSE

DATE OF INJURY: APRIL 25, 2021
HOUR OF INJURY: 03:34 PM PRESUMED
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S RESIDENCE

CERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MAY 10, 2021

LOCATION OF INJURY: 517 KULSHAN WAY
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: CHOKED ON FOOD BOLUS

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 210510-379
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: MAY 12, 2021



Affidavit for Correction

06/20/2024 03:48 PM Page 6 of 8 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

Form fields for State Office Use Only including Record Type, Name on Record, Date of Event, Place of Event, and Return Mailing Address.

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table for recording discrepancies between 'The record currently shows' and 'The true fact is'.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

Signature fields for 14a. Signature and 14b. Signature of 2nd parent (if required).

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, 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).
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.

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.
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.

This is a true and exact certification of the record Officially registered and on file with the Washington State Department of Health, issued under the Authority of chapter 70.58A RCW



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED



Anthony L. Chen, MD, MPH DIRECTOR

DO NOT DESTROY

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