



202407050030

07/05/2024 12:09 PM Pages: 1 of 8 Fees: \$310.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2024 1223

JUL 05 2024

Amount Paid \$ 0

Skagit Co. Treasurer

By *[Signature]* Deputy

When recorded, return to

Matthew T. Fiedler  
Marsh Mundorf Pratt Sullivan + McKenzie, P.S.C.  
4220 132<sup>nd</sup> Street S.E., Suite 201  
Mill Creek, WA 98012

Document Title(s): Lack of Probate Affidavit

Reference Number(s) of Document assigned or released: n/a

Grantor/Decedent's Name: John Robert Rennert, sole heir and devisee of Jeanne Marie Rennert, deceased

Grantee/Survivor's Name: John Robert Rennert

Legal Description: LOT 2, REPLAT BIG LAKE WATER FRONT TRACTS, LOTS 122-127, RECORDED IN BOOK 11 OF PLATS, PAGE 3, RECORDS OF SKAGITCOUNTY, WASHINGTON.

Assessor's Property Tax Parcel/Account No.: P78687

UNOFFICIAL DOCUMENT



LOT TWO (2), REPLAT OF BIG LAKE WATERFRONT TRACTS, BEING A PORTION OF LOTS 122, 123, AND 124 OF FIRST ADDITION OF BIG LAKE WATERFRONT TRACTS, ACCORDING TO THE PLAT RECORDED IN VOLUME 11 OF PLATS, PAGE 3, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SUBJECT TO: ANY AND ALL EASEMENTS, RESERVATIONS, RESTRICTIONS, AND EXCEPTIONS OF RECORD, INCLUDING BUT NOT LIMITED TO THOSE EASEMENTS, RESERVATIONS AND EXCEPTIONS AS MORE FULLY PROVIDED FOR UNDER SKAGIT COUNTY AUDITOR'S FILE NUMBER 821155.

4. No Washington state inheritance taxes or federal estate taxes were due and owing and therefore no estate tax release from the State of Washington was necessary.

5. Affiant knows of her personal knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to, all of the debts of the Decedent, the expenses of Decedent's last illness, funeral and burial expenses, promissory notes, installment contracts and mortgages) have been paid in full or, if not paid in full, have been settled or assumed by me as a surviving heir of the Decedent.

6. This affidavit is made to induce any title insurance company so requested to insure title to the above real property to a successor in which the Decedent held an interest at the time of her death. Affiant requests said title insurance company to issue its policy of title insurance in full reliance upon the representations contained herein.

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS & DEATH CERTIFICATION

EXHIBIT A

TYPE OR PRINT IN PERMANENT BLACK INK

6354

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: JEANNE, Middle: MARIE, Last: RENNERT			2. SEX (M / F) FEMALE		3. DEATH DATE (Mo, Day, Yr) June 19, 2001							
4. AGE LAST BIRTH-DAY (Yrs) 65		5. UNDER 1 YEAR MOS: [blank], DAYS: [blank]		6. UNDER 1 DAY HOURS: [blank], MINS: [blank]		8. BIRTHPLACE (City, State or Foreign Country) Aberdeen, SD		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		13. COUNTY OF DEATH King		
11. CITY, TOWN OR LOCATION OF DEATH Kirkland			12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Evergreen Hospital						13. SMOKING IN LAST 15 YEARS? (Yes / No) No			
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) John R. Rennert			16. SOCIAL SECURITY NO [redacted]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12): 12, College (1-4 or 5+): [blank]					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Caregiver			19. KIND OF BUSINESS OR INDUSTRY Child Daycare			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 12130 221st St. SE			23. CITY/TOWN, OR LOCATION Snohomish		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Snohomish		25B. LENGTH OF RES. IN CO. 34 yrs.		26. STATE WA	27. ZIP CODE 98296
28. FATHER'S NAME — FIRST, MIDDLE, LAST Charles J. Kugler					29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME [redacted]							
30. INFORMANT — NAME John Rennert				31. MAILING ADDRESS — STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 12130 221st St. S.E., Snohomish WA 98296								
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			33. DATE (Mo, Day, Yr) June 28, 2001		34. CEMETERY/CREMATORY — NAME Seattle Service Group Crematory			35. LOCATION — CITY/TOWN, STATE Everett, Washington				
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>			37. NAME OF FACILITY Purdy & Kerr Funeral Home			38. ADDRESS OF FACILITY 409 W. Main, Monroe, WA 98272						
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>[Signature]</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>[Signature]</i>						
40. DATE SIGNED (Mo, Day, Yr) June 20, 2001			41. HOUR OF DEATH (24 Hrs) 21:20			44. DATE SIGNED (Mo, Day, Yr)			45. HOUR OF DEATH (24 Hrs)			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Carol Van Haelst, M.D., 12303 NE 130th Ln #120, Kirkland, WA 98034						46. PRONOUNCED DEAD (Mo, Day, Yr)			47. HOUR PRONOUNCED DEAD (24 Hrs)			
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Carol Van Haelst, M.D., 12303 NE 130th Ln #120, Kirkland, WA 98034						49. ME/CORONER FILE NUMBER						
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:												
IMMEDIATE CAUSE (Final disease or condition resulting in death): A. Metastatic breast + ca DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. B. Liver failure 2. to above Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. C. D.												
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:						52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No				
54. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:						
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)				60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE						
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE <i>[Signature]</i>				63. DATE RECEIVED (Mo, Day, Yr) JUN 28 2001				

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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 to this 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

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or established within five years of birth.
- 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
- 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

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

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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.







# Affidavit for Correction

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
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#### Required information must match current information on record

<b>Required</b>	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 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 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

#### INSTRUCTIONS – go to [www.doh.wa.gov](http://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.

#### 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.

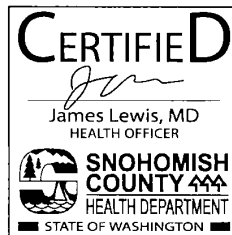
\*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

#### Death Certificates

- 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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